

# HOUSE BILL 1048

J3, P1

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By: **Delegates Morhaim and Kach**

Introduced and read first time: February 9, 2007

Assigned to: Health and Government Operations

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## A BILL ENTITLED

1 AN ACT concerning

2 **Department of Health and Mental Hygiene – Consolidation and Streamlining**  
3 **Act of 2007**

4 FOR the purpose of renaming the Department of Health and Mental Hygiene to be the  
5 Department of Health; renaming the Secretary of Health and Mental Hygiene  
6 to be the Secretary of Health; transferring the Maryland Institute for  
7 Emergency Medical Services Systems to the Department of Health; establishing  
8 the Institute in the Office of Preparedness and Response; repealing the State  
9 Emergency Medical Services Board; transferring certain powers, duties, and  
10 functions of the State Emergency Medical Services Board to the Institute;  
11 requiring the Secretary of Health to appoint the Executive Director of the  
12 Institute; requiring the Emergency Medical Services Advisory Council to assist  
13 the Institute; requiring the Governor to appoint members of the Advisory  
14 Council in a certain manner; requiring the Institute to adopt certain  
15 regulations; renaming the Emergency Medical Services Board Provider Fund to  
16 be the Institute Provider Fund; requiring the Institute to administer the  
17 Automated External Defibrillator Program; requiring a certain national study  
18 center to perform certain functions in coordination with the Institute; requiring  
19 the R Adams Cowley Shock Trauma Center to perform certain functions in  
20 coordination with the Institute; altering certain definitions; making certain  
21 technical changes; requiring the Department of Health to conduct a certain  
22 review and make a certain report to the Governor and General Assembly on or  
23 before a certain date; authorizing the Maryland Emergency Medical System  
24 Operations Fund to be used for the Office of Preparedness and Response;  
25 requiring the Governor to transfer certain employees and funds in a certain  
26 fiscal year; providing for the reversion of certain funds to the Maryland

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Emergency Medical System Operations Fund; providing for the transfer of all  
2 functions, powers, duties, equipment, assets, liabilities, and employees of the  
3 Institute to the Department on a certain date; and generally relating to the  
4 Department of Health and the Maryland Institute for Emergency Medical  
5 Services Systems.

6 BY transferring

7 Article – Education

8 Section 13–501, 13–503, 13–504, 13–506, 13–508 through 13–511, and 13–515  
9 through 13–517, respectively, and the subtitle “Subtitle 5. Emergency  
10 Medical Services”

11 Annotated Code of Maryland  
12 (2006 Replacement Volume)

13 to be

14 Article – Health – General

15 Section 6–101 through 6–111, respectively, to be under the amended title “Title  
16 6. Emergency Medical Services”

17 Annotated Code of Maryland  
18 (2005 Replacement Volume and 2006 Supplement)

19 BY repealing

20 Article – Education

21 Section 13–502, 13–505, 13–507, and 13–512

22 Annotated Code of Maryland  
23 (2006 Replacement Volume)

24 BY renumbering

25 Article – Education

26 Section 13–513 and 13–514, respectively

27 to be Section 13–501 and 13–502, respectively, to be under the new subtitle  
28 “Subtitle 5. Trauma Emergency Medical Services Centers”

29 Annotated Code of Maryland  
30 (2006 Replacement Volume)

31 BY repealing and reenacting, with amendments,

32 Article – Health – General

33 Section 1–101(c) and (j), 2–101, and 2–102(a)

34 Annotated Code of Maryland  
35 (2005 Replacement Volume and 2006 Supplement)

36 BY repealing and reenacting, with amendments,

37 Article – Health – General

38 Section 6–101 through 6–111



1 (j) “Secretary” means the Secretary of Health [and Mental Hygiene].

2 2–101.

3 There is a Department of Health [and Mental Hygiene], established as a  
4 principal department of the State government.

5 2–102.

6 (a) The head of the Department is the Secretary of Health [and Mental  
7 Hygiene], who shall be appointed by the Governor with the advice and consent of the  
8 Senate.

9 **TITLE 6. EMERGENCY MEDICAL SERVICES.**

10 6–101.

11 (a) In this [subtitle] **TITLE** the following words have the meanings indicated.

12 (b) “Advisory Council” means the Advisory Council to the State Emergency  
13 Medical Services Board.

14 [(c) “Board of Directors” means the Board of Directors of the Medical System  
15 Corporation.

16 (d) “Board of Regents” means the Board of Regents of the University System  
17 of Maryland.

18 (e) “Center” means the R Adams Cowley Shock Trauma Center.

19 (f) “EMS Board” means the State Emergency Medical Services Board.]

20 [(g) (C) “Institute” means the Maryland Institute for Emergency Medical  
21 Services Systems.

22 [(h) “Medical System Corporation” means the University of Maryland Medical  
23 System Corporation.

24 (i) “Study Center” means the Charles McC. Mathias, Jr. National Study  
25 Center for Trauma and Emergency Medical Systems.

26 (j) “University” means the University of Maryland, Baltimore.]

1 6–102.

2 (a) There is a Maryland Institute for Emergency Medical Services Systems  
3 **IN THE OFFICE OF PREPAREDNESS AND RESPONSE.**

4 (b) The Institute is [an independent agency] located at the University of  
5 Maryland, Baltimore.

6 [(c) The Institute shall be governed by the State Emergency Medical Services  
7 Board.]

8 [(d)](C) Funding for the Institute shall be from:

9 (1) The surcharge imposed under § 13–954 of the Transportation  
10 Article;

11 (2) General funds; and

12 (3) Funds from any other source.

13 6–103.

14 (a) In accordance with this [subtitle,] **TITLE**, the Institute shall be the State  
15 administrative agency responsible for the coordination of all emergency medical  
16 services.

17 (b) The Institute includes the Emergency Medical Services Field Operations.

18 (c) The Institute shall have the staff and funds as provided in the State  
19 budget.

20 6–104.

21 (a) [With the approval of the Governor, the EMS Board] **THE SECRETARY**  
22 shall appoint an Executive Director.

23 (b) (1) The Executive Director serves at the pleasure of the [EMS Board]  
24 **SECRETARY.**

25 (2) The Executive Director is entitled to the salary provided in the  
26 State budget.

1 (c) [Under the direction of the EMS Board, the] **THE** Executive Director  
2 shall:

3 [(1) Be the administrative head of the EMS Board;]

4 [(2)](1) Be the administrative head of the Institute; and

5 [(3)](2) Perform any other duty or function that the [EMS Board]  
6 **SECRETARY** requires.

7 (d) Any foundation created by the [EMS Board] **INSTITUTE** shall be subject  
8 to audit by the Office of Legislative Audits.

9 6–105.

10 (a) (1) In addition to the powers set forth elsewhere in this [subtitle]  
11 **TITLE**, the [EMS Board] **INSTITUTE** may:

12 (i) [Subject to the limitations set forth in § 13–509 of this  
13 subtitle, adopt] **ADOPT** regulations to carry out the provisions of this [subtitle] **TITLE**;

14 (ii) Create committees from among its members;

15 (iii) Appoint advisory committees, which may include individuals  
16 and representatives of interested public or private organizations;

17 (iv) Apply for and accept any funds, property, or services from  
18 any person or government agency;

19 (v) Make agreements with a grantor or payor of funds, property,  
20 or services, including an agreement to make any study, plan, demonstration, or  
21 project;

22 (vi) Except for confidential medical information, publish and  
23 give out any information that relates to the delivery of emergency medical services and  
24 is considered desirable in the public interest;

25 (vii) Hold public hearings; and

26 (viii) Set and charge reasonable fees to be paid by the applicants  
27 for the designation of trauma and specialty referral centers.

1           (2)   (i)    The fees charged under paragraph (1)(viii) of this subsection  
2 shall be set in a manner that will produce funds sufficient to cover the actual  
3 documented direct costs of maintaining the designation program.

4                   (ii)   1.    The [EMS Board] **INSTITUTE** shall pay all fees  
5 collected under this subsection into the EMS Trauma and Specialty Referral Centers  
6 Designation Fund.

7                               2.    The Fund shall be used exclusively to cover the actual  
8 documented direct costs of designating EMS trauma and specialty referral centers.

9                               3.    The Fund is a continuing, nonlapsing fund, not  
10 subject to § 7-302 of the State Finance and Procurement Article.

11           (b)    In addition to the duties set forth elsewhere in this [subtitle] **TITLE**, the  
12 [EMS Board] **INSTITUTE** shall:

13                   [(1) Adopt regulations that relate to its meetings, minutes, and  
14 transactions;]

15                   [(2)](1)    Beginning with fiscal year 1996:

16                               (i)    Prepare annually a budget proposal that includes the  
17 estimated income of the Institute and proposed expenses for its administration and  
18 operation; and

19                               (ii)   Review and approve that portion of the proposed budgets  
20 derived from the Maryland Emergency Medical System Operations Fund for the:

21                                       1.    Maryland Institute for Emergency Medical Services  
22 Systems;

23                                       2.    R Adams Cowley Shock Trauma Center;

24                                       3.    Maryland Fire and Rescue Institute; and

25                                       4.    Aviation Division of the Special Operations Bureau,  
26 Department of State Police;

27                               [(3)](2)    Periodically participate in or do analyses and studies that  
28 relate to emergency medical services;

1            ~~[(4)]~~**(3)**        On or before October 1 of each year, submit to the Governor  
2 and, subject to § 2-1246 of the State Government Article, to the General Assembly an  
3 annual report on the operations and activities of ~~[the EMS Board and]~~ the Institute  
4 during the preceding fiscal year, including:

5            (i)        A report on the patients referred or transported to  
6 designated emergency medical facilities, including areawide trauma centers, the R  
7 Adams Cowley Shock Trauma Center, and specialty referral centers, in accordance  
8 with the emergency medical protocols adopted by the ~~[EMS Board]~~ **INSTITUTE**; and

9            (ii)        Any fact, suggestion, or policy recommendation that the  
10 ~~[EMS Board]~~ **INSTITUTE** considers necessary; and

11            ~~[(5)]~~**(4)**        Work with the Charles McC. Mathias, Jr. National Study  
12 Center for Trauma and Emergency Medical Systems to coordinate a plan for research  
13 and other academic activities related to emergency medical services issues.

14            (c)        The provisions of ~~[subsection (b)(2)]~~ **SUBSECTION (B)(1)** of this section  
15 may not be construed to affect the Governor's powers with respect to a request for an  
16 appropriation in the budget bill.

17 6-106.

18            (a)        In addition to the duties set forth elsewhere in this subtitle, the ~~[EMS~~  
19 **Board]** **INSTITUTE** shall develop and adopt an Emergency Medical System plan to  
20 ensure effective coordination and evaluation of emergency medical services delivered  
21 in this State.

22            (b)        (1)        The Emergency Medical System plan shall include:

23                    (i)        Criteria for the designation of trauma and specialty referral  
24 facilities, including all echelons of care;

25                    (ii)        Criteria and guidelines for the delivery of emergency  
26 medical services including provisions to assure proper medical direction of emergency  
27 medical services;

28                    (iii)        A plan designed to maintain and enhance the  
29 communications and transportation systems for emergency medical services;



1 (iv) Provisions for the evaluation of emergency medical services  
2 personnel training programs;

3 (v) Provisions for the establishment of public information and  
4 education programs designed to enhance the public's understanding of the Emergency  
5 Medical System;

6 (vi) Criteria and methodologies to evaluate the system's  
7 effectiveness in delivering quality emergency medical services needed by the citizens  
8 of Maryland; and

9 (vii) Provisions for the evaluation and monitoring of the  
10 Emergency Medical System plan to ensure compliance with this subtitle by all  
11 segments of the Emergency Medical System.

12 (2) The [EMS Board] **INSTITUTE** shall adopt regulations to  
13 implement the Emergency Medical System plan required under this section, subject to  
14 paragraph (3) of this subsection.

15 (3) Prior to adopting regulations under this section, the [EMS Board]  
16 **INSTITUTE** shall consult with and provide opportunity for comment from local  
17 jurisdictions, volunteer and career fire companies, emergency medical technicians,  
18 rescue squad personnel, and hospitals and consider:

19 (i) The fiscal impact of the proposed regulations on local  
20 jurisdictions, volunteer and career fire companies, emergency medical technicians,  
21 rescue squad personnel, and hospitals; and

22 (ii) The effect of the proposed regulations on the ability of local  
23 jurisdictions, volunteer and career fire companies, emergency medical technicians,  
24 rescue squad personnel, and hospitals to continue to deliver emergency medical  
25 services.

26 (c) The [EMS Board] **INSTITUTE** shall consult with the Advisory Council in  
27 the development of the Emergency Medical System plan.

28 (d) The [EMS Board] **INSTITUTE** may adopt regulations that assure that  
29 helicopters transporting patients between hospitals or to or from specialty centers  
30 notify the System's communication center in the State Emergency Medical  
31 Communications System.

1 (e) Each State agency and department shall cooperate with the [EMS Board]  
2 **INSTITUTE** in implementing the State Emergency Medical System plan.

3 6–107.

4 In accordance with the Emergency Medical System plan and other relevant  
5 policies adopted by the [EMS Board] **INSTITUTE**, the Executive Director shall:

6 (1) Coordinate a statewide system of emergency medical services;

7 (2) Coordinate the five emergency medical service regions in this  
8 State;

9 (3) Coordinate the planning and operation of emergency medical  
10 services with the federal, State, and county governments;

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

14 (5) Coordinate programs of research and education that relate to  
15 emergency medical services;

16 (6) Coordinate the development of centers for treating emergency  
17 injuries and illnesses;

18 (7) Coordinate the development of specialty referral centers for  
19 resuscitation, treatment, and rehabilitation of the critically ill and injured;

20 (8) Work closely with the public and private agencies, health care  
21 institutions and universities involved with emergency medical services, the  
22 Emergency Medical Services Advisory Council, and the Medical Management  
23 Consultant Group;

24 (9) Administer State and federal funds for emergency medical services  
25 in this State;

26 (10) Work closely with the Maryland Fire and Rescue Institute, which  
27 is responsible for basic training for emergency medical technicians;

1 (11) Assure continued improvement of transportation for emergency,  
2 critically ill, and injured patients by supporting the goals of career and volunteer  
3 systems throughout this State; and

4 (12) Implement all programmatic, operational, and administrative  
5 components of the Institute.

6 6–108.

7 (a) There is a statewide Emergency Medical Services Advisory Council to  
8 advise and assist the [EMS Board] **INSTITUTE** in performing its functions.

9 (b) (1) **(I)** The Advisory Council consists of 29 members.

10 **(II)** The members **OF THE ADVISORY COUNCIL** shall be  
11 appointed by the [Board] **GOVERNOR** from a list of three qualified nominees  
12 submitted to the [Board] **GOVERNOR** by their respective organizations or associations  
13 represented on the Council. [The appointments by the Board shall be subject to the  
14 approval of the Governor.]

15 (2) Of the 29 members:

16 (i) One shall be a representative of the Maryland Chapter of  
17 the American College of Emergency Physicians;

18 (ii) One shall be a representative of the Medical and Chirurgical  
19 Faculty of Maryland;

20 (iii) One shall be a representative of the Maryland Hospital  
21 Association;

22 (iv) One shall be a representative of the Maryland State Council  
23 of the Emergency Nurses Association;

24 (v) One shall be a representative of the Maryland Fire and  
25 Rescue Institute;

26 (vi) One shall be a representative of the Maryland State  
27 Firemen's Association;

28 (vii) One shall be a representative of the Aviation Division of the  
29 Department of State Police;

- 1 (viii) One shall be a representative of the Highway Safety  
2 Division of the Maryland Department of Transportation;
- 3 (ix) One shall be a representative from each of the five regional  
4 emergency medical services advisory councils;
- 5 (x) One shall be a representative of the Maryland trauma net;
- 6 (xi) One shall be a representative of a Maryland commercial  
7 ambulance service;
- 8 (xii) One shall be a representative of the Board of Physicians;
- 9 (xiii) One shall be a representative of the Maryland Chapter,  
10 American College of Surgeons;
- 11 (xiv) One shall be a regional medical director;
- 12 (xv) One shall be a representative of the Maryland Chapter  
13 (Chesapeake Bay), American Association of Critical Care Nurses;
- 14 (xvi) One shall be a representative of the Maryland/District of  
15 Columbia International Association of Firefighters;
- 16 (xvii) One shall be a representative of the volunteer field  
17 providers;
- 18 (xviii) One shall be a representative of the Maryland Metropolitan  
19 Fire Chiefs;
- 20 (xix) One shall be a representative of the State Emergency  
21 Numbers Board (911);
- 22 (xx) One shall be the Director of the R Adams Cowley Shock  
23 Trauma Center;
- 24 (xxi) One shall be the Director of the **CHARLES MCC. MATHIAS,**  
25 **JR.** National Study Center **FOR TRAUMA AND EMERGENCY MEDICAL SERVICES;**
- 26 (xxii) Two shall be members of the general public, one of whom  
27 shall reside in a county with a population of less than 175,000;

1 (xxiii) One shall be a representative of the Committee on Pediatric  
2 Emergency Medicine of the American Academy of Pediatrics, Maryland Chapter; and

3 (xxiv) One shall be a representative of the Maryland–District of  
4 Columbia Society of Anesthesiologists.

5 (c) Each appointed member of the Council shall have demonstrated interest  
6 or experience in the delivery of emergency medical services.

7 (d) (I) The members of the Advisory Council shall annually elect the  
8 [chairperson] **CHAIR** of the Advisory Council, with the approval of the Governor.

9 (II) The Governor shall have 60 days to approve the elected  
10 [chairperson] **CHAIR**.

11 (III) If the Governor has not acted within 60 days of being notified of  
12 the election of the [chairperson] **CHAIR**, the elected [chairperson] **CHAIR** shall be  
13 deemed approved.

14 (e) The Advisory Council shall:

15 (1) Serve as a principal advisory body to the [EMS Board] **INSTITUTE**  
16 on matters concerning finances, policies, guidelines, regulations, and procedures  
17 necessary for the efficient and effective operation of the statewide Emergency Medical  
18 Services System and the Institute;

19 (2) Provide a means by which regional emergency medical services  
20 interests can be represented at a statewide level;

21 (3) Assist in the development of goals for and facilitate the  
22 implementation of a comprehensive emergency medical services plan;

23 (4) Provide assistance in the resolution of interregional and interstate  
24 emergency medical services system problems and concerns; and

25 (5) Perform any other duties as may be requested by the [EMS Board]  
26 **INSTITUTE** or the Governor.

27 (f) The staff for the Advisory Council will be provided by the Institute.

28 6–109.

1 (a) (1) In this section the following words have the meanings indicated.

2 (2) (i) "Ambulance" means any conveyance designed and  
3 constructed or modified and equipped to be used, maintained, or operated to transport  
4 individuals who are sick, injured, wounded, or otherwise incapacitated.

5 (ii) "Ambulance" includes a conveyance designed and  
6 constructed or modified and equipped for aeromedical transport.

7 (3) (i) "Ambulance service" means any individual, firm,  
8 partnership, corporation, association, or organization engaged in the business of  
9 transporting by ambulance individuals who are sick, injured, wounded, or otherwise  
10 incapacitated.

11 (ii) "Ambulance service" does not include the transporting of  
12 individuals in an ambulance owned, operated, or under the jurisdiction of a unit of  
13 State government, a political subdivision of the State, or a volunteer fire company or  
14 volunteer rescue squad.

15 (4) "Fund" means the Commercial Ambulance Service Fund.

16 (5) "License" means a license issued by the Institute to operate an  
17 ambulance service in the State.

18 (b) Unless issued a license under this section, an individual, firm,  
19 partnership, corporation, association, or organization may not operate an ambulance  
20 service in the State.

21 (c) (1) The [EMS Board] **INSTITUTE**, in consultation with  
22 representatives of the ambulance service industry in Maryland, shall adopt  
23 regulations necessary to establish a periodic licensing system for ambulance services  
24 in the State.

25 (2) The regulations shall, at a minimum, require:

26 (i) Each ambulance operated by the ambulance service to be  
27 equipped with adequate equipment and supplies to:

28 1. Care for the patients being transported; and

29 2. Communicate with the dispatcher;

1 (ii) 1. At least one individual, in addition to the driver, in  
2 attendance during transport who is certified or licensed under [§ 13–516] § **6–110** of  
3 this [subtitle] **TITLE** for the appropriate level for the care to be rendered; or

4 2. Personnel equivalent or superior to the requirements  
5 of item 1 of this subparagraph as demonstrated to the Institute including:

6 A. Licensed physicians;

7 B. Licensed nurses; or

8 C. Licensed respiratory therapists; and

9 (iii) Each ambulance operated by the ambulance service be  
10 inspected:

11 1. For an ambulance intended for use on a roadway, once  
12 every 12 months by an inspection station licensed under § 23–103 of the  
13 Transportation Article and be issued an inspection certificate by the inspection  
14 station; or

15 2. For any other type of ambulance, under all applicable  
16 State and federal inspection requirements for the type of ambulance.

17 (d) To qualify for an ambulance service license, an applicant shall:

18 (1) Pay the Institute an application fee established under this section;

19 (2) Maintain commercial general liability insurance for at least \$1  
20 million in coverage in an insurance policy issued by an insurer acceptable to the  
21 Maryland Insurance Commissioner to write such policies in the State;

22 (3) Provide the Institute a certificate of insurance that at a minimum:

23 (i) Indicates that the insurance required under this subsection  
24 is in effect when the application is submitted; and

25 (ii) Lists the Institute as an additional party entitled to  
26 notification at least 10 days before any:

27 1. Nonrenewal or cancellation of a policy required by  
28 this subsection; or

1                                   2.     Substantive change is made in the coverage or level of  
2 insurance under a policy required by this subsection; and

3                           (4)     Meet the requirements of this section and all regulations under  
4 this section.

5                   (e)     (1)     There is a Commercial Ambulance Service Fund within the  
6 Institute.

7                           (2)     (i)     The Institute shall set reasonable fees for the licensing and  
8 license renewal of ambulance services.

9   (ii)    The fees charged by the Institute shall be set in a manner  
10 that will produce funds sufficient to cover the actual direct and indirect costs of  
11 maintaining the licensing program under this section.

12   (iii)   The total reasonable cost of maintaining the licensing  
13 program may not be more than the revenues generated by the fees for the licensing  
14 and license renewal for ambulance services.

15                           (3)     (i)     The Institute shall pay all funds collected under this section  
16 to the Comptroller of the State.

17   (ii)    The Comptroller shall distribute the fees to the Fund.

18                           (4)     The Fund shall be used to cover the actual documented direct and  
19 indirect costs of fulfilling the statutory and regulatory duties of the Institute as  
20 provided by the provisions of this section.

21                           (5)     The Fund is a continuing, nonlapsing fund, not subject to § 7-302  
22 of the State Finance and Procurement Article.

23                           (6)     Any unspent portions of the Fund may not be transferred or revert  
24 to the General Fund of the State, but shall remain in the Fund to be used for the  
25 purposes specified in this section.

26                           (7)     (i)     A designee of the Institute shall administer the Fund.

27   (ii)    Moneys in the Fund may be expended only for any lawful  
28 purpose authorized under the provisions of this section.



1 (8) The Legislative Auditor shall audit the accounts and transactions  
2 of the Fund as provided in § 2–1220 of the State Government Article.

3 (f) The Institute may inspect the operating base, equipment, supplies, and  
4 company procedures necessary to ensure compliance with the requirements of this  
5 section and all regulations adopted by the Institute under this section.

6 (g) Subject to the hearing provisions of subsection (h) of this section, the  
7 Institute may deny an application for an ambulance service license or suspend or  
8 revoke a license if the applicant or licensee violates any provision of this section or any  
9 regulation adopted by the Institute under this section.

10 (h) Before the Institute takes any final action under subsection (g) of this  
11 section, the Institute shall give the person against whom the action is contemplated an  
12 opportunity for a hearing under the provisions of § 10–226 of the State Government  
13 Article.

14 (i) The Institute may waive the requirements of this section for any  
15 ambulance service:

16 (1) Licensed in another state if the ambulance service provides  
17 adequate evidence that the ambulance service is licensed in the other state after  
18 meeting requirements that are at least as stringent as the licensing requirements of  
19 this State; or

20 (2) That transports patients into this State only on an occasional basis  
21 as determined by the Institute.

22 (j) A person who violates any provision of this section or any regulation  
23 adopted by the Institute under this section is guilty of a misdemeanor and on  
24 conviction is subject to a fine not exceeding \$1,000.

25 (k) This section preempts the authority of a county or municipal corporation  
26 to regulate any ambulance service with a base of operation located outside the county  
27 or municipal corporation that is licensed under this section.

28 6–110.

29 (a) (1) In this section the following words have the meanings indicated.

30 (2) “Cardiac rescue technician” (CRT) means an individual who has:

1 (i) Completed a cardiac rescue technician course approved by  
2 the [EMS Board] **INSTITUTE**;

3 (ii) Demonstrated competence in medical protocols within this  
4 State as determined by the [EMS Board] **INSTITUTE**; and

5 (iii) Been examined by the [EMS Board] **INSTITUTE** and  
6 licensed as a CRT by the [EMS Board] **INSTITUTE**.

7 (3) "Certificate" means a certificate issued by the [EMS Board]  
8 **INSTITUTE** to provide emergency medical services in the State, except where the  
9 context requires otherwise.

10 (4) "Emergency medical dispatcher" (EMD) means an individual who  
11 has:

12 (i) Completed an emergency medical dispatcher course  
13 approved by the [EMS Board] **INSTITUTE** or its equivalent as determined by the  
14 [EMS Board] **INSTITUTE**;

15 (ii) Demonstrated competence in medical protocols as  
16 determined by the [EMS Board] **INSTITUTE**; and

17 (iii) Been examined by the [EMS Board] **INSTITUTE** or has been  
18 recognized as an emergency medical dispatcher by an emergency medical dispatcher  
19 program approved by the [EMS Board] **INSTITUTE** and licensed as an emergency  
20 medical dispatcher by the [EMS Board] **INSTITUTE**.

21 (5) "Emergency medical services" means:

22 (i) Medical services provided prehospital to prevent imminent  
23 death or aggravation of illness or injury whether or not transport to a hospital or  
24 appropriate facility occurs;

25 (ii) Transport from the scene of a medical emergency to a  
26 hospital or appropriate facility whether or not medical services are provided;

27 (iii) Medical interfacility transport services to an appropriate  
28 facility; or

29 (iv) Medical interfacility critical care transport to an appropriate  
30 facility.

1           (6) “Emergency medical services provider” means an individual  
2 licensed or certified by the [EMS Board] **INSTITUTE** as:

- 3           (i) A cardiac rescue technician;
- 4           (ii) An emergency medical dispatcher;
- 5           (iii) An emergency medical technician–basic;
- 6           (iv) An emergency medical technician–paramedic; or
- 7           (v) A first responder.

8           (7) “Emergency medical technician–basic” (EMT–B) means an  
9 individual who has:

- 10           (i) Completed an emergency medical technician–basic course  
11 approved by the [EMS Board] **INSTITUTE**;
- 12           (ii) Demonstrated competence in medical protocols as  
13 determined by the [EMS Board] **INSTITUTE**; and
- 14           (iii) Been examined by the [EMS Board] **INSTITUTE** and  
15 certified as an EMT–B by the [EMS Board] **INSTITUTE**.

16           (8) “Emergency medical technician–paramedic” (EMT–P) means an  
17 individual who has:

- 18           (i) Completed an emergency medical technician–paramedic  
19 course approved by the [EMS Board] **INSTITUTE**;
- 20           (ii) Been tested and registered by the National Registry of  
21 Emergency Medical Technicians, Inc. as an emergency medical technician–paramedic;
- 22           (iii) Demonstrated competence in medical protocols within this  
23 State as determined by the [EMS Board] **INSTITUTE**; and
- 24           (iv) Been licensed as an EMT–P by the [EMS Board]  
25 **INSTITUTE**.

26           (9) “First responder” means an individual who has:

1 (i) Completed a first responder course approved by the [EMS  
2 Board] **INSTITUTE**; and

3 (ii) Been examined by the [EMS Board] **INSTITUTE** and  
4 certified as a first responder by the [EMS Board] **INSTITUTE**.

5 (10) “License” means a license issued by the [EMS Board] **INSTITUTE**  
6 to provide emergency medical services in the State, unless the context requires  
7 otherwise.

8 (11) (i) “Medical direction” means the written or oral instruction by  
9 a licensed physician to perform specified medical procedures or administer specified  
10 medications or intravenous solutions.

11 (ii) “Medical direction” includes the activities of a licensed  
12 physician in the State serving as a medical director for an agency providing emergency  
13 medical services including quality assurance, planning, and education.

14 (12) “National registry” means the nonproprietary, nongovernmental  
15 agency that provides standardized national testing and registration for emergency  
16 medical technicians based on national training standards.

17 (13) “Provider review panel” means the 13–member panel appointed by  
18 the [EMS Board] **INSTITUTE** in accordance with the provisions of subsection (e) of  
19 this section.

20 (14) “Public safety personnel” means:

21 (i) Any career or volunteer member of a fire, rescue or EMS  
22 department, company, squad or auxiliary;

23 (ii) Any law enforcement officer; or

24 (iii) The State Fire Marshal or a sworn member of the State Fire  
25 Marshal’s office.

26 (b) (1) Except as otherwise provided in this section, an individual may not  
27 provide emergency medical services in the State unless issued a license or certificate  
28 by the [EMS Board] **INSTITUTE** under this section.

29 (2) This section does not apply to:

- 1 (i) An individual who:
- 2 1. Has completed an emergency medical services course  
3 or its equivalent as determined by the [EMS Board] **INSTITUTE**;
- 4 2. Is authorized to provide emergency medical services  
5 by any state adjoining this State;
- 6 3. Is called on by a public safety agency providing  
7 emergency medical services to render emergency medical services in this State or to  
8 transport emergency patients from the adjoining state to a health care facility in this  
9 State;
- 10 4. Is providing emergency medical services within the  
11 scope of the license or certificate issued to the individual by the other state; and
- 12 5. Is not affiliated with an emergency medical service in  
13 this State or is not engaged in providing emergency medical services in this State on a  
14 regular basis;
- 15 (ii) An individual who is enrolled in an emergency medical  
16 services provider training program that meets the standards set by the [EMS Board]  
17 **INSTITUTE** in the course of that training;
- 18 (iii) An individual who is not engaged in providing emergency  
19 medical services on a regular basis who provides emergency medical services at the  
20 scene of a medical emergency in rare instances;
- 21 (iv) An individual who is a member of a volunteer fire or rescue  
22 company and solely engaged in driving the emergency vehicle;
- 23 (v) An individual who assists an emergency medical services  
24 provider but does not directly provide emergency medical services; or
- 25 (vi) An individual who has American Red Cross first aid training  
26 or its equivalent and who provides services within the scope of that training, does not  
27 respond to emergency calls, and does not transport patients.
- 28 (3) This subsection does not limit the right of an individual to practice  
29 a health occupation that the individual is authorized to practice under the Health  
30 Occupations Article.

1           (4) A person who violates any provision of this subsection is guilty of a  
2 misdemeanor and on conviction is subject to a fine not exceeding \$1,000 or  
3 imprisonment not exceeding 1 year or both.

4           (c) (1) To apply for a license or certificate, an individual shall:

5                   (i) Submit an application on the form that the [EMS Board]  
6 **INSTITUTE** requires; and

7                   (ii) Pay to the [EMS Board] **INSTITUTE** any application fee set  
8 by the [EMS Board] **INSTITUTE** under subsection (m) of this section.

9           (2) The [EMS Board] **INSTITUTE** may not charge a licensing,  
10 certifying, testing, or retesting fee to any individual who is a member or employee of  
11 any governmental or volunteer fire, rescue, or emergency medical services company at  
12 the date of application.

13           (3) The [EMS Board] **INSTITUTE** shall provide for the term and  
14 renewal of licenses or certificates issued under this section.

15           (d) (1) The [EMS Board] **INSTITUTE** may adopt rules, regulations,  
16 protocols, orders, and standards to carry out the provisions of this section.

17                   (2) Any regulations of the [EMS Board] **INSTITUTE** relating to the  
18 practice of medicine shall be adopted jointly with the Board of Physicians.

19                   (3) Any regulations of the [EMS Board] **INSTITUTE** relating to the  
20 practice of nursing shall be adopted in collaboration with the Board of Nursing.

21           (e) (1) (i) There is a provider review panel to the [EMS Board]  
22 **INSTITUTE**.

23                   (ii) The provider review panel shall be appointed by the [EMS  
24 Board] **INSTITUTE**.

25                   (2) The provider review panel consists of 13 members, 11 voting  
26 members appointed by the [EMS Board] **INSTITUTE** and two nonvoting members.

27                   (3) Eight of the appointed members shall be licensed or certified  
28 emergency medical service providers who are actively providing emergency medical

1 services at the time of their appointment. Three shall be members of a governmental  
2 fire, rescue, or emergency medical services company, three shall be members of a  
3 volunteer fire, rescue, or emergency medical services company, one shall be an  
4 employee of a commercial ambulance service, and one shall be an emergency medical  
5 dispatcher. In appointing the provider representatives of the provider review panel,  
6 the Board shall give consideration to providing for reasonable representation from  
7 throughout the State.

8 (4) One of the appointed members shall be a physician appointed by  
9 the Board of Physicians.

10 (5) One of the appointed members shall be a medical director with  
11 emergency medical services experience.

12 (6) One of the appointed members shall be a representative of the  
13 Medical and Chirurgical Faculty of the State of Maryland who has emergency medical  
14 services experience.

15 (7) The Executive Director of the Institute and the State EMS Medical  
16 Director shall serve as nonvoting ex officio members.

17 (8) The panel shall elect a [chairman] **CHAIR** from among its  
18 members.

19 (9) The [EMS Board] **INSTITUTE** shall adopt regulations for the  
20 selection, appointment, and terms of the members of the panel, including providing for  
21 the staggering of terms.

22 (10) (i) The provider review panel shall review patient care and  
23 other allegations of misconduct against emergency medical services providers and  
24 provide recommendations to the [EMS Board] **INSTITUTE** for further action as  
25 necessary.

26 (ii) The provider review panel shall perform any other duty or  
27 function that the [EMS Board] **INSTITUTE** requires.

28 (f) Subject to the rules, regulations, protocols, orders, and standards of the  
29 [EMS Board] **INSTITUTE** and subject to medical direction, while providing emergency  
30 medical services:

31 (1) A cardiac rescue technician, an emergency medical technician–B,  
32 or an emergency medical technician–P may:

1 (i) Perform specified medical procedures as authorized by the  
2 [EMS Board] **INSTITUTE**;

3 (ii) Administer specified medications or intravenous solutions;  
4 and

5 (iii) Provide emergency medical transport;

6 (2) (i) An emergency medical dispatcher may:

7 1. Perform medical interrogation in order to determine  
8 the type and level of response required at the scene of a medical emergency;

9 2. Provide prearrival instructions including instructions  
10 in cardiopulmonary resuscitation; and

11 (ii) Participation in emergency medical dispatch programs by  
12 jurisdictions is totally voluntary; and

13 (3) A first responder:

14 (i) May perform specified medical procedures as defined by the  
15 [EMS Board] **INSTITUTE**; and

16 (ii) May not be the primary emergency medical services provider  
17 during emergency medical transport.

18 (g) Subject to the rules, regulations, protocols, orders, and standards of the  
19 [EMS Board] **INSTITUTE**, an EMT-P may administer influenza and hepatitis B  
20 immunizations and tuberculosis skin testing, in a nonemergency environment, to  
21 public safety personnel within the jurisdiction of the EMT-P, if the services are:

22 (1) Authorized by a written agreement between the provider's  
23 jurisdictional EMS operational program medical director and the county or city health  
24 department in whose jurisdiction the services are performed, which shall include  
25 provisions for documentation, referral and follow-up, and storage and inventory of  
26 medicine;

27 (2) Under the direction of the jurisdictional EMS operational program  
28 medical director; and



1           (3)    Approved by the Institute.

2           (h)    (1)    Subject to the hearing provisions of subsection (i) of this section  
3 and as a result of any conduct of an emergency medical services provider or an  
4 applicant for a license or certificate under this section that is prohibited under the  
5 provisions of this section or any regulations adopted under this section, the [EMS  
6 Board] **INSTITUTE** may:

7                   (i)    Reprimand or place an emergency medical services provider  
8 on probation;

9                   (ii)   Suspend or revoke the license or certificate of an emergency  
10 medical services provider;

11                  (iii)   Deny a license or certificate to an applicant; or

12                  (iv)   Refuse to renew an applicant's license or certificate.

13           (2)    On the application of an individual whose license or certificate has  
14 been suspended or revoked, the [EMS Board] **INSTITUTE** may reinstate a suspended  
15 or revoked license or certificate.

16           (3)    (i)    Unless the [EMS Board] **INSTITUTE** agrees to accept the  
17 surrender of a license or certificate, a holder of a license or certificate may not  
18 surrender the license or certificate.

19                   (ii)   A license or certificate may not lapse by operation of law  
20 while the holder of the license or certificate is under investigation or while charges are  
21 pending against the holder of the license or certificate.

22           (4)    The [EMS Board] **INSTITUTE** may set conditions on its agreement  
23 with the holder of the license or certificate under investigation or against whom  
24 charges are pending to accept surrender of the license or certificate.

25           (i)    (1)    The [EMS Board] **INSTITUTE** may take action under subsection  
26 (h) of this section only after:

27                   (i)    A review and recommendation by the provider review panel;  
28 and

1 (ii) After the individual against whom the action is  
2 contemplated has had an opportunity for a hearing in accordance with the provisions  
3 of Title 10, Subtitle 2 of the State Government Article.

4 (2) The [EMS Board] **INSTITUTE** may not proceed with disciplinary  
5 cases concerning patient care except upon the affirmative recommendation of the  
6 provider review panel.

7 (3) The individual may be represented at the hearing by counsel.

8 (4) Any person aggrieved by a decision of the [EMS Board]  
9 **INSTITUTE** may take any further appeal allowed under Title 10, Subtitle 2 of the  
10 State Government Article.

11 (j) (1) The [EMS Board] **INSTITUTE** shall refer to the Board of Nursing  
12 any complaint about an emergency medical services provider who, in addition to being  
13 licensed or certified by the [EMS Board] **INSTITUTE**, is licensed as a registered nurse  
14 or licensed practical nurse by the Board of Nursing.

15 (2) The Board of Nursing may investigate and discipline a registered  
16 nurse or licensed practical nurse for a violation of this section and a violation of Title 8  
17 of the Health Occupations Article.

18 (3) The Board of Nursing shall conduct any hearing required by this  
19 section in accordance with § 8–317 of the Health Occupations Article.

20 (4) The [EMS Board] **INSTITUTE** shall comply with any  
21 recommendation or order issued by the Board of Nursing regarding the issuance of a  
22 license or certificate by the [EMS Board] **INSTITUTE** to an individual who is licensed  
23 as a registered nurse or licensed practical nurse.

24 (k) (1) The [EMS Board] **INSTITUTE** may, over the signature of the  
25 [chairman of the EMS Board,] Executive Director of the Institute, [chairman] **CHAIR**  
26 of the provider review panel, or State EMS Medical Director, issue subpoenas and  
27 administer oaths in connection with any investigation under this section and any  
28 hearings or proceedings before it.

29 (2) If, without lawful excuse, a person disobeys a subpoena of the  
30 [EMS Board] **INSTITUTE** or an order by the [EMS Board] **INSTITUTE** to take an oath  
31 or to testify or answer a question, a court of competent jurisdiction may punish the  
32 person for contempt.

1           (3) If, after due notice, the individual against whom an action is  
2 contemplated fails or refuses to appear, the [EMS Board] **INSTITUTE** may hear and  
3 determine the matter.

4           (4) If the entry is necessary to carry out a duty under this section, any  
5 duly authorized agent or investigator of the [EMS Board] **INSTITUTE** may enter at  
6 any reasonable hour a place of business of a licensed or certified emergency medical  
7 services provider or public premises.

8           (5) The [EMS Board] **INSTITUTE** may issue a cease and desist order  
9 or obtain injunctive relief if a person provides emergency medical services without a  
10 license or certificate.

11           (1) (1) A person who violates any provision of this subsection is guilty of a  
12 misdemeanor and on conviction is subject to a fine not exceeding \$1,000 or  
13 imprisonment not exceeding 1 year or both.

14           (2) Unless licensed or certified to provide emergency medical services  
15 under this section, a person may not represent to the public that the person is  
16 authorized to provide emergency medical services in this State.

17           (3) Unless licensed or certified to provide emergency medical services  
18 under this section, a person may not use the terms “cardiac rescue technician”, “CRT”,  
19 “emergency medical dispatcher”, “EMD”, “emergency medical technician”, “EMT–B”,  
20 “EMT–P”, “paramedic”, or “first responder” or any other words, letters, or symbols  
21 with the intent to represent that the person is authorized to provide emergency  
22 medical services.

23           (m) (1) There is an [EMS Board] **INSTITUTE** Provider Fund.

24           (2) Except as provided in paragraph (3) of this subsection, the [EMS  
25 Board] **INSTITUTE** may set reasonable fees for the initial issuance of licenses or  
26 certificates and its other services.

27           (3) (i) The [EMS Board] **INSTITUTE** may not charge an initial  
28 licensing fee, an initial certifying fee, a fee for the renewal of a license, a fee for the  
29 renewal of a certificate, a testing fee, or a retesting fee to an individual who is a  
30 member or employee of any governmental or volunteer fire or rescue company at the  
31 time of that individual’s application.

32           (ii) The [EMS Board] **INSTITUTE** shall pay all fees collected  
33 under the provisions of this section to the Comptroller of the State.

1 (iii) The Comptroller of the State shall distribute the fees to the  
2 [EMS Board] **INSTITUTE** Provider Fund.

3 (4) The [EMS Board] **INSTITUTE** Provider Fund shall be used  
4 exclusively to fund the actual documented direct and indirect costs of fulfilling the  
5 statutory and regulatory duties of the [EMS Board] **INSTITUTE** as provided by the  
6 provisions of this section.

7 (5) (i) The [EMS Board] **INSTITUTE** Provider Fund is a  
8 continuing, nonlapsing fund and is not subject to § 7-302 of the State Finance and  
9 Procurement Article.

10 (ii) Any unspent portion of the [EMS Board] **INSTITUTE**  
11 Provider Fund may not be transferred or revert to the General Fund of the State but  
12 shall remain in the [EMS Board] **INSTITUTE** Provider Fund to be used for the  
13 purposes specified in this section.

14 (n) (1) The [EMS Board] **INSTITUTE** may delegate any portion of its  
15 authority under this section to the Executive Director of the Institute unless  
16 specifically precluded by statute.

17 (2) Notice of any delegation of authority made under this section shall  
18 be published in the Maryland Register.

19 [(3) The EMS Board may not delegate its authority to promulgate and  
20 revise regulations, hear contested cases, or designate the provider review panel to the  
21 Executive Director of the Institute.]

22 [(4)](3) The [EMS Board] **INSTITUTE** may delegate to the Office of  
23 Administrative Hearings the authority to hear contested cases and issue  
24 recommendations.

25 6-111.

26 (a) (1) In this section the following words have the meanings indicated.

27 (2) “Authorized facility” means an organization, business, association,  
28 or agency that meets the requirements of the [EMS Board] **INSTITUTE** for providing  
29 automated external defibrillation.

1           (3) “Automated external defibrillator (AED)” means a medical heart  
2 monitor and defibrillator device that:

3                   (i) Is cleared for market by the federal Food and Drug  
4 Administration;

5                   (ii) Recognizes the presence or absence of ventricular fibrillation  
6 or rapid ventricular tachycardia;

7                   (iii) Determines, without intervention by an operator, whether  
8 defibrillation should be performed;

9                   (iv) On determining that defibrillation should be performed,  
10 automatically charges; and

11                   (v) 1. Requires operator intervention to deliver the  
12 electrical impulse; or

13                               2. Automatically continues with delivery of electrical  
14 impulse.

15           (4) “Certificate” means a certificate issued by the [EMS Board]  
16 **INSTITUTE** to an authorized facility.

17           (5) “Facility” means an agency, association, corporation, firm,  
18 partnership, or other entity.

19           (6) “Jurisdictional emergency medical services operational program”  
20 means the institution, agency, corporation, or other entity that has been approved by  
21 the [EMS Board] **INSTITUTE** to provide oversight of emergency medical services for  
22 each of the local government and State and federal emergency medical services  
23 programs.

24           (7) “Regional administrator” means the individual employed by the  
25 Institute as regional administrator in each EMS region.

26           (8) “Regional council” means an EMS advisory body as created by the  
27 Code of Maryland Regulations 30.05.

28           (9) “Regional council AED committee” means a committee appointed  
29 by the regional council consisting of:

- 1 (i) The regional medical director;
- 2 (ii) The regional administrator; and
- 3 (iii) Three or more individuals with knowledge of and expertise  
4 in AEDs.

5 (10) “Sponsoring physician” means a physician who:

- 6 (i) Is licensed to practice medicine under Title 14 of the Health  
7 Occupations Article;
- 8 (ii) Provides medical oversight to an authorized facility; and
- 9 (iii) Meets qualifications established by the [EMS Board]

10 **INSTITUTE.**

11 (b) (1) There is an Automated External Defibrillator Program.

12 (2) The purpose of the Program is to provide a means of authorizing a  
13 facility to make automated external defibrillation available to an individual who is a  
14 victim of sudden cardiac arrest if physician services or emergency medical services are  
15 not immediately available.

16 (3) The Program shall be administered by the [EMS Board]  
17 **INSTITUTE.**

18 (c) The [EMS Board] **INSTITUTE** may:

19 (1) Adopt regulations for the administration of the Program;

20 (2) Set reasonable fees for the issuance and renewal of certificates and  
21 other services it provides under the Program provided that the fees set produce funds  
22 to approximate the cost of maintaining the certification program and the other  
23 services provided under the Program;

24 (3) Issue and renew certificates to facilities that meet the  
25 requirements of this section;

26 (4) Deny, suspend, revoke, or refuse to renew the certificate of an  
27 authorized facility for failure to meet the requirements of this section;

1 (5) Approve educational and training programs required under this  
2 section that:

3 (i) Are conducted by any private or public entity;

4 (ii) Include training in cardiopulmonary resuscitation; and

5 (iii) May include courses from nationally recognized entities such  
6 as the American Heart Association, the American Red Cross, and the National Safety  
7 Council;

8 (6) Approve protocols for the use of an automated external  
9 defibrillator; **AND**

10 (7) Require each authorized facility on reasonable notice to produce for  
11 inspection:

12 (i) Maintenance records;

13 (ii) Training records; and

14 (iii) Equipment[; and

15 (8) Delegate to the Institute any portion of its authority under this  
16 section].

17 (d) (1) The [EMS Board] **INSTITUTE** shall pay all fees collected under the  
18 provisions of this section to the Comptroller of the Treasury.

19 (2) The Comptroller of the Treasury shall distribute the fees to the  
20 Maryland Emergency Medical System Operations Fund established under § 13-955 of  
21 the Transportation Article.

22 (e) (1) Each facility that desires to make automated external  
23 defibrillation available shall possess a valid certificate from the [EMS Board]  
24 **INSTITUTE**.

25 (2) This subsection does not apply to:

26 (i) A jurisdictional emergency medical services operational  
27 program;

- 1                   (ii) A licensed commercial ambulance service; or
- 2                   (iii) A health care facility as defined in § 19–114 of [the  
3 Health – General Article] **THIS ARTICLE**.
- 4           (f) To qualify for a certificate a facility shall:
- 5                   (1) Have medical direction through:
- 6                           (i) A sponsoring physician; or
- 7                           (ii) The regional council AED committee;
- 8                   (2) Be registered with the closest jurisdictional emergency medical  
9 services operational program;
- 10                  (3) Comply with written protocols approved by the [EMS Board]  
11 **INSTITUTE** for the use of an automated external defibrillator which include:
- 12                           (i) Notification of the emergency medical services system  
13 through the use of the 911 universal emergency access number as soon as possible on  
14 the use of an automated external defibrillator; and
- 15                           (ii) Subsequent reporting of the use of an automated external  
16 defibrillator to the closest jurisdictional emergency medical services operational  
17 program;
- 18                  (4) Have established automated external defibrillator maintenance,  
19 placement, operation, reporting, and quality improvement procedures as required by  
20 the [EMS Board] **INSTITUTE**;
- 21                  (5) Ensure that:
- 22                           (i) Each automated external defibrillator is maintained,  
23 operated, and tested according to manufacturers' guidelines; and
- 24                           (ii) Written records of the maintenance and testing of each  
25 automated external defibrillator are maintained as required by the [EMS Board]  
26 **INSTITUTE**; and



1           (6)    Ensure that each individual who operates an automated external  
2 defibrillator for the authorized facility has successfully completed an educational  
3 training course and refresher training as required by the [EMS Board] **INSTITUTE**.

4           (g)    A facility that desires to establish or renew a certificate shall:

5                (1)   Submit an application on the form that the [EMS Board]  
6 **INSTITUTE** requires;

7                (2)   Pay to the [EMS Board] **INSTITUTE** the application or renewal fee  
8 set by the [EMS Board] **INSTITUTE**; and

9                (3)   Meet the requirements under this section.

10          (h)    (1)   The [EMS Board] **INSTITUTE** shall issue a new or a renewed  
11 certificate to a facility that meets the requirements of this section.

12                (2)   Each certificate shall include:

13                   (i)    The type of certificate;

14                   (ii)   The full name and address of the facility;

15                   (iii)  A unique identification number; and

16                   (iv)  The dates of issuance and expiration of the certificate.

17          (i)    A certificate is valid for 3 years.

18          (j)    An individual who is authorized to operate an automated external  
19 defibrillator at an authorized facility may administer automated external  
20 defibrillation to an individual who is reasonably believed to be a victim of sudden  
21 cardiac arrest if physician services or emergency medical services are not immediately  
22 available.

23          (k)    An individual who is authorized to operate an automated external  
24 defibrillator at an authorized facility shall follow the protocols established by the  
25 [EMS Board] **INSTITUTE**.

26          (l)    The [EMS Board] **INSTITUTE** may issue a cease and desist order or  
27 obtain injunctive relief:

1           (1) If a facility makes automated external defibrillation available in  
2 violation of this section; or

3           (2) If an individual provides automated external defibrillation in  
4 violation of this section.

5           (m) (1) In addition to any other immunities available under statutory or  
6 common law, an authorized facility is not civilly liable for any act or omission in the  
7 provision of automated external defibrillation if the authorized facility:

8                   (i) Has satisfied the requirements for making automated  
9 external defibrillation available under this section; and

10                   (ii) Possesses a valid certificate at the time of the act or  
11 omission.

12           (2) In addition to any other immunities available under statutory or  
13 common law, the sponsoring physician of an authorized facility is not civilly liable for  
14 any act or omission in the provision of automated external defibrillation.

15           (3) In addition to any other immunities available under statutory or  
16 common law, an individual is not civilly liable for any act or omission if:

17                   (i) The individual is acting in good faith while rendering  
18 automated external defibrillation to a person who is a victim or reasonably believed by  
19 the individual to be a victim of a sudden cardiac arrest;

20                   (ii) The assistance or aid is provided in a reasonably prudent  
21 manner;

22                   (iii) The automated external defibrillation is provided without  
23 fee or other compensation; and

24                   (iv) 1. The act or omission occurs while the individual is  
25 providing automated external defibrillation in accordance with the requirements of  
26 this section at an authorized facility;

27                               2. The individual has successfully completed an AED  
28 training course and is authorized to provide automated external defibrillation; or

29                               3. The individual is using an automated external  
30 defibrillator obtained by a prescription issued by a physician.

1 (4) The immunities in this subsection are not available if the conduct  
 2 of the authorized facility amounts to gross negligence, willful or wanton misconduct, or  
 3 intentionally tortious conduct.

4 (5) This subsection does not affect, and may not be construed as  
 5 affecting, any immunities from civil or criminal liability or defenses established by any  
 6 other provision of the Code or by common law to which an authorized facility or an  
 7 individual may be entitled.

8 (n) (1) An authorized facility aggrieved by a decision of the Institute  
 9 [acting under the delegated authority of the EMS Board] under this section shall be  
 10 afforded an opportunity for a hearing before the [EMS Board] **INSTITUTE**.

11 (2) An authorized facility aggrieved by a decision of the [EMS Board]  
 12 **INSTITUTE** under this section shall be afforded an opportunity for a hearing in  
 13 accordance with Title 10, Subtitle 2 of the State Government Article.

#### 14 **Article - Education**

##### 15 **SUBTITLE 5. TRAUMA EMERGENCY MEDICAL SERVICES CENTERS.**

16 13-501.

17 (a) (1) The Study Center's primary mission is research, with particular  
 18 emphasis on establishing national policies related to prevention, treatment, acute care  
 19 and rehabilitation, trauma and emergency medical care delivery systems, disaster  
 20 epidemiology and management, injury surveillance, and data collection.

21 (2) [It] **THE STUDY CENTER** shall serve as the primary research  
 22 center for the State Emergency Medical Services System.

23 (b) The Director of the Study Center shall work closely with the [MIEMSS]  
 24 **EXECUTIVE Director OF THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL**  
 25 **SERVICES SYSTEMS** in the development of a research plan and the budget.

26 (c) The Director of the Study Center shall submit the budget and research  
 27 plan to the [EMS Board] **MARYLAND INSTITUTE FOR EMERGENCY MEDICAL**  
 28 **SERVICES SYSTEMS** for review and comment.

29 (d) The Director of the Study Center shall advise and provide the  
 30 opportunity for the [EMS Board] **MARYLAND INSTITUTE FOR EMERGENCY**

1 **MEDICAL SERVICES SYSTEMS** to comment prior to the adoption of any proposed  
2 change in the budget, mission, research plan, or other policies of the Study Center that  
3 would affect the ability of the Study Center to continue to fulfill its mission as the  
4 primary research center for the State Emergency Medical Services System.

5 (e) The Director of the Study Center shall submit to the [EMS Board]  
6 **MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS** an  
7 annual report on the budget and research plan.

8 (f) Subject to the approval of the Governor, the President of the University of  
9 Maryland, Baltimore shall appoint the Director of the Study Center. The Governor  
10 shall have 60 days to approve the appointment. If the Governor has not acted within  
11 60 days of being notified of the appointed director, the appointed director shall be  
12 deemed approved.

13 (g) The University of Maryland, Baltimore shall receive indirect cost  
14 recoveries as stipulated in grants received by the National Study Center.

15 (h) The University System of Maryland may not transfer funds for the Study  
16 Center to any other program or purpose.

17 13-502.

18 (a) The R Adams Cowley Shock Trauma Center is the primary adult clinical  
19 resource center for the State Emergency Medical Services Systems.

20 (b) The chief administrative officer of the Center is the Director who:

21 (1) Shall be appointed by the Board of Directors of the Medical System  
22 Corporation, subject to the approval of the Governor or the passage of 60 days from the  
23 date of the appointment, whichever occurs first; and

24 (2) May not hold concurrently the position of Executive Director of the  
25 [Institute] **MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES**  
26 **SYSTEMS**.

27 (c) The Director of the Center shall:

28 (1) Report through the Medical System Corporation Chief Executive  
29 Officer to the Board of Directors;

1 (2) Provide a monthly report to the Board of Directors and the [EMS  
2 Board] **MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS**  
3 on the overall progress of programs;

4 (3) Render reports to appropriate committees of the Board of  
5 Directors; and

6 (4) Develop the budget and, after approval of the Medical System  
7 Corporation Chief Executive Officer, present the budget to the [EMS Board]  
8 **MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS** for  
9 review and comment and through the appropriate committees of the Board of  
10 Directors for approval by the Board of Directors.

11 (d) The Director of the Center shall:

12 (1) Advise and provide the opportunity for the [EMS Board]  
13 **MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS** to  
14 comment prior to the adoption of any proposed change in the budget, services, mission,  
15 or other policies of the Center that would affect the ability of the Center to continue to  
16 fulfill its mission as the statewide primary adult clinical resource for emergency  
17 medical services; and

18 (2) Submit to the [EMS Board] **MARYLAND INSTITUTE FOR**  
19 **EMERGENCY MEDICAL SERVICES SYSTEMS** an annual report on the budget and on  
20 the operations of the Center.

## 21 **Article – Transportation**

22 13–955.

23 (a) In this section, “Fund” means the Maryland Emergency Medical System  
24 Operations Fund.

25 (b) (1) There is a Maryland Emergency Medical System Operations Fund.

26 (2) The Fund is a continuing, nonlapsing fund which is not subject to §  
27 7–302 of the State Finance and Procurement Article.

28 (3) Interest and earnings on the Fund shall be separately accounted  
29 for and credited to the Fund, and are not subject to § 6–226(a) of the State Finance  
30 and Procurement Article.

31 (c) The Fund consists of:

1           (1)     Registration surcharges collected under § 13-954 of this subtitle;  
2 and

3           (2)     All funds, including charges for accident scene transports and  
4 interhospital transfers of patients, generated by an entity specified in subsection (e) of  
5 this section that is a unit of State government.

6           (d)     Expenditures from the Fund shall be made pursuant to an appropriation  
7 approved by the General Assembly in the annual State budget or by the budget  
8 amendment procedure provided under § 7-209 of the State Finance and Procurement  
9 Article, provided that any budget amendment shall be submitted to and approved by  
10 the Legislative Policy Committee prior to the expenditure or obligation of funds.

11          (e)     The money in the Fund shall be used solely for:

12           (1)     Medically oriented functions of the Department of State Police,  
13 Special Operations Bureau, Aviation Division;

14           (2)     The Maryland Institute for Emergency Medical Services Systems;

15           (3)     The R Adams Cowley Shock Trauma Center at the University of  
16 Maryland Medical System;

17           (4)     The Maryland Fire and Rescue Institute;

18           (5)     The provision of grants under the Senator William H. Amoss Fire,  
19 Rescue, and Ambulance Fund in accordance with the provisions of Title 8, Subtitle 1 of  
20 the Public Safety Article; [and]

21           (6)     The Volunteer Company Assistance Fund in accordance with the  
22 provisions of Title 8, Subtitle 2 of the Public Safety Article; **AND**

23           **(7)     THE OFFICE OF PREPAREDNESS AND RESPONSE IN THE**  
24 **DEPARTMENT OF HEALTH.**

25          SECTION 5. AND BE IT FURTHER ENACTED, That:

26           (a)     for fiscal year 2008, the Governor may transfer up to 84.1 full time  
27 equivalent regular positions and \$10,300,000 in special funds (including no more than  
28 \$9,878,297 derived from the Maryland Emergency Medical System Operations Fund)

1 from budget code D53T00.01 to the Department of Health's Office of Preparedness and  
2 Response; and

3 (b) in order to meet these position and expenditure limits, the  
4 Governor may only eliminate vacant positions, positions in the Department of Budget  
5 and Management's Job Family A "Officials and Administrators", and the Executive  
6 Director of the Maryland Institute for Emergency Medical Services Systems.

7 SECTION 6. AND BE IT FURTHER ENACTED, That special funds that  
8 remain appropriated in budget code D53T00.01 may not be expended for any other  
9 purpose and shall revert to the Maryland Emergency Medical System Operations  
10 Fund.

11 SECTION 7. AND BE IT FURTHER ENACTED, That:

12 (a) The Department of Health shall conduct a comprehensive review of the  
13 Department in which the Department identifies:

14 (1) the boards, commissions, councils, and committees that are  
15 operated by the Department or that otherwise involve the Department;

16 (2) methods to streamline or consolidate the boards, commissions,  
17 councils, and committees that are found by the Department to be duplicative or  
18 unnecessary; and

19 (3) the reports that are required by the General Assembly to be  
20 submitted by the Department.

21 (b) In conducting the review required by subsection (a) of this section, the  
22 Department shall ensure that the health care needs of the citizens of the State are  
23 considered and maintained.

24 (c) On or before December 1, 2007, the Department shall report, in  
25 accordance with § 2-1246 of the State Government Article, to the Governor and  
26 General Assembly on the review required under subsection (a) of this section, and  
27 shall include in the report:

28 (1) a description of the boards, commissions, councils, and committees  
29 operated by the Department or that otherwise involve the Department;

30 (2) a list of the reports required by the General Assembly to be  
31 submitted by the Department;

1           (3) legislative and administrative recommendations for the  
2 streamlining and consolidation of duplicative or unnecessary boards, commissions,  
3 councils, committees, and legislative reports including the justification for the  
4 recommendations.

5           SECTION 8. AND BE IT FURTHER ENACTED, That on October 1, 2007, all  
6 the functions, powers, duties, equipment, assets, liabilities, and employees of the  
7 Maryland Institute for Emergency Medical Services Systems shall be transferred to  
8 the Office of Preparedness and Response in the Department of Health.

9           SECTION 9. AND BE IT FURTHER ENACTED, That the publisher of the  
10 Annotated Code of Maryland, in consultation with and subject to the approval of the  
11 Department of Legislative Services, shall correct, with no further action required by  
12 the General Assembly, cross-references and terminology rendered incorrect by this  
13 Act or by any other Act of the General Assembly of 2007 that affects provisions  
14 enacted by this Act. The publisher shall adequately describe any such correction in an  
15 editor's note following the section affected.

16           SECTION 10. AND BE IT FURTHER ENACTED, That this Act shall take  
17 effect October 1, 2007.