

Department of Legislative Services
Maryland General Assembly
2009 Session

FISCAL AND POLICY NOTE
Revised

House Bill 265 (Delegate G. Clagett, *et al.*)
Health and Government Operations

Finance

Emergency Medical Services - Emergency Medical Services Board and Joint
Oversight Committee on Emergency Medical Services

This bill establishes a Joint Oversight Committee on Emergency Medical Services (EMS) and increases the membership of the EMS Board to 13 by adding a director of operations who is a helicopter pilot employed by the Department of State Police Aviation Command and an additional member from the public at large.

Provisions relating to the joint oversight committee terminate September 30, 2013.

Fiscal Summary

State Effect: The Department of Legislative Services (DLS) can handle the staffing requirement with existing budgeted resources; however, limited staff resources may be diverted from other responsibilities. Any costs associated with additional members of the EMS Board can be handled with existing budgeted resources. Revenues are not affected.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The joint oversight committee consists of six members of the Senate, appointed by the President of the Senate, and six members of the House of Delegates, appointed by the Speaker of the House. From among the members, the President has to appoint a Senate chair and the Speaker has to appoint a House chair. The committee will be staffed by DLS.

The joint oversight committee has to (1) monitor helicopter procurement; (2) review protocol changes for EMS field providers and ensure that related training and examination requirements are adequate; (3) review efforts by the Maryland Institute for Emergency Medical Services Systems (MIEMSS) to address recommendations of the Expert Panel to Review Helicopter Utilization in Scene Transport of Trauma Patients; (4) monitor specified ongoing safety improvements for State Medevac helicopters; and (5) review specified updates, studies, and reports requested in the March 2009 report of the House EMS Workgroup.

In cooperation with MIEMSS, the EMS Board, the State EMS Advisory Council, and the Maryland State Police, the joint oversight committee must examine the long-term viability of the Maryland Emergency Medical Services Operating Fund (MEMSOF) and develop a long-term financing plan for EMS. The committee must report its findings and recommendations by December 1 of each year.

Current Law/Background:

Maryland State Police Aviation Command: Since 1970, the Maryland State Police Aviation Command (MSPAC) has operated a system of aircraft to provide emergency medical evacuation (Medevac) services and other flight services to the State's citizens. Special funds from MEMSOF support Medevac and search and rescue functions, while general funds support law enforcement and homeland security functions. For almost 10 years, MSPAC operated with a fleet of 12 helicopters and 2 fixed winged aircraft. As a result of the September 2008 crash of Trooper 2, MSPAC operates with 11 helicopters.

Recent Developments Regarding Medevac Helicopters: Following the fatal Medevac crash, MIEMSS convened an Expert Panel to Review Helicopter Utilization in Scene Transport of Trauma Patients in November 2008. The panel noted that, although there are other public agencies providing Medevac services in the United States, Maryland's model is unique as the only statewide and State-provided system. Maryland's system is also the only one to separate a primary scene provider agency, operating at an advanced Medevac configuration, from other agencies that are primarily providing inter-facility transports.

Recommendations issued by the panel indicate that MSPAC should take the necessary steps to achieve accreditation by the Commission on Accreditation of Medical Transport Services (CAMTS). The panel also recommended that all Medevac operations be conducted under Part 135 of Federal Aviation Administration (FAA) regulations – the same standard under which commercial air taxis operate.

CAMTS accreditation is a program of voluntary compliance with standards that demonstrate the ability of providers to deliver service of a specific quality. In order to achieve CAMTS accreditation, MSPAC must be Part 135 certified and operate with two

medical crew members per flight. MSPAC currently operates under Part 91 of FAA regulations and with only one medical care provider per flight. The Part 135 accreditation process is anticipated to take at least one year to complete. CAMTS accreditation cannot begin until Part 135 certification is complete.

As a safety measure, MSPAC recently requested funding from the EMS Board for new equipment (*e.g.*, night vision imaging systems, terrain awareness warning systems, and a flight simulator). Additionally, MSPAC requested funding to begin the initial hiring of Medevac copilots. MSPAC reports that hiring an additional pilot will substantially increase the safety of each Medevac flight.

Funding for Helicopter Replacement: The Administration proposes replacing eight helicopters over a five-year timeframe. The fiscal 2010 *Capital Improvement Program* includes \$40.0 million for the purchase of two Medevac helicopters. The Maryland Department of Transportation issued a request for proposals for Maryland State Police helicopters on January 30, 2009. Proposals were due on March 19, 2009, but the submission deadline was extended until mid-April. A contract could be awarded as soon as the summer of 2009.

House of Delegates Emergency Medical Services Workgroup: In January 2009, the Speaker of the House of Delegates appointed a 14-member House EMS Workgroup. In its final report, submitted March 10, 2009, the workgroup adopted numerous recommendations regarding the State EMS system and requested several updates, studies, and reports. The workgroup specifically recommended the formation of a Legislative Joint EMS Oversight Committee to continue to monitor and provide input regarding helicopter fleet replacement and implementation of safety upgrades and reforms.

Emergency Medical Services Board: The EMS Board consists of 11 members, including (1) the Secretary of Health and Mental Hygiene or a designee; (2) a representative of the University of Maryland, Baltimore; (3) the chairperson of the advisory council; (4) two physicians; (5) a nurse; (6) one career and one volunteer firefighter, EMS, or rescue squad representative; (7) a hospital administrator; and (8) two members from the public at large, one of whom must reside in a county with a population of less than 175,000. Members are appointed by the Governor and must have a demonstrated interest or experience in the delivery of EMS.

The EMS Board governs MIEMSS. Its responsibilities include developing and adopting an EMS plan, adopting regulations for ambulance service licensing, approving EMS provider training courses, examining and certifying EMS personnel, appointing the Provider Review Panel, taking disciplinary action against EMS personnel, administering the Public Access Automated External Defibrillator Program, and with the approval of the Governor, appointing the executive director of MIEMSS, who serves at the pleasure

of the EMS Board. The EMS Board also appoints an advisory committee, which advises and assists the EMS Board in performing its functions.

Maryland Emergency Medical System Operations Fund: MEMSOF provides annual State budget support for Maryland's EMS system. The source of revenues for MEMSOF is an \$11 annual surcharge on motor vehicle registrations for certain classes of vehicles, as specified in § 13-954 of the Transportation Article. MEMSOF may be used solely for (1) MSPAC; (2) MIEMSS; (3) the R. Adams Cowley Shock Trauma Center; (4) the Maryland Fire and Rescue Institute; (5) local grants under the Senator William H. Amoss Fire, Rescue, and Ambulance Fund; and (6) the Volunteer Company Assistance Fund.

MEMSOF earns approximately \$53.0 million a year in revenues; the Governor's proposed fiscal 2010 budget includes \$51.5 million in total expenditures from MEMSOF. The Department of Legislative Services forecast projects that, from fiscal 2010 through 2015, MEMSOF revenues will grow by 1.3%, while MEMSOF expenditures increase by 3.1%. Over time, growth in expenditures will outpace growth in revenues. MEMSOF could remain viable until as late as fiscal 2013. However, if Part 135 certification enhancements are implemented, MEMSOF will be viable through fiscal 2012. If Part 135 certification and CAMTS accreditation are implemented, MEMSOF will be viable through fiscal 2011. If all of MIEMSS' expert panel recommendations and MSPAC's requested safety enhancements are made, MEMSOF will be viable only through fiscal 2010.

Additional Comments: Senate Bill 1063 of 2009 establishes a similar Joint Emergency Medical Services Oversight Committee.

Additional Information

Prior Introductions: None.

Cross File: SB 289 (Senator DeGrange) - Finance.

Information Source(s): Maryland Institute for Emergency Medical Services Systems, Department of State Police, Department of Legislative Services

Fiscal Note History: First Reader - February 16, 2009
mcp/mwc Revised - House Third Reader - March 30, 2009

Analysis by: Jennifer B. Chasse

Direct Inquiries to:
(410) 946-5510
(301) 970-5510