

**Department of Legislative Services**  
Maryland General Assembly  
2026 Session

**FISCAL AND POLICY NOTE**  
**First Reader**

Senate Bill 159 (Senator A. Washington)  
Education, Energy, and the Environment

**Emergency Medical Services - Vehicles and Ambulances - Required Supplies,  
Reviews, and Complaints**

This bill requires the Executive Director of the Maryland Institute for Emergency Medical Services Systems (MIEMSS) to coordinate the minimum equipment, supplies, and medications (including those needed for neonatal care) to be available on emergency medical services (EMS) vehicles with the federal, State, and county governments. Each county and municipality that operates or contracts EMS must (1) conduct quarterly reviews of “ambulance” performance data; (2) certify completion of each review; and (3) submit a summary to MIEMSS. Each county must establish and maintain a formal complaint system to receive, investigate, and resolve complaints regarding ambulance quality, conduct, or compliance. **The bill takes effect July 1, 2026.**

**Fiscal Summary**

**State Effect:** MIEMSS special fund expenditures increase by \$105,100 in FY 2027 for staff, as discussed below. Future years reflect annualization and ongoing costs. Revenues are not affected.

(in dollars)	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
Revenues	\$0	\$0	\$0	\$0	\$0
SF Expenditure	105,100	124,900	130,600	136,500	142,500
Net Effect	(\$105,100)	(\$124,900)	(\$130,600)	(\$136,500)	(\$142,500)

*Note: ( ) = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease*

**Local Effect:** Potential significant increase in expenditures for local governments that operate or contract EMS, as discussed below. **This bill may impose a mandate on a unit of local government.**

**Small Business Effect:** Minimal.

## Analysis

**Bill Summary:** “Ambulance” means any conveyance designed and constructed or modified and equipped to be used, maintained, or operated to transport sick, injured, wounded, or otherwise incapacitated individuals. “Ambulance” includes a conveyance designed and constructed or modified and equipped for aeromedical transport.

An ambulance performance review must (1) assess response times, service quality, and compliance with MIEMSS standards; (2) identify trends and deficiencies in services; and (3) allow a county or municipality to adopt corrective measures and make operational adjustments.

The formal complaint filing system must (1) be accessible online and in person; (2) include tracking, investigation, timelines, and notifications; and (3) report complaint data and resolutions quarterly to MIEMSS.

**Current Law:** MIEMSS is the administrative agency responsible for the coordination of all EMS in the State, which is overseen by the State Emergency Medical Services Board (EMS Board). The EMS Board must develop and adopt an Emergency Medical System plan to ensure effective coordination and evaluation of EMS delivered in the State. In accordance with the Emergency Medical System plan and other relevant policies adopted by the EMS Board, the Executive Director of MIEMSS must, among other things:

- coordinate a statewide system of EMS;
- coordinate the five emergency medical service regions in this State;
- coordinate the planning and operation of EMS with the federal, State, and county governments;
- coordinate the training of all personnel in the EMS System and develop the necessary standards for their certification or licensure;
- coordinate programs of research and education that relate to EMS;
- coordinate the development of centers for treating emergency injuries and illnesses;
- coordinate the development of specialty referral centers;
- administer State and federal funds for EMS in the State;
- assure continued improvement of transportation for emergency, critically ill, and injured patients; and
- implement all programmatic, operational, and administrative components of the MIEMSS.

### *Emergency Medical Services Operational Programs*

Under Maryland regulations (COMAR [30.01.01.02](#)), an EMS operational program means (1) a jurisdictional EMS operational program (JEMSOP) or (2) an institution, agency, corporation, or other entity that is licensed by MIEMSS as a commercial service.

Each EMS operational program must have a medical director responsible for providing medical oversight of patient care, including emergency medical dispatch. The medical director must, among other things:

- approve, participate in, and provide medical expertise for the program in: (1) a comprehensive quality assurance plan; (2) standard operating procedures for the program; (3) appropriate EMS provider remedial and continuing education programs; (4) credentialing of EMS providers; (5) timely review and approval of medical equipment used by the program; and (6) all aspects of the EMS operational program that impact patient care, including planning, development, and operations;
- provide timely approval of new and renewal applications to MIEMSS for licensure and certification for all EMS providers affiliated with the program;
- review patient care disciplinary matters; and
- provide a liaison to the medical community as well as regional and State EMS medical directors.

Each EMS operational program must have a written quality assurance plan approved by its medical director that must include provisions for: (1) reviewing data concerning patient care; (2) identifying and analyzing trends in EMS care; (3) annually reporting to MIEMSS on quality assurance issues; (4) providing remedial action to resolve any patient care issues involving EMS providers or the EMS system that should be addressed at the jurisdictional level; (5) identifying violations of the Maryland Medical Protocols for Emergency Medical Services Providers; (6) notifying MIEMSS within 30 days of discovery of any incidents, protocol variations, or trends, as specified; and (7) reviewing oral or written allegations that an EMS provider failed to act in accordance with applicable law or protocols, or prehospital patient care was below the applicable standard of care.

### *Voluntary Ambulance Inspection Program*

The MIEMSS [Voluntary Ambulance Inspection Program](#) (VAIP) aims to formally recognize emergency response vehicles that meet a specified standard for equipment on ambulances and EMS chase vehicles, with a goal to assure appropriate quantities of medications and supplies are available.

### *Neonatal Ambulance Service*

Under Maryland regulations (COMAR [30.09.12.02](#)), a commercial ambulance service wishing to provide neonatal ambulance services must obtain a neonatal commercial ambulance service license. If providing neonatal transport services in partnership with a hospital-based neonatal intensive care unit, the commercial ambulance service must have a written memorandum of understanding stating that all equipment and medications required to transport a neonate will be readily available. The commercial ambulance service must work with the neonatal or perinatal center that agrees to: (1) serve as medical director for the neonatal service; (2) provide medical direction to personnel-related neonatal care; (3) provide training as required in neonatal care; and (4) participate in a quality assurance program.

**State Expenditures:** Under the bill, MIEMSS must coordinate the minimum equipment, supplies, and medications needed to be available on EMS vehicles with the federal, State, and county governments. MIEMSS must also receive summaries of quarterly reviews performed by county and municipal EMS and quarterly ambulance complaint data from each county. MIEMSS advises that current staff cannot absorb this additional workload.

Thus, MIEMSS special fund expenditures increase by \$105,121 in fiscal 2027, which accounts for a 90-day start-up delay from the bill's July 1, 2026 effective date. This estimate reflects the cost of hiring one administrator to coordinate with specified entities regarding EMS vehicle requirements and collect quarterly reviews and complaint data. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Position	1.0
Salary and Fringe Benefits	\$95,980
Operating Expenses	<u>9,141</u>
<b>Total FY 2027 State Expenditures</b>	<b>\$105,121</b>

Future year expenditures reflect a full salary with annual increases and employee turnover as well as annual increases in ongoing operating expenses.

**Local Fiscal Effect:** The bill requires (1) each county and municipality that operates or contracts EMS to conduct quarterly reviews of ambulance performance data and submit a summary to MIEMSS and (2) each county to establish and maintain a formal complaint filing system to receive, investigate, and resolve complaints regarding ambulance quality, conduct, or compliance.

MIEMSS has designated 28 JEMSOPs in the State, including in each county, Baltimore City, and Annapolis. The extent to which each JEMSOP is impacted by the bill cannot be determined, as it is unclear which local governments currently review ambulance

performance data or have a system to receive complaints. Some JEMSOPs are already in compliance with the bill. Prince George's County, for example, advises that the county participates in VAIP and anticipates no immediate fiscal impact as a result of the bill.

However, to the extent that JEMSOPs must establish an ambulance performance data review process and/or a complaint management system, there may be a potentially significant increase in expenditures for some local jurisdictions.

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### **Additional Information**

**Recent Prior Introductions:** Similar legislation has not been introduced within the last three years.

**Designated Cross File:** None.

**Information Source(s):** Maryland Institute for Emergency Medical Services Systems; Prince George's County; Maryland Association of Counties; Maryland Municipal League; Department of Legislative Services

**Fiscal Note History:** First Reader - February 15, 2026  
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