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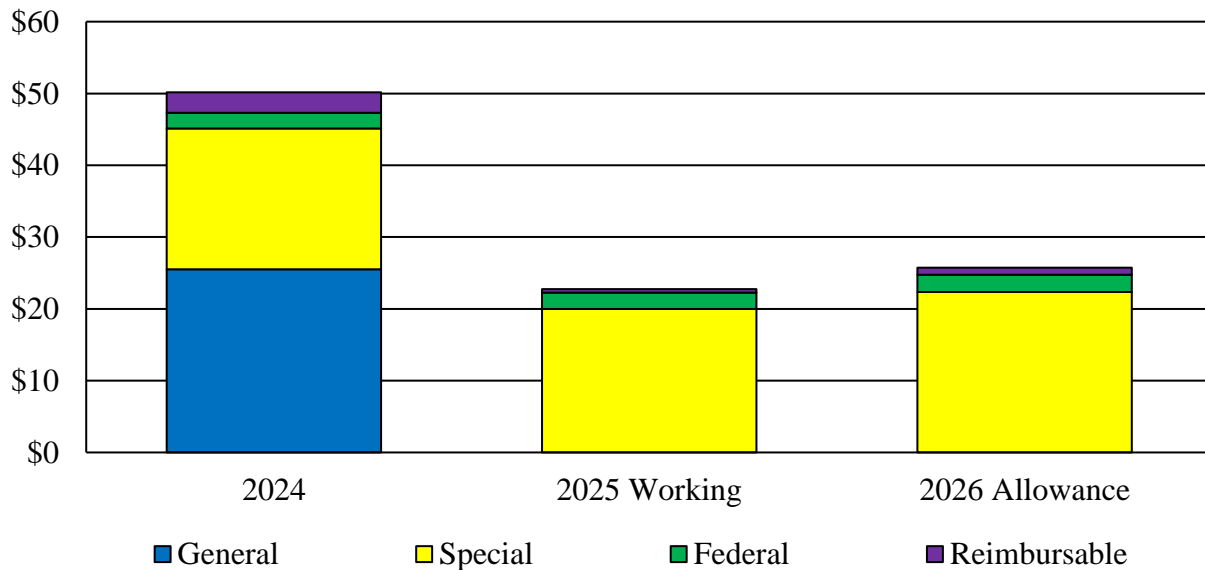
Maryland Institute for Emergency Medical Services Systems

Program Description

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) is an independent agency that oversees and coordinates all components of the statewide emergency medical services (EMS) system. MIEMSS also sets EMS guidance and designates hospital facilities as trauma centers across the State. The agency is led by an 11-member EMS board, a 31-member EMS advisory council, five regional EMS councils, and several committees providing guidance on populations with specific health needs.

Operating Budget Summary

Fiscal 2026 Budget Increases \$3.0 Million, or 13.2%, to \$25.8 Million (\$ in Millions)



Note: The fiscal 2025 working appropriation accounts for deficiencies. The fiscal 2025 impacts of statewide salary adjustments are centrally budgeted in the Department of Budget and Management (DBM), and adjustments are not reflected in this agency's budget. The fiscal 2026 impacts of the fiscal 2025 statewide salary adjustments appear in this agency's budget. The fiscal 2026 statewide salary adjustments are centrally budgeted in DBM and are not included in this agency's budget.

- The MIEMSS budget is supported mainly by special funds from the Maryland Emergency Medical System Operations Fund (MEMSOF). The fiscal 2024 budget included \$25.5 million in one-time general fund support to address insolvency issues in MEMSOF and provide additional grant funds for the R Adams Cowley Shock Trauma Center.

Fiscal 2024

MIEMSS canceled \$1.21 million at the end of fiscal 2024, including:

- \$1,092,131 in reimbursable funds from the Maryland Department of Health (MDH) Office of Preparedness and Response (OPR), appropriated for the Critical Care Coordination Center (C4) and from the Maryland Department of Emergency Management (MDEM) for naloxone grants for local jurisdictions. MIEMSS canceled the appropriation for C4 because it exceeded the actual costs of the center. Further discussion of C4 is included in Key Observation 1 of this analysis. MDEM distributed funding to local jurisdictions directly, causing the cancelation of remaining funds; and
- \$114,893 in federal funds, originally appropriated for the Maryland National Capital Region Emergency Response System.

Fiscal 2025

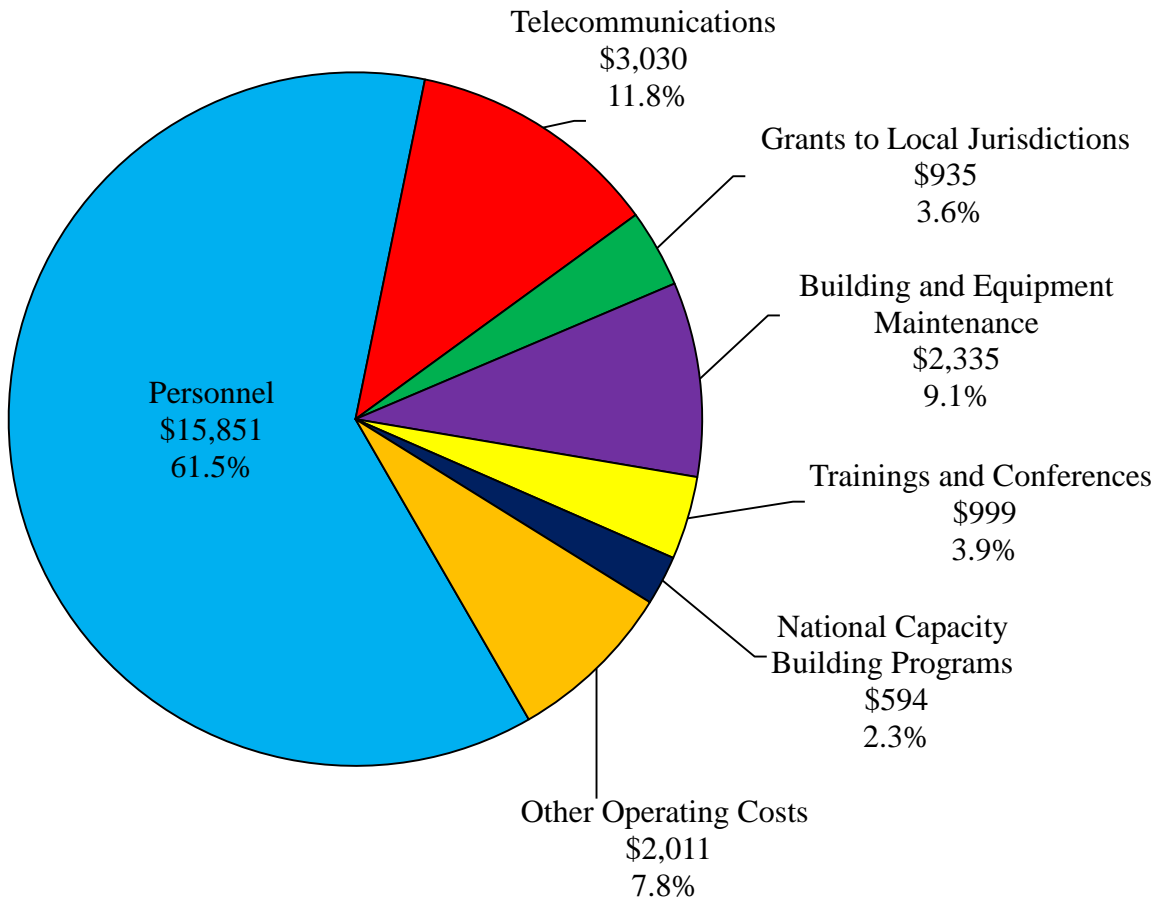
Proposed Deficiency

The fiscal 2026 budget includes one proposed deficiency to supplement the fiscal 2025 special fund appropriation for the Parole Tower renovation project by \$280,000. MIEMSS noted that the fiscal 2025 legislative appropriation included \$1 million in the Board of Public Works (BPW) capital budget for this project as well. MIEMSS's share of expenditures covers remaining project costs beyond BPW's original estimate of \$1 million to support the procurement of a new contractor.

Fiscal 2026 Overview of Agency Spending

The fiscal 2026 allowance for MIEMSS totals \$25.8 million. As seen in **Exhibit 1**, personnel costs make up the largest portion of the allowance, with expenses totaling \$15.9 million, or 61.5%, of the total agency budget. This includes funding for 102.0 regular positions and 17.6 contractual full-time equivalents. Telecommunications costs comprise 11.8% of the allowance and enable coordination of the State's emergency medical communication systems. The allowance includes \$2.3 million for building and equipment maintenance, including annual software maintenance for the electronic patient reporting and provider licensure system (\$745,331), maintenance on 100 communications towers located across the State (\$539,000), and building upgrades at the University of Maryland Medical System campus, where MIEMSS is headquartered (\$607,000). The MIEMSS budget supports national efforts related to EMS management, including funding exam fees for emergency medical technician certifications (\$204,000), and a new Connectivity Initiative pilot project (\$389,655). The pilot project monitors hospital bed capacity across the country as part of a nationwide effort supported by the Centers for Disease Control and Prevention (CDC) National Health Safety Network (NHSN).

Exhibit 1
Overview of Agency Spending
Fiscal 2026 Allowance
(\$ in Thousands)



Note: The fiscal 2026 statewide salary adjustments are centrally budgeted in the Department of Budget and Management and are not included in this agency's budget.

Source: Department of Budget and Management

Proposed Budget Change

The fiscal 2026 allowance increases by \$3.0 million compared to the fiscal 2025 working appropriation. As seen in **Exhibit 2**, the increase is driven by \$1.2 million in salary and fringe benefit costs for existing personnel as well as smaller increases in software maintenance and telecommunications costs (\$355,331 and \$308,520, respectively). The fiscal 2026 allowance also includes \$389,655 in federal funds for a new program, the Connectivity Initiative pilot, which is supported by NHSN to monitor hospital bed capacity.

**Exhibit 2
Proposed Budget
Maryland Institute for Emergency Medical Services Systems
(\$ in Thousands)**

How Much It Grows:	General <u>Fund</u>	Special <u>Fund</u>	Federal <u>Fund</u>	Reimb. <u>Fund</u>	<u>Total</u>
Fiscal 2024 Actual	\$25,500	\$19,614	\$2,212	\$2,833	\$50,159
Fiscal 2025 Working Appropriation	0	19,964	2,286	498	22,748
Fiscal 2026 Allowance	<u>0</u>	<u>22,345</u>	<u>2,431</u>	<u>980</u>	<u>25,755</u>
Fiscal 2025-2026 Amount Change	\$0	\$2,381	\$145	\$481	\$3,007
Fiscal 2025-2026 Percent Change		11.9%	6.3%	96.5%	13.2%

Where It Goes:	<u>Change</u>
Personnel Expenses	
Salary increases and associated fringe benefits, including fiscal 2025 cost-of-living allocation and increments	\$1,234
Personnel costs associated with 2 new positions, including 1 contractual conversion	198
Turnover adjustments (decrease from 5.81% to 5.65%)	20
Workers’ compensation.....	-1
Employee and retiree health insurance.....	-110
Grants and Contracts	
New CDC-funded program, NHSN Connectivity Initiative Pilot.....	390
Software maintenance for electronic patient reporting and provider licensure/certification system.....	355
Telecommunications and IT support.....	393
Replacement of data infrastructure components, including new routers and firewalls.....	202
Building maintenance contracts for UMMS.....	192
Service contracts for communications towers located across the State	30
Exam fees for National EMT testing certification	30

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Where It Goes:	<u>Change</u>
Other Changes	
Travel and conferences	259
Miscellaneous contracts.....	94
IT and office equipment	67
Contractual personnel expenses, driven by a net decrease of 1.9 FTEs.....	-136
Fiscal 2025 deficiency to support renovation of the Parole Tower.....	-280
Other changes	70
Total	\$3,007

CDC: Centers for Disease Control and Prevention
 EMT: emergency medical technician
 FTE: full-time equivalent
 IT: information technology
 NHSN: National Health Safety Network
 UMMS: University of Maryland Medical System

Note: Numbers may not sum to total due to rounding. The fiscal 2025 working appropriation accounts for deficiencies. The fiscal 2025 impacts of statewide salary adjustments are centrally budgeted in the Department of Budget and Management (DBM), and adjustments are not reflected in this agency’s budget. The fiscal 2026 impacts of the fiscal 2025 statewide salary adjustments appear in this agency’s budget. The fiscal 2026 statewide salary adjustments are centrally budgeted in DBM and are not included in this agency’s budget.

Personnel Data

	<u>FY 24</u> <u>Actual</u>	<u>FY 25</u> <u>Working</u>	<u>FY 26</u> <u>Allowance</u>	<u>FY 25-26</u> <u>Change</u>
Regular Positions	98.00	100.00	102.00	2.00
Contractual FTEs	<u>33.18</u>	<u>19.50</u>	<u>17.60</u>	<u>-1.90</u>
Total Personnel	131.18	119.50	119.60	0.10

Vacancy Data: Regular Positions

Turnover and Necessary Vacancies, Excluding New Positions	5.76	5.65%
Positions and Percentage Vacant as of 12/31/24	8.00	8.00%
Vacancies Above Turnover	2.24	n/a

- As of December 31, 2024, MIEMSS had 6 vacancies, 2.24 above the vacancies needed to meet budgeted turnover in fiscal 2026. In January 2024, 1 position for an office secretary became vacant. MIEMSS posted the role and closed recruitment on December 31, 2024. As of January 17, 2025, MIEMSS is in the process of interviewing candidates. Five positions became vacant within the last six months.
- The fiscal 2025 appropriation also includes 2 contractual conversions that account for 2 of the vacant positions as of December 31, 2024. However, 1 role for a building security officer is currently filled by a contractual employee who will be converted to a regular position as of January 22, 2025. The other is 1 office secretary position that is currently filled.
- The fiscal 2026 allowance includes 2 new positions, including 1 contractual conversion for a commercial ambulance inspector which is already filled. The other new position is a program manager for the Automated External Defibrillator (AED)/Naloxone Program, established by Chapter 764 of 2024 which requires MIEMSS to oversee the colocation of naloxone with AED in public buildings.

Key Observations

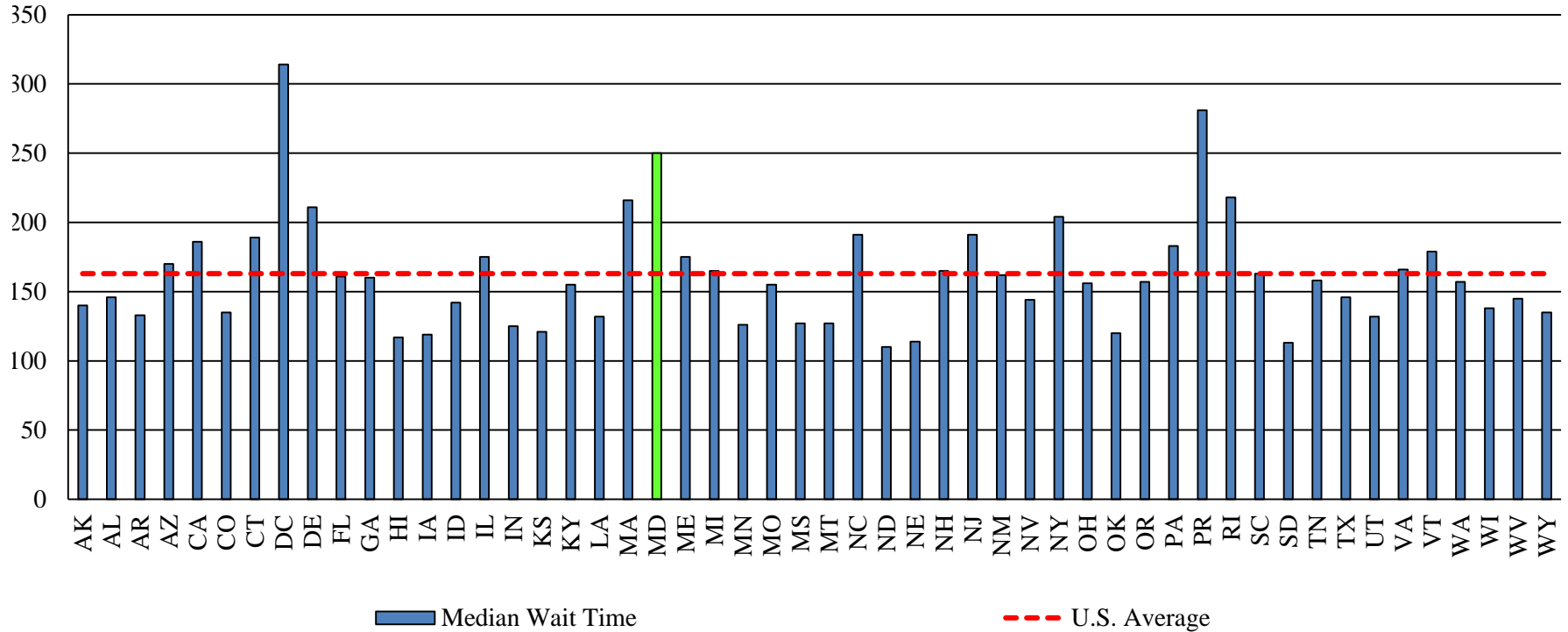
1. MIEMSS Participation in Addressing Emergency Department Efficiency

Emergency departments (ED) in Maryland have experienced wait times longer than the U.S. average for many years. According to the Centers for Medicare and Medicaid Services, the median ED wait time in calendar 2023 was 250 minutes in Maryland, nearly 100 minutes longer than the U.S. average of 163 minutes. As seen in **Exhibit 3**, Maryland has the third longest ED wait times in the country, surpassed by only Washington, DC and Puerto Rico. Lengthy wait times can lead to patients leaving a hospital before being seen by a clinician, risking severe illness or death and increasing the chances of being admitted to a hospital later.

Exhibit 3
Median Emergency Department Wait Time in U.S. States
Calendar 2023
(Time in Minutes)

Analysis of the FY 2026 Maryland Executive Budget, 2025

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Note: Data is collected from Medicare-certified hospitals in the United States. State and national averages include Veterans Health Administration (VHA) and Department of Defense (DoD) hospital data. Data for VHA and DoD hospitals are calculated along with data for other inpatient acute-care hospitals.

Source: Centers for Medicare and Medicaid Services; Department of Legislative Services

Efforts to Study and Improve Maryland’s EMS

The Senate Finance Committee and House Health and Government Operations Committee requested that the Maryland Hospital Association establish and oversee the General Assembly Hospital Throughput Work Group from July 2023 through January 2024 to study the drivers behind long ED wait times and adverse patient outcomes. MIEMSS’s executive director, Dr. Theodore Delbridge, co-chaired the workgroup, and membership included legislators, representatives from hospitals and EDs, behavioral health providers, advocates, the Maryland Health Services Cost Review Commission (HSCRC), the Maryland Health Care Commission (MHCC), and MDH. The workgroup analyzed multiple components of Maryland’s EMS, including the health care workforce, facility capacity, hospitalization and ED visit trends, and post hospitalization care options. The work group also studied the ED systems in comparable states.

Published in March 2024, the work group’s final report includes findings from its analyses and 17 policy recommendations related to infrastructure and systems, access to care in the community, hospital capacity, and workforce. The recommendations include proposed policy changes that could be implemented by the General Assembly, various State agencies, and medical facilities. The report lists MIEMSS as a contributing implementer for the recommendation to enhance data collection from multiple providers for patients receiving care in Maryland EDs to address areas of inefficiency and improve patient outcomes (in collaboration with hospitals, skilled nursing facilities, local EMS agencies, and MDH). Following the termination of the workgroup, MIEMSS reports that it continues to share data related to Maryland’s EMS with hospital leadership across the State weekly and with HSCRC, monthly. MIEMSS also participates in the Maryland Emergency Department Wait Time Reduction Commission, established by Chapter 844 of 2024. The commission aims to develop solutions to address lengthy ED wait times and is staffed by HSCRC.

Critical Care Coordination Center

MIEMSS established C4 in December 2020 to alleviate some of the strain on the health system caused by the COVID-19 pandemic by connecting patients to critical care resources throughout the State and facilitating patient transfers within and outside of the State. MIEMSS placed C4 in “hibernation” in June 2024 due to lack of available funding. From December 2020 through June 2024, MIEMSS reported that C4 oversaw nearly 7,000 individual cases of adults and children who needed to be connected to resources or transferred to hospitals in Delaware, Pennsylvania, Washington, DC, and West Virginia when Maryland hospitals lacked capacity. When operational, C4 was staffed at all times by an EMS clinician and a critical care medicine physician. MIEMSS has previously reported that during the initial six-months of the program (December 1, 2020, to July 15, 2021), 70% of patients had conditions unrelated to COVID-19 and has consequently sought to continue C4’s operation.

Prior year funding for C4 was available from CDC through OPR. A fiscal 2023 budget amendment added \$2.0 million in reimbursable funds from OPR for 3.0 staff positions at C4, and MIEMSS canceled \$1.8 million of the appropriation because the anticipated need did not arise. A

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fiscal 2024 budget amendment appropriated \$3.0 million in reimbursable funds from OPR for staff, but MIEMSS canceled a portion of the appropriation at fiscal 2024 closeout. Neither the fiscal 2025 legislative appropriation nor the fiscal 2026 allowance include funding for C4. However, MIEMSS reported that it plans to reopen the facility in fiscal 2026. MIEMSS indicates that both the agency and the EMS board have received input from the emergency medical community about the need for C4's role in streamlining care for patients with intensive care needs.

MIEMSS should specify the amount of the fiscal 2024 appropriation for C4 that was canceled, and how it plans to source funding to continue C4 in fiscal 2026.

Operating Budget Recommended Actions

1. Concur with Governor's allowance.

Updates

- ***Commission to Study Trauma Center Funding:*** Chapters 341 and 342 of 2023 established the Commission to Study Trauma Center Funding to assess the adequacy of trauma center funding across the State for operating, capital, and workforce costs, and to identify opportunities to improve funding mechanisms. The commission released its final report in January 2024 with key findings and recommendations. The fiscal 2025 Budget Bill included language requiring HSCRC and MHCC to submit a report evaluating the commission’s findings, which HSCRC submitted in December 2024. Among the report’s findings included a recommendation to improve data sharing between the three data systems overseen by MIEMSS, MHCC, and HSCRC. The report noted that MIEMSS is looking into changes that it could make to its trauma registry that would allow it to link more seamlessly to the data systems managed by MHCC and HSCRC. HSCRC noted in the report that this technical change could facilitate study of the State’s trauma care system and expenditures.

Appendix 1
2024 Joint Chairmen’s Report Responses from Agency

The 2024 *Joint Chairmen’s Report* (JCR) requested that MIEMSS prepare one report. Electronic copies of the full JCR responses can be found on the Department of Legislative Services Library website.

- ***Report on Long-term Vacancies:*** MIEMSS submitted a report to the budget committees on 4 positions that had been vacant for at least one year as of December 31, 2023. These vacancies included 1 deputy director, 1 information technology (IT) network specialist, 1 budget manager, and 1 assistant director of IT. As of June 2024, 3 of the 4 positions had been filled, and MIEMSS filled the vacant assistant director of IT role on August 21, 2024.

Appendix 2
Object/Fund Difference Report
Maryland Institute for Emergency Medical Services Systems

<u>Object/Fund</u>	<u>FY 24</u> <u>Actual</u>	<u>FY 25</u> <u>Working</u> <u>Appropriation</u>	<u>FY 26</u> <u>Allowance</u>	<u>FY 25 - FY 26</u> <u>Amount Change</u>	<u>Percent</u> <u>Change</u>
Positions					
01 Regular	98.00	100.00	102.00	2.00	2.0%
02 Contractual	33.18	19.50	17.60	-1.90	-9.7%
Total Positions	131.18	119.50	119.60	0.10	0.1%
Objects					
01 Salaries and Wages	\$ 12,095,883	\$ 12,463,792	\$ 13,804,689	\$ 1,340,897	10.8%
02 Technical and Special Fees	4,159,216	2,182,841	2,046,616	-136,225	-6.2%
03 Communication	2,545,320	2,761,749	3,029,818	268,069	9.7%
04 Travel	714,241	739,848	998,928	259,080	35.0%
06 Fuel and Utilities	161,675	198,339	165,956	-32,383	-16.3%
07 Motor Vehicles	366,000	319,742	399,464	79,722	24.9%
08 Contractual Services	3,411,338	2,268,453	3,492,645	1,224,192	54.0%
09 Supplies and Materials	191,389	228,432	226,603	-1,829	-0.8%
10 Equipment – Replacement	59,503	174,500	441,700	267,200	153.1%
11 Equipment – Additional	2,220	500	2,000	1,500	300.0%
12 Grants, Subsidies, and Contributions	26,260,257	935,000	935,000	0	0%
13 Fixed Charges	192,002	194,881	211,707	16,826	8.6%
Total Objects	\$ 50,159,044	\$ 22,468,077	\$ 25,755,126	\$ 3,287,049	14.6%
Funds					
01 General Fund	\$ 25,500,000	\$ 0	\$ 0	\$ 0	0.0%
03 Special Fund	19,613,873	19,683,596	22,344,924	2,661,328	13.5%
05 Federal Fund	2,212,465	2,286,027	2,430,698	144,671	6.3%
09 Reimbursable Fund	2,832,706	498,454	979,504	481,050	96.5%
Total Funds	\$ 50,159,044	\$ 22,468,077	\$ 25,755,126	\$ 3,287,049	14.6%

Note: The fiscal 2025 appropriation does not include deficiencies. The fiscal 2026 allowance does not include statewide salary adjustments budgeted within the Department of Budget and Management.