

CUB911OperatorsBill.docx.pdf

Uploaded by: Antoinette Ryan-Johnson

Position: FAV



City Union of Baltimore

Local 800, AFT, AFL-CIO

President

Antoinette Ryan-Johnson

Executive Vice President

Donna Price

**Written Testimony from City Union of Baltimore, AFT Local 800
Submitted by Antoinette Ryan-Johnson, President, CUB
SB 633 – Public Safety – 9-1-1 Emergency Telephone System – Alternations
Before the Senate Finance Committee
March 8, 2022
SUPPORT**

Good afternoon Chair Kelley and members of the Senate Finance Committee.

My name is Antoinette Ryan-Johnson, and I am the President of the City Union of Baltimore, the union representing thousands of Baltimore City employees, including the employees who are 9-1-1 center call takers and dispatchers. On behalf of these employees, we call for a favorable report for SB 633, the bill that would correctly classify 9-1-1 operators as emergency first responders.

By any definition, 9-1-1 call center specialists and dispatchers are truly the first responders whenever a member of the public encounters an incident that calls for an emergency response. Our members are professionals—going through extensive training that gives them the skills needed to help work with a resident to identify the type of aid that is necessary to address the emergency. They literally are the first public employees trained to respond whenever a member of the public experiences an emergency. Unfortunately, they are not yet recognized as emergency first responders in state law right now. This bill, if enacted into law, would correct that mistake.

Members of the committee, our city's 9-1-1 operators are a vital, and in a literal sense, primary, component of our public safety response systems. Without their vital work, residents in need of emergency public services would not be able to efficiently receive the services they require. As such, they deserve to be recognized as first responders, just as are the other key employees of our public emergency services. Again, City Union of Baltimore calls for a favorable report to SB 633. Thank you.

“Strength in Unity”

*2117 North Howard Street * Baltimore, Maryland 21218-5063* 410-962-1492* www.cub-aft.org*

SB 633 911 First Responders.pdf

Uploaded by: Denise Riley

Position: FAV



A Union of Professionals
AFT-Maryland

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410/764-3030 • fax: 410/764-3008
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Marietta English
PRESIDENT

Kenya Campbell
SECRETARY-TREASURER

**Written Testimony Submitted to the
Maryland Senate Finance Committee
SB 633 – Public Safety – 9–1–1 Emergency Telephone System – Alterations
March 8, 2022**

SUPPORT

Chair Kelley and members of the committee, on behalf of the American Federation of Teachers - Maryland (AFT-Maryland), which represents more than 20,000 city, county and state workers across Maryland, we urge a favorable report on SB 633.

A 911 specialist is defined as a professional public safety dispatcher, public safety telecommunicator or emergency response communication employee.

Everyday 911 specialists provide emergency medical instruction; deal with suicides and homicides; must assess emergency situations; and coordinate the safe arrival of field responders while remaining on the phone instructing sick, injured, distraught and frightened callers.

The federal government currently classifies 911 specialists as “administrative/clerical” positions. This is inaccurate and a disservice to the specialized, lifesaving work 911 specialists perform daily, and they need to be accurately recognized as an essential part of the public safety community as first responders.

The U.S. House of Representatives passed the 911 Supporting Accurate Views of Emergency Services (SAVES) Act, a provision to the National Defense Authorization Act for FY2020. The act would reclassify 911 dispatchers from Office and Administrative Support Occupations to Protective Service Occupations.¹ However, the US Senate did not include the provision in the final bill.

With the lack of action from the Senate, states and local governments have taken the lead in recognizing 911 specialists as first responders. States including California² and Texas³ as well as numerous counties across America.

¹ <https://conduitstreet.mdcountries.org/2019/07/13/u-s-house-passes-resolution-to-reclassify-9-1-1-specialists-as-first-responders/>

² https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB1945

³ <https://capitol.texas.gov/BillLookup/History.aspx?LegSess=86R&Bill=HB1090>

In 2018, Maryland established the Commission to Advance Next Generation 911 (NG911). The commission was tasked with evaluating ways to revamp the state's 911 call centers to reflect the realities of modern communications.

In 2019, Maryland passed legislation to adopt the Commission's recommendations and upgrade statewide 911 call centers to NG911. The call centers will process all types of communications including voice, text, vehicle crash notifications, photos and video.

With NG911 - 911 specialists will now see potentially graphic photos and videos. Industry experts believe the calls will become more of a psychological burden on 911 specialists when they can see what is going on - not just hear descriptions.⁴

In addition to upgrading to NG911, the Commission recommended that 911 specialists be recognized as first responders. And due to a 13 percent vacancy rate, the commission also recommended an increase in compensation for 911 specialists.

Currently, there are approximately 1,400 – 911 specialists in Maryland with a 13 percent vacancy rate. Call centers answer about 5.4 million calls a year statewide. As call centers become more accurate and faster with technology, the audio and visual contacts will increase and will require more highly trained personnel to cover the calls.

Across the country, elected officials recognize the increased required training, responsibilities and workload put on 911 specialists. More importantly, the additional trauma they must endure to perform their jobs. In response, they are reclassifying 911 specialists as first responders.

Maryland must do the same and pass legislation to recognize 911 specialists as first responders. We urge a favorable report on SB 633.

Kenya Campbell
President

⁴ Golding SE, Horsfield C, Davies A, Egan B, Jones M, Raleigh M, Schofield P, Squires A, Start K, Quinn T, Cropley M. 2017. Exploring the psychological health of emergency dispatch centre operatives: a systematic review and narrative synthesis.

SB 633 - 9-1-1 System - Alterations.pdf

Uploaded by: Donna Edwards

Position: FAV



MARYLAND STATE & D.C. AFL-CIO

AFFILIATED WITH NATIONAL AFL-CIO

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**SB 633 – Public Safety – 9-1-1 Emergency Telephone System - Alterations
Senate Finance Committee
March 8, 2022**

SUPPORT

**Donna S. Edwards
President
Maryland State and DC AFL-CIO**

Madam Chair and members of the Committee, thank you for the opportunity to provide testimony in support of SB 633 – Public Safety – 9-1-1 Emergency Telephone System - Alterations. My name is Donna S. Edwards, and I am the President of the Maryland State and DC AFL-CIO. On behalf of the 340,000 union members in the state of Maryland, I offer the following comments.

9-1-1 Specialists are not currently classified as First Responders, and, therefore, do not enjoy those same levels of protections. These workers deal with unimaginable stress as they receive frantic calls from Marylanders who are facing loss of life, limb, and loved ones. Some workers suffer from PTSD, having to hear the pained voices of people experiencing the worst situations in their lives. They do this job, day-in and day-out, keeping all of us safe.

First Responder status provides special privileges for those who bear the burden and honor of protecting us. From increased penalties for those who assault them, to notification of possible exposure to infectious diseases, First Responders are given workplace protections commensurate with their role in our society.

By definition, Maryland's 9-1-1 Specialists are the very first people to respond in a crisis. They receive the calls from very distressed residents, looking for immediate help in dangerous situations. They move quickly to see that the appropriate help is dispatched, immediately. Our 9-1-1 Specialists put the "First" in First Responder, and we need to treat them as such.

We urge a favorable report on SB 633.

NG911 Jim Marshall Testimony 9-1-1 Suicide March 2

Uploaded by: James Marshall

Position: FAV



To the Maryland General Assembly:
Senate Finance Committee and House Health & Government Operations Committee
Testimony of James W. Marshall III, M.A. , L.L.P.
CEO, 9-1-1 Training Institute
Info@911training.net www.911training.net

Members of the Maryland General Assembly:

Thank you for the privilege of addressing you today. I am a masters-level psychologist licensed in the state of Michigan, specializing (through education and advocacy efforts) in optimizing the 9-1-1 response to caller mental crises and on preventing PTSD and suicide among our nation's 9-1-1 Professionals (also referred to as emergency telecommunicators or dispatchers). Since 2011, I have served as co-chair of the National Emergency Number Association Workgroup on Acute, traumatic and Chronic Stress Management, which established the 2013 national industry *Standard on Acute, Traumatic and Chronic Stress Management* (NENA STA-002), and which has authored this standard's revised version, the pending national industry *Standard to Protect the Well-being of 9-1-1 Professionals*.

The 9-1-1 Professional is the human infrastructure at the heart of our nation's emergency response system upon which the public, your families and mine, depend upon for error- free response 24/7/365 in our worst moments of life. I know this personally.

When my granddaughter Zoi seized and faced death many times, it was the 9-1-1 Professional who first responded and utilized medical protocols to successfully administer child CPR saving her life. Had my grand daughter been required to wait until field responders arrived to administer CPR she would likely have died in her first year of life rather than at age 7 when her disease eventually won.

Point 1: We must recognize the 9-1-1 Professional for their high, unique, and irreplaceable value as the Very First Responder to our emergencies.

Point 2: Maryland's 9-1-1 Professionals' performance, well-being, and their very lives are disproportionately at-risk of mental illness and suicide in comparison to the public they serve. This risk directly imperils our emergency response system. It is exacerbated by the rapidly growing crisis in understaffing among our nation's Public Safety Answer Points (PSAP). Rates of PSAP understaffing increased precipitously in the past three years¹ further intensifying psychological demands and cumulative stress impacts on our 9-1-1 Professionals. And 9-1-1 Professionals face these challenges in the context of escalating service demands and performance scrutiny, and a national call from all sectors to transform our current law enforcement response to minority cultures and those suffering with mental illness.

¹ National Emergency Number Association (NENA) estimates pre-COVID PSAP understaffing rates at up to 19%, while current rates reaching 30%.

*9-1-1 Professionals experience rates of PTSD at a rate four to five times greater than the general population-- multiple times higher than the general public and on par or greater than other emergency responders.*² This rate, estimated at 24.6% (utilizing civilian cut-off scores on screening instruments used in the study), may be inaccurately low. A more recent study (Lilly, Opoka, Marshall, unpublished) suggests the PTSD rate among the 9-1-1 workforce may exceed 30%.³

Point 3: There is a clearly established finding that *unresolved PTSD increases risk of suicide*.⁴ Fox et al (2021) used data from a cohort sample of over three million people to show that "...54% of suicides in people with PTSD are attributed to the impairment and distress caused by PTSD."⁵

Point 4: Fox et al state that among "those with PTSD, our data suggest that (assuming causality) *over half of suicides could be prevented if we could successfully prevent, treat and manage PTSD.*" This is a remarkably hopeful finding if we, as stakeholders in the wellbeing of 9-1-1 Professionals, will leverage the resources needed to deliver such prevention and treatment.

Point 5: *Most 9-1-1Pros are not equipped with adequate training and resources to prevent and resolve PTSD.* This fact, combined with Point 3, indicates that these professionals are, as a group (not accounting for individual factors moderating risk) clearly at an unnecessarily elevated risk of suicide. Further, the sheer volume of potentially traumatic calls managed by 9-1-1 Professionals (estimated at six to ten times the volume handled by field responders) suggests they are at continuous risk of *repeated occurrences of post-traumatic stress*.

Conclusion and Recommendations to the Senate

9-1-1 Professionals are at elevated risk of, and currently pervasively experience Post Traumatic Stress Disorder, which increases risk of suicide. It is our public and elected responsibility to assure proactive care and support to these professionals due to the impact of their 9-1-1 stressors contributing to these struggles. PTSD, and therefore suicide, are highly preventable with Evidence-Based Treatments (EBT).

Accordingly, I urge you to exert the full weight of your legislative capacity to advance all pending legislation including SB0374 and SB0673 and related measures advocated for by Senator Cheryl Kagan and her colleagues to advance systematic mental health care (among other benefits) for 9-1-1 Professionals. Support must include funding for:

- Aggressive, ongoing institutionalized PTSD prevention education campaigns to 9-1-1 professionals
- Provision of EBTs for PTSD and prevention suicide without expense to the employee.
- Training in resilience and in peer support to empower 9-1-1 Professionals as prevention
- Development and operations of a statewide 9-1-1 Peer Support Network

Thank you for your time and thoughtful consideration of this testimony, and in advance for your help in saving the lives and careers of Maryland's Very First Responders!

² Lilly, M.M., & Allen, C.E.* (2015). Psychological inflexibility and psychopathology in 9-1-1 telecommunicators. *Journal of Traumatic Stress*, Advanced online publication. doi: 10.1002/jts.22004; Marshall, J., & Laorenza, T. (2018). *The resilient 9-1-1 professional: A comprehensive guide to surviving and thriving together in the 9-1-1 center*. Petoskey, MI: South of Heaven Press. P.42.

³ Lilly, M., P. Opoka, J. Marshall. Unpublished paper.

⁴ National Center for PTSD, *PTSD and Death by Suicide*. PTSD Research Quarterly. Volume 28/No.4. ISSN: 1050-1835. 2017.

⁵ Verity Fox, Christina Dalman, Henrik Dal, Anna-Clara Hollander, James B. Kirkbride, Alexandra Pitman, Suicide risk in people with post-traumatic stress disorder: A cohort study of 3.1 million people in Sweden, *Journal of Affective Disorders*, Volume 279, 2021, Pages 609-616, ISSN 0165-0327, <https://doi.org/10.1016/j.jad.2020.10.009>. (<https://www.sciencedirect.com/science/article/pii/S0165032720328536>)

BaltimoreCounty_FAV_SB0633.pdf

Uploaded by: Joel Beller

Position: FAV



JOHN A. OLSZEWSKI, JR.
County Executive

JOEL N. BELLER
Acting Director of Government Affairs

JOSHUA M. GREENBERG
Associate Director of Government Affairs

MIA R. GOGEL
Associate Director of Government Affairs

BILL NO.: Senate Bill 633

TITLE: Public Safety – 9-1-1 Emergency Telephone System - Alterations

SPONSOR: Senator Kagan

COMMITTEE: Finance

POSITION: **SUPPORT**

DATE: March 8, 2022

Baltimore County **SUPPORTS** Senate Bill 633 – Public Safety – 9-1-1 Emergency Telephone System – Alterations. This legislation would alter the classification and compensation of 9-1-1 specialists and authorize them to seek confidential treatment.

9-1-1 specialists are essential to the health and safety of all Maryland residents. These specialists provide support in often tense and serious situations, and the COVID-19 pandemic has added extra intensity to operations. The last two years have reaffirmed that these specialists deserve fair compensation for their vital work. 9-1-1 specialists often experience high rates of mental stress due to the urgent nature of their job, and it is crucial that they are provided resources to seek mental health assistance.

Senate Bill 633 expands access to mental health services for 9-1-1 specialists by allowing them to confidentially seek treatment. This will allow more workers to have access to the mental health care services they need to deal with the serious and sensitive nature of their work. SB 633 also guarantees compensation above minimum wage for all 9-1-1 specialists. These protections are critically important for these workers who are essential to the functioning of the State.

Accordingly, Baltimore County requests a **FAVORABLE** report on SB 633. For more information, please contact Joel Beller, Acting Director of Government Affairs at jbeller@baltimorecountymd.gov.

J.Ripley testimony SB633 - 911 Center Specialists

Uploaded by: John Ripley

Position: FAV



BALTIMORE COUNTY
FEDERATION OF
PUBLIC EMPLOYEES
AFT / AFL - CIO / BCFPE Local #4883

John Ripley
BCFPE President
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Ph: 410-296-1875
Fax: 410-296-1879

March 8, 2022

RE: FAVORABLE-SB633: 911 Center Specialists reclassified as First Responders.

Honorable Members of the Finance Committee,

First, I want to thank Senator Kagan, Senator Reilly, Delegate Hill and all members of the Next Generation 9-1-1 Commission for their diligent work on NG911.

My name is John Ripley and I am the President of The Baltimore County Federation of Public Employees who represents approximately 1500 Baltimore County Employees including 250 active Baltimore County 911 Center Employees. Over the years I have witnessed these hard-working men and women perform these highly technical jobs demonstrating countless acts of sacrifice and commitment to Public Safety. We can have the very best police and fire departments but without the 911 Center Professional, police and fire would falter. 911 Center Employees are the "TRUE" First Responders and this bill would correctly reclassify them as First Responders.

Because of this, I urge you to support **SB633**.

Thank you for your consideration.

Sincerely,

President John Ripley

Baltimore County Federation of Public Employees Local #4883

SB0633-FIN_MACo_SUP.pdf

Uploaded by: Kevin Kinnally

Position: FAV



Senate Bill 633

Public Safety – 9–1–1 Emergency Telephone System – Alterations

MACo Position: **SUPPORT**

To: Finance Committee

Date: March 8, 2022

From: Kevin Kinnally

The Maryland Association of Counties (MACo) **SUPPORTS** SB 633. This bill would help Maryland continue its ambitious and important move toward Next Generation 9-1-1 (NG911), deliver these services equitably across the state, and generally strengthen the statutory framework that governs the state’s 9-1-1 system.

In 2019, the General Assembly passed landmark legislation to update state laws and the 9-1-1 financing system to provide the flexibility and resources needed for the deployment of a statewide NG911 system that our residents expect and deserve. As Maryland accelerates its move toward NG911, it is essential to adopt policies and protocols consistent with evolving technology and operational needs.

SB 633 would streamline the process for filling vacancies on the 9-1-1 Board, which is necessary to ensure proper expertise and oversight for the shift to NG911. In addition, the bill would charge the Board with assisting local 9-1-1 centers in bolstering cybersecurity standards and developing a statewide implicit bias training program.

The bill would also update the 9-1-1 fee structure to grant counties the flexibility to impose a 9-1-1 fee sufficient to cover actual operational costs, with proper oversight from the 9-1-1 Board and Maryland Comptroller.

By bolstering the framework and resources to guide a successful statewide transition to NG911, SB 633 will enhance public safety communications in Maryland and in our local communities.

Accordingly, MACo urges the Committee to issue a **FAVORABLE** report on SB 633.

SB633 - Kirsten Neumann - FAV.pdf

Uploaded by: Kirsten Neumann

Position: FAV

Kirsten Neumann
494 Eleanor Ln.
Arnold, MD 21012
klvneumann@gmail.com

SB633: Next Generation 9-1-1 Commission Omnibus Legislation
Senate Finance Committee | March 8, 2022

Chair Kelley and Vice Chair Feldman:

Thank you for allowing me to share our story today.

My name is Kirsten Neumann and this is my daughter Vivian Neumann, she is 4 years old. I am here today because of our recent negative, almost deadly experience with 911 emergency services. In order to give you some perspective, I need to share with you a brief synopsis of Vivian's medical history. Vivian was diagnosed with stage 4 neuroblastoma in 2019 and spent 2 years undergoing chemotherapy, multiple surgeries, radiation, and immunotherapy. In January 2021 she was pronounced cancer free. This past year, she has been participating in a clinical trial out of Memorial Sloan Kettering in NY in hopes that it will vaccinate her body against the cancer. The clinical trial includes a series of shots that create temporary flu like symptoms including fever. Vivian received her final shot on February 15th, and we were cleared to drive home that evening. The following day, she developed a low-grade fever, which was expected, and lasted throughout the day. Around 3pm she suddenly stopped breathing, her face began turning blue, and she started to seize. I grabbed my phone and dialed 911. I was greeted with the following message, "I'm sorry, we are experiencing high call volume, please hold." I was then put on hold, while my daughter continued to seize and then it disconnected. This happened twice. From the time of my first phone call, 5 full minutes passed before 911 called back. By this time, our babysitter had reached a dispatcher. Unfortunately, it still took another 15 minutes for an ambulance to reach our house. My daughter was barely breathing and seizing for 20 minutes. As you can see, Vivian is okay, and her oncologists believe she had a complex febrile seizure. However, we are very lucky she does not have any lasting neurological damage considering the amount of time it took for an ambulance to arrive.

I have subsequently learned that our county, with a population of almost 600,000 people, has only 6 dispatchers when fully staffed. Also, when fire or ambulance is needed, the call is sent to another center with fewer dispatchers. These people are working 12-hour shifts, with no mental health support, are under-paid, and burn out quickly. Anne Arundel County is one of the few counties in the state without a consolidated call center.

I am asking you to please support SB633 so we can begin to seriously upgrade our 911 emergency services. This is literally a life-or-death situation for every resident of our county. Thank you.

Senate Bill 749 Lisa N Allen City of Baltimore.pdf

Uploaded by: Lisa Allen

Position: FAV



Lisa N Allen, City of Baltimore 311 Call Center Director
401 E Fayette Street, 3rd Floor
Baltimore, Maryland 21202

March 7, 2022

Re: Senate Bill 749

Good Afternoon

My name is Lisa Allen and I am the 311 Call Center Director for the City of Baltimore. It is my honor to offer testimony in support of Senate Bill 749.

The City of Baltimore was the first city in the country to implement 311 in 1996, forming a partnership between the Department of Justice and The Baltimore City Police Department, to measure if the implementation of a non-emergency number would have a positive impact on 911 by freeing up access for more serious police, fire or medical emergencies. Over the years, the implementation of a non-emergency number, along with public education proved to have a positive effect on 911 by lowering answering times and making 911 operators more available to get customers the help they needed in a timelier fashion.

In 2002, the City of Baltimore expanded it's 311 number to offer general information and serve as the city's intake point to receive and track city services customers were requesting, in an effort to measure city agency performance and the city's service delivery responsiveness. In 2009, the 311 non-emergency transitioned to merge with the 311 city services team and became a civilian run operation, allowing the police officers that were manning the non-emergency number to transition back to serving the residence and visitors of Baltimore City, placing these officers back on the street.

Baltimore has demonstrated and proven that the implementation of a 311 team has had a positive impact on the city. It only would prove as a positive move for the State of Maryland to expand these services and practices statewide. The City of Baltimore has received recognition and awards for the implementation and operation for our 311 non-emergency and city services operations. The City of

Baltimore would love to share these practices statewide and I am confident that the state would benefit from the passing of this bill.

As always, I am happy to share specific experiences and metrics regarding the City of Baltimore's 311 non-emergency and city services divisions. Please feel free to reach out to me if you would like more specific and additional information and practices.

Respectfully submitted,

Lisa N Allen

Lisa.Allen@Baltimorecity.gov

SB633 - MDEM - Written Testimony (1).pdf

Uploaded by: Russell Strickland

Position: FAV



Larry Hogan | Governor
Boyd K. Rutherford | Lt. Governor
Russell J. Strickland | Secretary

Written Testimony - SUPPORT - SB633
Public Safety - 9-1-1 Emergency Telephone System - Alterations

Secretary Russell J. Strickland
Maryland Department of Emergency Management
Finance Committee
Hearing Date: 8 MAR 2022

Chairman Delores Kelley
Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 20401

Chairman Kelley,

I write today in **SUPPORT of Senate Bill 633**. Senate Bill 633 builds on several years of 9-1-1 system updates and improvements undertaken by the Maryland General Assembly through the tireless leadership of Senator Kagan. As the new home of the Maryland 9-1-1 Board, the Maryland Department of Emergency Management supports this bill as another step forward in improving the state's 9-1-1 systems and supporting 9-1-1 Specialists as critical links in the emergency services chain.

MDEM is ready to support the Maryland 9-1-1 Board as they undertake some new requirements as identified in this bill. SB633 would require the Maryland 9-1-1 Board to establish procedures for ensuring 9-1-1 Board vacancies are filled efficiently, establish implicit bias training standards, and to determine Public Safety Answering Point compliance with established training standards and requirements.

I appreciate the opportunity to share MDEM's position regarding this bill, and we respectfully request a **favorable report on Senate Bill 633**.

Sincerely,

Russell J. Strickland
Secretary



Larry Hogan | Governor
Boyd K. Rutherford | Lt. Governor
Russell J. Strickland | Acting Secretary

Maryland Department of Emergency Management

MD SB633 2022.pdf

Uploaded by: Sean Looney

Position: FAV

RECOMMEND A FAVORABLE REPORT ON SB633

Madam Chair
Members of the Committee

I urge a Favorable Report on Senate Bill 633. While other proponents will testify on the merits of the legislation itself, I would like to focus on the process behind the legislation.

As the former Vice President of State Government Affairs for Comcast NBCUniversal, I was honored to serve on the state NG-911 Commission since its inception. This Commission worked on various issues related to 911 service including technology, Human Resources, public safety, finance, billing, mental health, and several others. The Commission had members who were subject matter-experts, and brought in expert witnesses on each of these issues, and each and every issue was comprehensively discussed, analyzed and considered before any legislative recommendations were proposed and approved. It was sometimes a long, arduous process, but it ensured that any legislative proposal was thoroughly vetted and had consensus before being introduced in Annapolis.

Although the Commission is no longer active, the former members have all made themselves available as a resource to legislative leaders when new issues, challenges or questions arise concerning 911 service as it evolves. This template will ensure that Maryland will continue to be a leader among states in the deployment and administration of NG-911 services.

Special credit goes to Sen. Kagan and Sen. Reilly for their vision and leadership in keeping the Commission on task and focused on the most critical priorities related to NG-911 service. They constantly reminded the Commission of the importance of its work, and insisted that any legislative proposal must be cost-effective while ensuring that it improves NG-911 service to save lives.

I appreciate the opportunity to urge that SB633 receive a FAVORABLE REPORT.

Thank you.

Sean M. Looney
seanmlooney@me.com

A Snapshot of Diversity in our 9-1-1 Centers.pdf

Uploaded by: Sen. Cheryl Kagan

Position: FAV

A Snapshot of Diversity in our 9-1-1 Centers

The Next Generation 9-1-1 Commission asked the 24 counties to provide the detailed information about the 9-1-1 Specialist workforce.

Figure 4: 9-1-1 Specialists by Gender

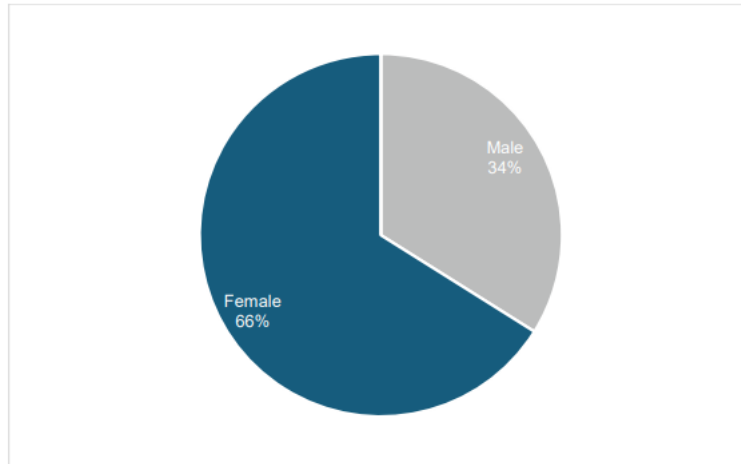


Figure 5: 9-1-1 Specialists by Ethnicity

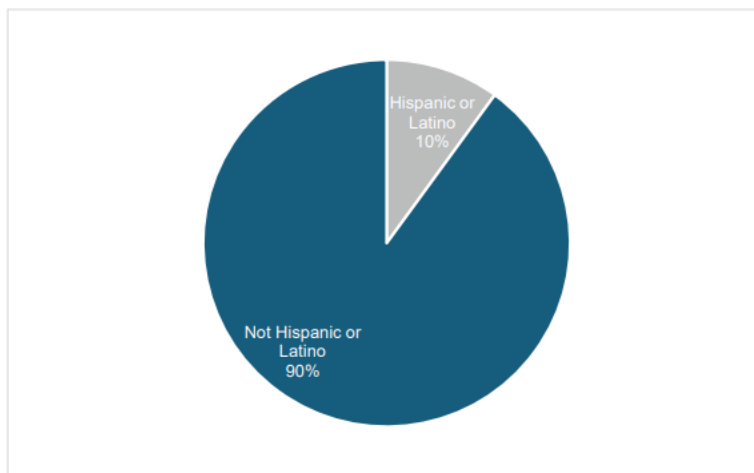
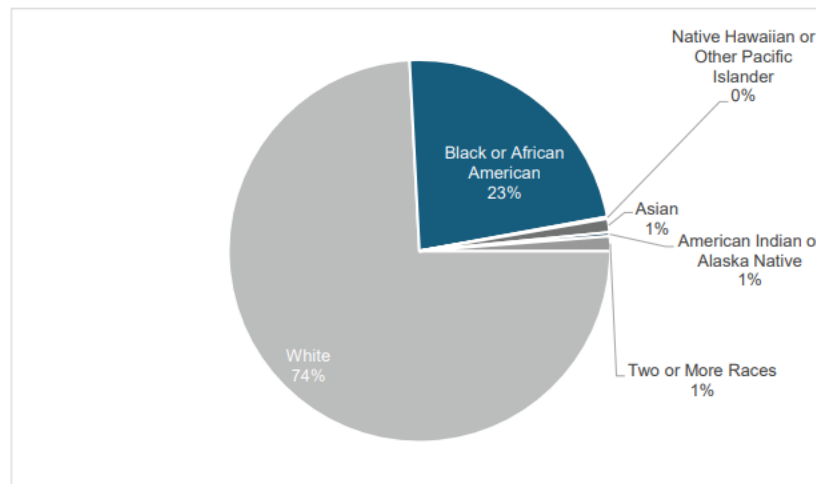


Figure 6: 9-1-1 Specialists by Race



NG911 One Pager .docx (1).pdf

Uploaded by: Sen. Cheryl Kagan

Position: FAV



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

OVERVIEW OF NG911 LEGISLATION IN MARYLAND

Inspired by the death of Rockville activist and District 17 resident Carl Henn when 9-1-1 failed, I have dedicated the last seven years to upgrading Maryland's 9-1-1 systems. In 2017, we created the statewide "Next Generation 9-1-1 (NG911) Commission" that I chair.

The Commission is comprised of a bipartisan group of legislators; 9-1-1 Center Directors; technology and telecommunications industry representatives; Cybersecurity professionals; and other stakeholders. We invested **thousands of hours** to examine the most pressing issues. To date, 11 bills have been signed into law to provide a strong framework for our 24 9-1-1 Centers.

2018 Legislation:

- Convening a Next Generation 9-1-1 Commission of key stakeholders to prepare for the transition to in the Next-Gen 9-1-1; and
- Allowing counties to offer 9-1-1 Specialists tax credits given to other emergency personnel.

2019 Legislation:

- Enhancing Geographic Information Systems (GIS) capacity to ensure that First Responders can locate those in need of help quickly and accurately;
- Updating our technology (including equipment) for receiving texts, photos, and video;
- Stopping hackers with more robust cybersecurity;
- Addressing the staffing crisis. Currently, 13% of our 9-1-1 Specialist positions statewide are vacant. This could lead to a delayed response to an emergency;
- Establishing training programs and professional certification for 9-1-1 Specialists;
- Authorizing counties to increase the local portion of the 9-1-1 fee (up to an additional \$.75) if there are budget shortfalls;
- Addressing the shortfall in revenue for our counties, which receive an average of only 37.5% of their 9-1-1 expenses from fee revenues;
- Closing the loophole in how 9-1-1 fees are assessed to reflect an evolution in how we pay for telephone service;
- Adjusting the State portion of the fee from 25¢ to 50¢ to provide much-needed funds for ongoing capital costs;
- Expanding the authority of the Emergency Number Systems Board (ENSB) to pay for recurring costs to lighten the load on counties;
- Launching a statewide education campaign on the new functions of NG911; and,
- Inserting uncodified "lockbox" language to require that, if the 9-1-1 Trust Fund is raided, it is replenished.

2020 Legislation:

- Requiring that the Comptroller's Office conduct audits of 9-1-1 fee collection and remittance from all telephone service providers;
- Investing in improved software to locate cell phone callers;
- Coordinating funding for a statewide public education for NG911 implementation -- including text-to-9-1-1;
- Ensuring compliance when dialing 9-1-1 without a prefix from any location, including hotels and office buildings ("Kari's Law");
- Increasing investment in our "First, First Responders" or 9-1-1 Specialists by providing direct access to health and wellness services for the cumulative impact of chronic exposure to traumatic events;
- Establishing standards for continuing education of 9-1-1 Specialists; and
- Creating a statewide Telecommunicator Emergency Response Team specially trained to assist after disasters or crises.

2021 Legislation:

- Making the Maryland Emergency Management Agency an independent, Cabinet-level department;
- Mandating notification of certain 9-1-1 outages to the general public, as well as 9-1-1 centers and the 9-1-1 Board;
- Establishing psychological well-being training standards for 9-1-1 Specialists;
- Modifying the membership of the 9-1-1 Board to include specified NG911 experts;
- Enforcing the use of standardized geographic data for locating callers;
- Strengthening enforcement of Kari's Law so that anyone can dial 9-1-1 without a prefix; and
- Improving 9-1-1 Specialist recruitment.

This diverse group released our fourth and final report in 2021 with 98-pages that encompassed 24 vital recommendations. Many of these are incorporated into six pieces of legislation that I'm sponsoring in our 2022 Session. Among the highlights are:

- Streamlining access to mental health services for 9-1-1 Specialists;
- Authorizing counties to set the local portion of the 9-1-1 fee to an amount that will cover eligible expenses;
- Providing Workers' Compensation for 9-1-1 Specialists with PTSD;
- Requiring timely notification of 9-1-1 outages;
- Increasing penalties for "Swatting" and cyberattacks on 9-1-1 Centers;
- Mandating Implicit Bias Training for 9-1-1 Specialists;
- Continuing Comptroller audit reporting;
- Improving 9-1-1 Board operations;
- Educating the public about Kari's Law;
- Establishing a statewide 3-1-1 system;
- Reclassifying 9-1-1 Specialists as First Responders;
- Enforcing cybersecurity standards at all 9-1-1 Centers;
- Ensuring that emergencies can be located in multi-story buildings (Z-axis); and
- Facilitating remote call-taking.

On a personal note, chairing the NG911 Commission over the past four years has truly been one of the greatest honors of my career. An overwhelming number of my legislative colleagues understood the bipartisan nature of our emergency system and the urgent need to save lives. As I often say-- **when 9-1-1 fails, people die.**

SB633_ NG911 Omnibus Bill Testimony.pdf

Uploaded by: Sen. Cheryl Kagan

Position: FAV

CHERYL C. KAGAN
Legislative District 17
Montgomery County

Vice Chair
Education, Health, and
Environmental Affairs Committee

Joint Audit Committee
Joint Committee on Federal Relations



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THE SENATE OF MARYLAND ANNAPOLIS, MARYLAND 21401

SB633: Next Generation 9-1-1 Commission Omnibus Legislation

Senate Finance Committee | Tuesday, March 8, 2022

Inspired by the death of Rockville activist and District 17 resident Carl Henn when 9-1-1 failed, I have chaired the Maryland Next Generation 9-1-1 (NG911) Commission for the past four years. The Commission has released four annual reports in [2018](#), [2019](#), [2020](#), and [2021](#) that have been incorporated into 11 laws with bipartisan support. As a result of our efforts, Maryland is at the forefront nationally as we transition to NG911. As our colleague, Sen. Ed Reilly frequently says, “Our 9-1-1 system is one of the most important services the government provides. It can literally mean the difference between life and death.”

In our final year, the Commission has identified a number of pending issues that are incorporated into [SB633](#), including:

- **Enhancing Cybersecurity:** If a 9-1-1 Center does not comply with the 9-1-1 Board’s Cybersecurity policy, the 9-1-1 Board shall meet with the 9-1-1 Center to develop a plan and implementation timeline.
- **Authorizing Counties to Set the Local 9-1-1 Fee:** Revenues for our county 9-1-1 Centers continue to fall short. This legislation would allow counties to set the local portion of the 9-1-1 fee to cover expenses.
- **Expanding Comptroller Reporting:** The Comptroller shall report to the 9-1-1 Board on telecommunication company audits on a quarterly basis through December 31, 2024, in addition to the annual report.
- **Establishing New 9-1-1 Board Positions:** The 9-1-1 Board should create a Vice Chair position, nominated and appointed among existing members.
- **Reclassifying 9-1-1 Specialists:** 9-1-1 Specialists are the first link in the chain of safety and survival and should be classified as “First Responders.” Nine states have already reclassified these dedicated employees.
- **Requiring Implicit Bias Training:** The 9-1-1 Board would provide regular Implicit Bias training for all 9-1-1 Specialists.
- **Providing Occupational Wellness:** In order to provide access and maintain confidentiality, 9-1-1 Specialists should be able to receive mental health care without reporting to a supervisor.
- **Addressing 9-1-1 Specialist Compensation:** Inadequate pay is one of the greatest challenges in the recruitment and retention of qualified 9-1-1 Specialists. SB633 would require counties to compensate in a manner that is commensurate with the Specialists’ responsibilities, training, knowledge, and skills. *Minimum wage is unacceptable.*

- **Improving 9-1-1 Board Operations:** The 9-1-1 Board and the Maryland Department of Emergency Management (MDEM) would establish a protocol for filling board vacancies efficiently.

This bill is endorsed by the NG911 Commission.

I urge a favorable report on SB633 to enhance our 24 counties' public safety systems.

Anne Arundel County _FAV_SB 633.pdf

Uploaded by: Steuart Pittman

Position: FAV



March 8, 2022

Senate Bill 633

**Public Safety - 9-1-1 Emergency Telephone System -
Alterations**

Senate Finance Committee

Position: FAVORABLE

Anne Arundel County **SUPPORTS** Senate Bill 633. This bill makes changes to improve the statutory framework that governs the State's 9-1-1 system, by establishing certain rights for 9-1-1 specialists related to occupational well-being, requiring counties to classify and pay 9-1-1 specialists in a certain manner, and modifying the membership and responsibilities of the Maryland 9-1-1 Board.

Like much of our region and the nation, Anne Arundel County continues to face challenges in recruiting new 9-1-1 specialists. It is a difficult job - 9-1-1 specialists talk to people who are often in crisis, hour after hour, day after day. Making sure they have the classification and compensation they need is critical to having a well-staffed emergency call center. And ensuring our 9-1-1 specialists have access to the confidential mental health resources they need is key to ensuring our specialists are able to access care necessary to support them in their line of work. This legislation will also make improvements to the 9-1-1 Board that would enhance our local 9-1-1 Centers to help ensure that our residents receive the emergency care they deserve.

Earlier this year, Anne Arundel County began offering \$5,000 recruitment and retention bonuses for 9-1-1 specialists, to help bring on new staff while providing an incentive to keep our current team. Additionally, on Monday my administration introduced a bill to the County Council to create pathways for career growth, making it easier to retain call center staff. These local efforts paired with this state legislation will greatly support our 9-1-1 staff while improving public safety in our communities.

For all of these reasons, I respectfully request a **FAVORABLE** report on Senate Bill 633.

A handwritten signature in blue ink that reads "Steuart Pittman".

Steuart Pittman
County Executive

Souder - NG911 Omnibus - FAV.pdf

Uploaded by: Steve Souder

Position: FAV

Est. 2017



Sen. Cheryl Kagan, Chair
Steve Souder, Vice Chair

SB633/HB1105: Next Generation 9-1-1 Commission Omnibus Legislation

Senate Finance Committee | March 8, 2022

Chair Kelley and Vice Chair Feldman:

I have dedicated more than 50 years of my life to 9-1-1. I was there at the beginning -- when the first 9-1-1 call was made in Alabama. I ran 9-1-1 Centers in four different jurisdictions of the National Capital Region: Washington, DC, Arlington and Fairfax Counties in VA, and Montgomery County, MD. In addition to my current tenure on the 9-1-1 Board, I have served for the past four years as Vice Chair of Maryland's Next Generation 9-1-1 Commission alongside Sen. Cheryl Kagan (Chair).

In our fourth and final year, we bring you this legislation to clean up and address several remaining issues within our 9-1-1 systems.

- Counties need the funds to update their emergency systems.
- 9-1-1 Specialists need confidential and easy access to mental health care.
- Implicit bias training can provide insights and skills that are needed for our "First, First Responders."
- Especially in these stressful times abroad, we must make sure that all 24 of Maryland's 9-1-1 Centers are protected against cyber-attacks.
- In the footsteps of nine other states, our 9-1-1 Specialists deserve to be reclassified as First Responders.

I fully endorse this legislation, supported by the NG911 Commission, and I urge a favorable report on SB633.

Respectfully submitted,

Steve Souder

Vice Chair, NG911 Commission

HB1105 - SB633 NG911 Omnibus Bill-- Finance Commit

Uploaded by: Susan Greentree

Position: FAV

HB1105 / SB633: NG911 Omnibus Bill – Finance Committee

Susan Greentree: 410-852-3362

Position: Favorable

I am Susan Greentree and thank you for your consideration of this bill. I worked for Anne Arundel County 9-1-1 for over 35 years. When I started, 9-1-1 had not been implemented, and the processing of calls was manual. There has been tremendous advancements and complexity in the job of the 9-1-1 Specialist since 1984. What has not changed in all these years is when you or your family have an emergency, the **first** person you speak to, the one you explain your emergency to, who will help you **immediately** while field units are on their way... **is** the 9-1-1 Specialist.

If you reached me when your husband went into cardiac arrest while you were driving on Ritchie Hwy, I helped you focus and instructed you how to position him in the car seat and do CPR. I stayed with you on that call, continuing the CPR instructions until medics arrived. The medics later told me because of that early intervention of CPR the man was revived, lived.

When you got home from work and found your child had hung herself and was unsure if she was still alive or not, I talked you thru it. I had you try to cut her down & when you couldn't reach, I had you grab her legs and hold her up. And when minutes passed and you said you couldn't hold her any longer, I coached you and you did it. Although she was in grave condition and spent months in a hospital and then rehab she recovered. She would not be alive today without that help.

When your daughter went into labor at your home, I talked you thru how to position her and how to safely deliver your grandchild.

When you called because your toddler, who was down for a nap, got a cord from the blinds next to his crib wrapped around his neck. I gave instructed on CPR for a child and he was breathing again and color coming back when medics arrived.

The calls vary from moment to moment, from victims of violent crimes, home invasions, drugs, accidents, fires, medical emergencies, domestics, and suicidal callers. The 9-1-1 Specialist **IS** the first person you speak to, the one who hears **your** emergency, helps you with that emergency while the police, fire fighters, and/or paramedics are in-route. We don't just take your information and hang up when you are in the middle of an emergency. It is **not** an answering service. We are highly trained and certified professionals that save lives every day.

We are the First, First Responders and deserve to be formally, legally, recognized as such. **I urge a favorable report on SB633, which would classify 9-1-1 Specialists, finally, as First Responders.**

SB633 Testimony PDF- Baltimore City.pdf

Uploaded by: Tenea Reddick

Position: FAV



BALTIMORE CITY 911 CENTER
401 E. Fayette St.
6TH Floor
Baltimore, MD 21202
(410) 396-4890

Good Afternoon, my name is Tenea Reddick. I am the 911 Director for the City of Baltimore. Thank you for giving me the opportunity to submit testimony for SB633 - a bill that is deeply important to 911 centers in Maryland – to the 911 specialists that handle over 5 million 911 calls each year, and for the continuation of protecting and saving lives in Maryland.

Every minute of every day, our incredible 911 Specialists put their headsets on, log into sophisticated computer systems, and protect our communities -nonstop. They take emergency calls from residents and visitors having the worst moments of their lives: Children choking on food, suicidal teenagers, deadly car accidents, police officers in distress, firefighters trapped in buildings, and so on.. and so on.. These 911 professionals give life-saving instructions each time on these intense and critical calls. It is time that Maryland moves with the rest of the country and gives these heroes the recognition that they have earned. They are the first of the “First Responders”, and should be identified as such now and in the future.

Being a first responder means understanding the community you serve – the history, the trauma, the challenges, and experiences. In Baltimore City, we’ve taken a Trauma-Informed approach to caring for our communities, especially with our young residents. Baltimore, as a trauma informed City, ensures that every service, public servant, and policy supports understanding and healing of the community as a whole. Implicit bias training only strengthens this initiative and will provide tools to our 911 specialists to adjust automatic patterns of thinking, ultimately eliminating discriminatory behavior, and promotes a better understanding and connection to the community they protect.

Baltimore City’s 911 center was the victim of a cyber-attack in 2018 – While I can’t go into specifics, I can confidently say that cyber-attacks and the disruption of our vital computer systems at 911 places an enormous amount of stress on the 911 center and on every 911 specialist still taking emergency calls and protecting our communities. An attack can bring a center back 50 years – taking away important technology used to save lives. We never want this to happen to any center – ever. It is extremely important that all 911 centers in Maryland protect themselves at the highest level and standards.

Therefore, I recommend that SB633 move forward to help our “First Responders” in the 911 centers continue to save lives. Thank you.

Thank you,

Tenea Reddick

Tenea Reddick, 911 Director
City of Baltimore

SB0633 - Ferretti.pdf

Uploaded by: William Ferretti

Position: FAV

SB0633 Public Safety – 9-1-1 Emergency Telephone System – Alterations

Tuesday, March 8, 2022, 1:00 PM

My name is William Ferretti. I am a former 9-1-1 Director for Montgomery County. I also had the pleasure to serve on the Commission to Advance NG9-1-1 Across Maryland, first as a member of the Commission, and then after my retirement from the County, as an advisor.

Over the past four years, the Commission has worked to incrementally review and improve the overall 9-1-1 program in Maryland. This bill provides additional measures to recognize and support public safety professionals manning the state's twenty-four 9-1-1 centers, recognizes the importance of the 9-1-1 Board and the need to make sure vacancies are filled timely with Chair and Vice Chair positions appointed from within its members.

It adds further safeguards around 9-1-1 center training and cybersecurity requirements to ensure that all 9-1-1 centers are operating at high levels thereby providing consistency in service across the state.

Finally, it recognizes the need for county's to be able to adjust the county 9-1-1 fee as needed to cover their actual operational costs.

I urge you to support SB0633 with a favorable report.

A handwritten signature in black ink, appearing to read 'William Ferretti', with a stylized flourish at the end.

William Ferretti

MDEMA Support with Amendments - SB633.pdf

Uploaded by: Netta Squires

Position: FWA



Maryland Emergency Management Association

www.marylandema.org

Joseph Theobald, *President* Michelle Lloyd, *Vice President* Shelly Gooding, *Secretary* Marianne Souders, *Treasurer*

March 7, 2022

Re: Support with Amendments - SB633 Public Safety - 9-1-1 Emergency Telephone System

Dear Senator Kagan and Honorable Members of the Senate Finance Committee,

Thank you for your continued support of emergency services and Maryland's public safety officials. **We are writing to you on behalf of the Maryland Emergency Managers Association (MDEMA) to consider amending SB633 by adding the attached draft language stating the definition of an emergency manager and adding them as recognized members of the public safety team.**

The Maryland Emergency Managers Association (MDEMA) represents the hundreds of state and local emergency management professionals across the region dedicated to advancing Maryland's emergency response capabilities, community resilience, and preparedness. Likewise, part of MDEMA's mission is to advocate for public policy that supports our members and their mission.

Emergency managers serve a crucial role in our community's emergency response capacity, including in-person preparedness, response, and recovery activities. Emergency managers are among the first to arrive at a disaster site and are always the last to leave. As demonstrated time and again - from disasters ranging from 9/11, Hurricane Katrina, Flower Branch Fire (MoCo), Ellicott City Flooding, the Baltimore Cybersecurity Attack, and COVID-19, to name a few, emergency managers, together with their fire, EMS, and law enforcement colleagues, are boots on the ground providing critical leadership, activating response plans, guiding operations, managing logistics, and directing resources. They oversee the establishment of unified leadership throughout an event and are responsible for the demobilization of staff, resources, and plans - when the time comes.

During COVID, emergency managers from government, public health sectors, private sectors, and non-profit sectors demonstrated their invaluable to the response system day in and day out. They envisioned, built, and operated mass testing sites and vaccination clinics, coordinated the healthcare system's response, coordinated feeding operations, and provided critical leadership to our State's COVID-19 response. Our mission requires us to constantly think ahead by planning and preparing for events and support the initial response once it occurs. We also have the responsibility to lead our communities through short, intermediate, and long-term recovery efforts. There is no doubt that emergency managers are part of the operational public safety response.

As you continue to advocate for Maryland's public safety, we encourage you to promote policy recognizing emergency managers as a part of the public safety team. **We therefore strongly urge you to consider amending SB633 by adding the attached draft language.**

Respectfully Submitted,
Jonathan Bratt & Netta Squires, Co-Chairs
Legislative Affairs Committee
Maryland Emergency Managers Association
mdemallegislation@marylandema.org

BY repealing and reenacting, with amendments,
Article – Public Safety
Section 1–301
Annotated Code of Maryland

BY adding to
Article – Public Safety
Section 14–101
Annotated Code of Maryland

Article – Public Safety

1-301(j)(2).

(iv) An Emergency Manager as defined under §14-101(i) of this article.

14-101.

(i) Emergency manager. – "Emergency Manager" means an individual whose primary duties of employment are to execute the mission of emergency management as defined by subsection (d) of this section.