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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 18, 2026

The Honorable Brian J. Feldman, Chair
Senate Education, Energy, and the Environment Committee
Maryland Senate
Annapolis, Maryland

Re: Senate Bill 159 - Emergency Medical Services - Vehicles and Ambulances - Required Supplies, Reviews, and Complaints

Position: Favorable

Dear Chair Feldman and Members of the Committee:

I respectfully submit this testimony in support of Senate Bill 159, legislation that promotes public safety by giving the Executive Director of the Maryland Institute for Emergency Medical Services Systems (MIEMSS) more regulatory oversight over EMS vehicles and ensuring that counties are held accountable for the management of their emergency medical services.

MIEMSS oversees and coordinates all components of Maryland's EMS system. However, the more limited oversight that MIEMSS currently has failed to include the needed ability to determine the required minimum equipment, supplies, and medication, especially for neonatal care, for EMS vehicles. The supplies on specialized neonatal ambulances are not required by or available on all emergency services vehicles. This can exclude neonates, who are much more vulnerable, from emergency treatment when the minimum threshold for required supplies isn't met. Patients are put at risk when there aren't enough, or any, resources on hand.

Ambulances with aging equipment in Baltimore City have led to EMS crews resorting to using "Medic Standby Units," SUVs equipped with medical supplies that can provide patient care on the scene of an emergency but are unable to transport patients to the hospital. Unupdated or poorly equipped ambulances have proved to be costly for patients in need of emergency treatment. If every vehicle is equipped properly, then they are always prepared to handle these types of scenarios and save lives, and this bill intends to give the Executive Director of MIEMSS

more authority to regulate what is needed in EMS vehicles so that patients, including neonates, are given maximum care and neonate fatalities because of missing supplies are prevented.

Additionally, there are no processes in place to require counties to conduct quarterly reviews of their EMS vehicle performance data. Out of eight counties observed, only three (Anne Arundel, Charles, and Carroll) have a page or dashboard displaying performance statistics/data, but they're mostly out of date. Anne Arundel County Fire Department Goals, Objectives, and Measures page was last updated December 2024 and Charles County's link to Fire/EMS Performance statistics had the most recent report published date of January 2015. When counties are unable to reflect on what they can improve on with routine performance reviews, EMS vehicles can be out of sync with one another across the State and quality of service can be dependent on the region. Necessitating quarterly reviews of performance data and adopting corrective measures establish a routine that will exemplify each county's commitment to quality assurance and accountability.

Following the theme of accountability, there is also no standardized system to receive, investigate, or resolve complaints at the county level, with most counties' fire and rescue or emergency medical services websites not having a specific page for customers to voice complaints or concerns, just a phone number or email to contact. Out of eight counties observed, only Anne Arundel and Baltimore have a page on their EMS website dedicated to an intake form for patients to voice complaints regarding their EMS experiences. The lack of a complaint system makes it hard to listen to and mitigate public concerns, and this bill proposes the establishment of a system for every county that is accessible and includes tracking, investigation timelines, and notifications.

This legislation does not determine or regulate the minimum equipment, supplies, and medications on EMS vehicles, what the minimum is will be decided by MIEMSS. It also does not remove or replace already existing methods of tracking performance data or complaints that some counties currently employ. This bill intends to improve oversight and accountability by giving MIEMSS the ability to ensure that EMS have the minimum equipment and supplies for neonatal care and to serve as an external compliance officer so that counties can continually seek performance improvement and take into consideration public concerns. Every Marylander, no matter what age, deserves peace of mind knowing that the emergency medical services they receive are well prepared with appropriate resources and that every county is held accountable to adhering to the standards or exceeding them.

For these reasons, I respectfully request a favorable report on Senate Bill 159.

With Regards,

A handwritten signature in black ink, appearing to read 'Alonzo T. Washington'. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Alonzo T. Washington

Maryland State Senate

District 22

SB 159 - Emergency Medical Services - Vehicles and Ambulances - Required Supplies, Reviews, and Complaints

Prepared for: Maryland General Assembly

Prepared by: Office of Senator Alonzo T. Washington

Date: February 18, 2026

Executive Summary

SB159 seeks to:

1. Require the Executive Director of the Maryland Institute for Emergency Medical Services Systems (MIEMSS) to coordinate the minimum equipment, supplies, and medications needed for neonatal care to be available on emergency medical services vehicles with federal, state, and county governments;
2. Require each county and municipality that operates or contracts emergency medical services to conduct quarterly reviews of ambulance performance data and to certify completion of each review;
3. And require each county to establish and maintain a formal complaint filing system regarding ambulance quality, conduct, or compliance.

When emergency medical services vehicles fail to meet the proper threshold for required equipment, supplies, and medications, it puts injured or sick patients in need of urgent care at risk when there aren't enough resources to assist with providing care. Giving the Executive Director of MIEMSS more authority to regulate EMS vehicles can ensure that Marylanders, and more specifically, vulnerable groups like neonates, are given maximum care for safe transport. Consistent reviews of ambulance performance data is crucial to certify that each vehicle is up to standard and to adopt corrective measures if found otherwise. Lastly, requiring every county to establish a formal complaint filing system regarding ambulance quality and compliance will showcase standardized customer service that is readily accessible across the State, not just in certain areas.

Background

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) oversees and coordinates all components of the statewide EMS system in accordance with Maryland statute and regulation. The institute provide the resources (communications, infrastructure, grants, and training), leadership (vision, expertise, and coordination), and oversight (medical, regulatory, and administrative) necessary for Maryland's statewide emergency medical services (EMS) system to function optimally and to provide effective care to patients by reducing preventable deaths, disability, and discomfort.¹

The State Office of Commercial Ambulance Licensing and Regulation (SOCALR), a department of MIEMSS, protects the health, safety, and welfare of persons using ambulance services through the

¹ <https://www.miemss.org/home/MIEMSS/Leadership>

development and modification of statewide requirements for commercial ambulance services and vehicles and the uniform and equitable regulation of the commercial ambulance industry throughout Maryland.²

MIEMSS and its department, SOCALR, are key agencies that determine how emergency medical services function in the State along with setting the standards for ambulance performance. The more limited oversight that MIEMSS currently has failed to include needed ability to better coordinate the minimum equipment, supplies, and medication for EMS vehicles and to hold counties that employ EMS more accountable.

Current Law/Practice

All licensed commercial ambulances must be equipped with a required minimum of emergency medical supplies. Some of the required supplies depend on the level of ambulance licensure.³ There are separate equipment checklists for ALS, BLS, Neonatal, and Specialty Care Transport commercial ambulances. Currently in Maryland, to meet the equipment requirements, a licensed neonatal commercial ambulance must have:⁴

1. A written maintenance plan for all medical devices used on neonatal commercial ambulances approved by SOCALR
2. All equipment listed in the current Neonatal equipment list approved by SOCALR⁵
3. A list of the additional medications used by the neonatal service and approved by the neonatal service medical director shall be provided to SOCALR and approved by the State EMS Medical Director annually upon license renewal, and shall be available on each ambulance when in use for a neonatal transport
4. Sufficient quantities of medications to care for one neonatal patient for the longer of 1 hour or two times the estimated time of transport.

Neonatal ambulances are in alignment with the regulations provided by SOCALR to maintain their licenses and are suitable to safely treat and transport neonates to facilities with a NICU. However, the types of neonatal supplies on these specialized ambulances are not required by or available on all ambulances or emergency services vehicles. This poses a serious threat not only to general public safety but to infant safety as well when life-saving care is not given due to a lack of equipment or supplies.

Additionally, there is no system in place to require Maryland counties to conduct consistent reviews of their EMS vehicles performance data or for counties to address deficiencies in services. This can result in vehicles in the State being out of sync with one another. Lastly, there is no system to receive, investigate, or resolve complaints at the county level, with many counties' fire and rescue or emergency medical services websites not having a specific page for customers to voice complaints or concerns.

²

<https://www.miemss.org/home/Departments-Programs/State-Office-of-Commercial-Ambulance-Licensing-and-Regulation>

³ https://www.miemss.org/home/Portals/0/Docs/CommercialAmbulance/Commercial_Amb_FAQ.pdf

⁴ <https://regs.maryland.gov/us/md/exec/comar/30.09.12.06>

⁵

https://www.miemss.org/home/Portals/0/Docs/CommercialAmbulance/SOCALR-Equipment_List_NEO-20250508.pdf?ver=qpy-aZ-w5Vr5b_R561AB8w%3d%3d

Data/Evidence

There is an agreed upon list from MIEMSS with what equipment or materials should be on EMS vehicles but there is no specification on the minimum amount of supplies on these vehicles.

In terms of ambulance licensing and renewal, SOCALR continues to maintain a year-round licensure renewal schedule, inspecting all commercial ambulances at least once during the year. In addition to yearly unit renewal inspections, SOCALR conducts random unit inspections throughout the year.⁶ In FY 2025, SOCALR conducted random inspections on 110 days, visited 655 sites, and inspected 109 units. Additional inspections included nine surveys of licensed commercial services bases. A team of SOCALR personnel who provide follow-up reports outlining any corrective actions necessary to maintain COMAR Title 30.09 compliance conduct these base surveys. According to the January 2026 copy of MIEMSS EMS news, there are seven commercial ambulance services licensed to transport neonatal patients and these services are inspected by SOCALR on a biennial basis, as in every two years.⁷ These inspections include ambulance readiness and hospital-maintained equipment, medication, and personnel required to facilitate these transports.

According to an article from December 2021, poorly equipped ambulances or ambulances with aging equipment in Baltimore City amongst an already pressing staffing shortage has put great stress on the Baltimore City Fire Department. When EMS vehicles are out of service or are “way past their prime,” according to Rich Langford, President of Baltimore Firefighters, EMS crews have to resort to using “Medic Standby Units.”⁸ They are Baltimore City Fire Department SUVs equipped with medical supplies that can provide patient care on the scene of an emergency but are unable to transport patients to the hospital, therefore requiring an ambulance for transport.

Routine reviews of performance data is not consistent across the State, with only some counties having a page showcasing statistics and reports on their Fire Department/Emergency Services websites.

1. Anne Arundel County’s Fire Department Goals, Objectives, and Measures page has statistics regarding how they’re meeting their goal to provide EMS to residents in regards to EMS provider travel time to incidents, but these were last updated on 12/31/24.⁹ Their Fire Department Statistics Dashboard was last updated 2/2/26, but only includes statistics regarding call volume, types of calls, amount of hospital transports, and where incidents occur and the time of day. This data does not specifically reflect performance characteristics.

⁶

<https://www.miemss.org/home/Departments-Programs/State-Office-of-Commercial-Ambulance-Licensing-and-Regulation>

⁷ <https://www.miemss.org/home/Publications>

⁸

<https://foxbaltimore.com/news/local/some-baltimore-city-ems-crews-responding-in-suvs-while-ambulances-wait-for-repairs>

⁹

<https://www.aacounty.org/openarundel/openperformance/department-performance?department=fire-department>

2. Charles County Emergency Services also has an updated dashboard and the only data displayed is the total amount of EMS responses and the response time.¹⁰ The website also has a link to Fire/EMS Performance statistics and the most recent PDF published for these statistics dates back to January 2015, more than a decade ago.¹¹
3. Carroll County’s Fire and Emergency Services website has a link to their statistics, but this does not have up to date data with the last progress report being from 2024.¹²
4. Prince George’s County EMS website does not include any information on performance statistics or data.
5. Howard County’s Fire and Rescue website does not include any information on performance statistics or data.
6. Baltimore County’s EMS website does not include any information on performance statistics or data.
7. Harford County’s EMS website does not include any information on performance statistics or data.
8. Talbot County’s EMS website does not include any information on performance statistics or data.

On the MIEMSS website, there is a list of local EMS agency contact information available to the public. Most counties (using the same counties as listed above to keep observations consistent) do not have a formal complaint filing system, however. Anne Arundel County has a page online dedicated to a Patient Satisfaction Survey regarding experiences with the county’s EMS.¹³ Similarly, Baltimore County has a page to submit a compliment or complaint about fire personnel as well.¹⁴ Charles County has a link leading to an “Appreciate an Employee” page, but nowhere else for complaints.¹⁵ Carroll County, Prince George’s County, Howard County, Harford County, and Talbot County just include a phone number or email for contact.

Other States

According to an article published in March 2023, the Los Angeles Fire Department in California has also been facing difficulties with lack of personnel and ambulances with paramedics claiming that they must barter for medical supplies on a regular basis.¹⁶ Ambulances are being operated with supplies and medications expired or below the requirements established by the LA County Department of Health Services. Paramedics have stated:

1. “We have to trade equipment between fire stations just to stay in service. We fall below the minimum standards every single day.”

¹⁰ <https://www.arcgis.com/apps/dashboards/8b4bd577c8eb43cb877f46b7d06b3bf4>

¹¹

<https://www.charlescounty.org/apps/workgroups/publicview/listPDFs.jsp?groupCode=283&pdfType=LINK&reset=Y>

¹² <https://www.carrollcountymd.gov/government/directory/fire-and-emergency-services/news-resources/>

¹³ <https://www.aacounty.org/fire-department/emergency-medical-services/patient-satisfaction-survey>

¹⁴ <https://www.baltimorecountymd.gov/departments/fire/compliments-complaints-form>

¹⁵ https://seeclickfix.com/web_portal/EVco7UxPfcB67B3QmSCJ9LLJ/report/category

¹⁶ <https://www.foxla.com/news/lafd-paramedics-have-to-barter-for-life-saving-supplies>

2. “A significant portion of the ambulances are operated illegally because they don’t have the minimum supplies delineated by the Los Angeles County Department Health Services, whether it be medications, oxygen masks, or other life-saving necessities.”
3. “I physically saw a paramedic give expired medication that was four months old to a cardiac patient as we had no other medication to give.”

States may define EMS as an essential service that governments must provide, which may open new funding streams and other opportunities for sustainability. According to a brief by the National Conference of State Legislatures from June 2025, several states ensure access to EMS by defining it as a service area and license EMS agencies to ensure a minimum level of care or require local entities to establish a plan for ensuring access to EMS. Some statistics/facts include:

1. Approximately 4.5 million Americans live in what is known as an “ambulance desert,” meaning they are more than 25 minutes away from the nearest ambulance service.
2. At least 21 states and the District of Columbia have enacted legislation explicitly defining EMS as “essential” in statute – Maryland is not included.
3. Maine declares EMS as an essential service provided by a fire department or law enforcement agency “for the purposes of eligibility for federal funding.”
4. California requires local agencies to develop an EMS plan, which must include manpower and training, communications, transportation, assessment, system organization, data collection and evaluation, public information and education and disaster response.

Bill and Impact Analysis

There is an oversight gap where the MIEMSS does not have the authority to require the minimum amount of equipment, supplies, and medications in every EMS vehicle in Maryland. Failing to meet the proper threshold (to be established by MIEMSS) for required supplies puts patients in need of urgent care at risk when there aren’t enough, or any, resources to assist with providing life-saving care. Giving the Executive Director of MIEMSS more authority to regulate EMS vehicles can ensure that Marylanders, and more specifically, vulnerable groups like neonates, are given maximum care for safe transport. Without requiring a minimum supply of neonatal care supplies in these vehicles, an entire group can be excluded from treatment during emergencies, possibly causing neonate fatalities.

As seen with the Baltimore City and Los Angeles case studies, ambulances with aging equipment or without the minimum supplies have led to below standard patient care where SUVs incapable of transporting patients are used as a last resort or expired medication is given to patients. Unupdated or poorly equipped ambulances have proved to be costly for patients in need of emergency treatment. These cases reflect the importance of consistent maintenance and making sure the proper equipment and supplies are on board or ready to go so that there are no interferences with providing emergency care. If every vehicle is equipped properly, then they are always prepared to handle these types of scenarios and save lives, and this bill intends to ensure that there will be appropriate coordination so that EMS vehicles are always equipped with at least the minimum supplies for neonatal care.

The bill is expected to address the lack of measures for accountability at the county level as well. There is currently no system in place to require all Maryland counties to conduct quarterly reviews of their own

EMS vehicles performance data or for counties to fix deficiencies in their services. This can result in vehicles in the State being out of sync with one another and the quality of service varying greatly depending on which county the patient is treated in. Evidence shows that while three of the observed counties have some sort of platform to display their EMS performance data, much of it is outdated. The other counties' websites did not include any information on performance statistics or data. Necessitating quarterly reviews of performance data establishes a routine that will reflect each county's commitment to quality assurance. Review conducted would assess response times, service quality, and compliance with MIEMSS standards so that trends and deficiencies in emergency medical services can be identified and corrective measures/operational adjustments can be adopted.

Following the theme of accountability, there is also no standardized system to receive, investigate, or resolve complaints at the county level, with most counties' fire and rescue or emergency medical services websites not having a specific page for customers to voice complaints or concerns, just a phone number or email to contact. The lack of a complaint system makes it hard to listen to and mitigate public concerns and this bill proposes the establishment of a system that is accessible and includes tracking, investigation timelines, and notifications. If some counties are already able to set up and have performance data and complaint tracking methods, then it is likely feasible for other counties to adopt similar approaches.

Overall, this bill seeks to give the Executive Director of of MIEMSS more regulatory oversight and give the agency the ability to serve as an external compliance officer so that every future patient receiving emergency medical service, including those in need of neonatal care, is protected and taken care of and every county in Maryland is held accountable to adhering to the standards or exceeding them.

Anticipated Concerns

The bill does not regulate the equipment, supplies, and medications on EMS vehicles but gives the Executive Director more oversight to coordinate what the minimum amount required is on these vehicles. The bill does not remove or replace the already existing methods of tracking performance data or service complaints that some counties currently employ but makes it so that all Maryland counties follow behind to also have their own systems.

There is possible opposition from county Fire Chiefs. SB159 does not include fiscal notes on the MGA website, but there is a possibility that opposition claims mention how costly enacting this bill could be.

Possible Stakeholders

- SOCALR EMS Manager - Marty Johnson (Email Address mjohnson1@miemss.org; Office Phone: (410) 706-8511)
- SOCALR Director - Scott Legore (Email Address slegore@miemss.org; Office Phone: (410) 706-8511)
- National Association of Neonatal Nurses <https://nann.org/about/our-leadership/>