

SB159 Materials to EEE Committee.pdf

Uploaded by: Lien Hoang

Position: FAV

ALONZO T. WASHINGTON
Legislative District 22
Prince George's County

Finance Committee



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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/>

Testimony in support of SB0159 - Emergency Medical

Uploaded by: Richard KAP Kaplowitz

Position: FAV

02/18/2026

Richard Keith Kaplowitz
Frederick, MD 21703

TESTIMONY ON SB#/0159- POSITION: FAVORABLE

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

TO: Chair Feldman, Vice Chair Kagan, and members of the Education, Energy and the Environment Committee

FROM: Richard Keith Kaplowitz

My name is Richard Keith Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support of SB#/0159, Emergency Medical Services - Vehicles and Ambulances - Required Supplies, Reviews, and Complaints

The Maryland Institute for Emergency Medical Services Systems has *The Voluntary Ambulance Inspection Program*¹

The Voluntary Ambulance Inspection Program (VAIP) aims to formally recognize and prominently display to the public those emergency response vehicles that meet a standard of excellence defined by Maryland's inspection guidelines.

Compliance with the VAIP satisfies the requirements for Medical Director's review of ambulance equipment under COMAR, [Title 30.03.03.03C\(1\)](#)

This bill requires the Executive Director of the Maryland Institute for Emergency Medical Services Systems to coordinate the minimum equipment, supplies, and medications to be available on emergency medical services vehicles; requiring each county and municipality that operates or contracts emergency medical services to conduct quarterly reviews of ambulance performance data; and requiring each county to establish and maintain a formal complaint filing system regarding ambulance quality, conduct, or compliance.

Passing this bill will assure the public that the ambulances operating in Maryland have the minimum equipment, supplies, and medications on their vehicles.

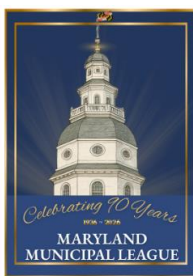
I respectfully urge this committee to return a favorable report on SB#/0159.

¹ <https://www.miemss.org/home/vaip>

SB 159 - UNF - MML.pdf

Uploaded by: Angelica Bailey Thupari

Position: UNF



TESTIMONY

COMMITTEE: Senate Education, Energy, and the Environment

DATE: February 18, 2026

POSITION: Unfavorable

BILL: SB 159

The Maryland Municipal League (MML) respectfully opposes Senate Bill 159. Ensuring the highest possible standards in emergency medical services is a goal municipalities share without reservation. Local governments take pride in the dedication and professionalism of their EMS personnel and remain committed to continuous improvement in service quality and patient outcomes.

However, as drafted, Senate Bill 159 would impose significant new administrative and fiscal mandates on counties and municipalities that operate or contract for EMS services. The bill requires quarterly performance reviews, formal certification and reporting to the Maryland Institute for Emergency Medical Services Systems (MIEMSS), and the establishment and maintenance of comprehensive complaint tracking systems. While accountability and transparency are important, these provisions substantially expand local administrative obligations at a time when many EMS providers are already experiencing staffing shortages and operational strain.

Quarterly review and reporting requirements may exceed what is necessary to achieve meaningful oversight. Many jurisdictions already participate in quality assurance programs and regularly review operational data. Requiring additional certification and reporting could divert limited staff capacity away from frontline service delivery and training. In smaller municipalities, compliance may necessitate new personnel, software systems, or outside administrative support.

The bill also focuses exclusively on “ambulance” performance data. In several jurisdictions, first response is often provided by fire apparatus or law enforcement vehicles that are not technically ambulances. As a result, the framework may not capture the full scope of EMS response performance, potentially creating an incomplete picture of overall system effectiveness.

Given the administrative complexity and potential fiscal impact, the League believes additional discussion is warranted before imposing new statewide mandates on local EMS providers.

For these reasons, the Maryland Municipal League respectfully requests an unfavorable report on Senate Bill 159 as drafted, while remaining committed to constructive dialogue on strengthening EMS quality and accountability.

For more information relating to this piece of testimony, please contact:

Angelica Bailey Thupari: Director, Advocacy and Public Policy, angelicab@mdmunicipal.org

MML represents 161 local governments and about 2 million Maryland residents.

SB0159-EEE_MACo_OPP.pdf

Uploaded by: Kevin Kinnally

Position: UNF



Senate Bill 159

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

MACo Position: **OPPOSE**

To: Education, Energy, and the Environment
Committee

Date: February 18, 2026

From: Kevin Kinnally

The Maryland Association of Counties (MACo) **OPPOSES** SB 159. While the bill aims to strengthen Emergency Medical Service (EMS) performance and accountability statewide, it mandates broad, duplicative, and burdensome administrative and reporting requirements on local EMS systems.

Counties share the goal of high-quality EMS care and already work every day to monitor performance, address complaints, and improve service delivery. However, SB 159 adds recurring compliance obligations that will require significant staff time and ongoing administrative work, without providing corresponding resources.

Counties fund and oversee EMS through a wide range of local models, including county-operated services, municipal services, volunteer systems, and contracted providers. These systems already face persistent staffing challenges, including recruiting and retaining paramedics, EMTs, and dispatch personnel. This bill adds new documentation and reporting requirements that will compete directly with limited staffing capacity and operational priorities.

The bill requires quarterly reviews of ambulance performance data, formal certifications of those reviews, and submission of summaries to the Maryland Institute for Emergency Medical Services Systems (MIEMSS). The bill also requires each county to establish and maintain a formal complaint system with detailed requirements for tracking, investigation timelines, notifications, and quarterly reporting. These mandates would require new workflows, expanded recordkeeping, and ongoing reporting deadlines for frontline professionals.

This bill also directs MIEMSS to coordinate the minimum equipment, supplies, and medications required on EMS vehicles statewide. Counties support consistent clinical expectations, but the bill's broader administrative mandates remain the primary concern for local EMS systems.

Counties support accountability and continuous improvement in EMS. SB 159 aims to advance that goal, but the bill risks creating unintended consequences by diverting limited staff time from day-to-day operations and frontline response. For these reasons, MACo urges an **UNFAVORABLE** report on SB 159.

Letter of Opposition for SB0159.pdf

Uploaded by: Mike McKay

Position: UNF

MIKE MCKAY
Legislative District 1
Garrett, Allegany, and Washington Counties



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Judicial Proceedings Committee
Executive Nominations Committee

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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Joint Committees
Administrative, Executive,
and Legislative Review
Children, Youth, and Families
Program Open Space and Agricultural
Land Preservation

Williamsport Office
2N Conococheque Street
Williamsport Town Hall
Williamsport, Maryland

February 10, 2026

RE: Fire/EMS Coalition Opposition to SB0159

Dear Chair Feldman, Vice Chair Kagan, and Members of the Committee,

The Fire/EMS Coalition would like to express their opposition to Senate Bill 159: **Emergency Medical Services - Vehicles and Ambulances - Required Supplies, Reviews, and Complaints**. This bill will require the Executive Director of the Maryland Institute for Emergency Medical Services Systems to coordinate the minimum equipment, supplies, and medications to be available on emergency medical services vehicles; will require each county and municipality that operates or contracts emergency medical services to conduct quarterly reviews of ambulance performance data; and will require each county to establish and maintain a formal complaint filing system regarding ambulance quality, conduct, or compliance.

The Fire/EMS Coalition opposes Senate Bill 159.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mike McKay".

Senator Mike McKay
Representing the Appalachia Region of Maryland
Serving Garrett, Allegany, and Washington Counties

Voting Organizations:

Maryland Fire Chief's Association (MFCA)
Maryland State Firefighter's Association (MSFA)
State Fire Marshal (OSFM)
Maryland Fire Rescue Institute (MFRI)
Maryland Institute for Emergency Medical Services System (MIEMMS)
Metro Fire Chief's Association
Professional Firefighters of Maryland

Our Mission Statement

The Maryland Fire/EMS Coalition unites Republicans and Democrats in support of fire/emergency services legislation that benefit all first responders. Becoming a member does not require taking positions on legislation; rather Coalition members are asked to offer support in a way that best benefits fire/emergency services in their respective Legislative Districts.

SB0159-EEE-OPP .pdf

Uploaded by: Nina Themelis

Position: UNF



BRANDON M. SCOTT
MAYOR

*Office of Government
Relations 88 State Circle
Annapolis, Maryland 21401*

SB0159

February 18, 2026

TO: Members of the Senate Education, Energy, and the Environment
FROM: Nina Themelis, Director of Mayor's Office of Government Relations
RE: SB 0159 -Emergency Medical Services - Vehicles and Ambulances -
Required Supplies, Reviews, and Complaints

POSITION: OPPOSE

Chair Feldman, Vice Chair Kagan and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **opposes** Senate Bill (SB) 159.

SB 159 requires the Maryland Institute for Emergency Medical Services Systems (MIEMSS) to coordinate statewide minimum equipment, supply, and medication requirements for Emergency Medical Services (EMS) vehicles. The bill also mandates that counties and municipalities operating or contracting EMS conduct quarterly reviews of ambulance performance data, certify and submit those reviews to MIEMSS, and establish a formal, accessible complaint filing and investigation system for ambulance services.

SB 159 would have a significant fiscal and administrative impact on the Baltimore City Fire Department (BCFD) due to an increase in operating costs due to a potential increase in EMS equipment and supplies, increased personnel expenses for quarterly ambulance performance reviews, and increased personnel expenses due to the requirements of the formal EMS complaint filing system as outlined below.

The BCFD responds to more than 160,000 EMS calls annually, operating thirty frontline transport units and ten peak-load units. Any statewide mandate that alters equipment, supply, or medication requirements would require review and modification of each vehicle's inventory, retraining of personnel, and potential procurement of new equipment across the fleet. Even modest changes per unit could result in aggregate costs in the hundreds of thousands

of dollars annually.

Additionally, MIEMSS already has established statewide clinical protocols, licensure requirements, and quality assurance standards for EMS providers. BCFD operates in full compliance with MIEMSS regulations and participates in ongoing clinical review and quality improvement processes. SB 159 creates duplicative oversight structures that may conflict with or unnecessarily layer additional reporting on top of existing regulatory frameworks.

Given Baltimore City's high-acuity call volume and dense urban response environment, administrative expansion required under SB 159 would necessitate reallocation of supervisory personnel away from the field operation and frontline EMS response. In a system already operating under workforce shortages and high demand, diverting trained EMS officers to administrative compliance functions will adversely impact response times and field supervision.

Additionally, EMS systems vary significantly across Maryland based on call volume, geography, hospital access, and operational models. SB 159 imposes a uniform statewide administrative model that may not reflect the operational realities of high-volume urban jurisdictions such as Baltimore City. Local governments are best positioned to tailor performance review and complaint resolution processes to their communities.

In addition to the concerns outlined above, SB 159 imposes new compliance and reporting mandates without a dedicated State funding mechanism.

The BCA supports the goal of accountability and providing a standard level of care for all who receive care through EMS, however, the requirements set forth by SB 159 are significant and would take significant financial and personnel resources to implement. While the legislation aims to advance that goal, it risks creating unintended consequences by diverting limited staff time from day-to-day operations and frontline response and duplicating existing protocols and requirements.

Due to the above reasons, the Baltimore City Administration respectfully requests an **unfavorable** committee report on Senate Bill 159.

SB159_UNFAV_HCGCassilly.pdf

Uploaded by: Robert Cassilly

Position: UNF

ROBERT G. CASSILLY
Harford County Executive



ROBERT S. McCORD
Director of Administration

February 13, 2026

The Honorable Brian Feldman
Chair, Senate Education, Energy, and the Environment Committee
2 West Miller Senate Office Building
Annapolis, Maryland 21401

RE: Opposition to Senate Bill 159 – Emergency Medical Services – Vehicles and Ambulances – Required Supplies, Reviews, and Complaints

Dear Chair and Members of the Committee:

I write on behalf of the citizens of Harford County to respectfully express opposition to Senate Bill 159.

Harford County is fully committed to maintaining high-quality emergency medical services and ensuring that residents receive timely, professional, and effective emergency care. Our county works closely with career and volunteer EMS partners to continually evaluate performance, improve outcomes, and respond to community needs. While the intent of SB 159 is understandable, the legislation creates new state-mandated operational requirements that impose additional administrative and financial burdens on local governments without providing corresponding funding or flexibility.

SB 159 establishes mandatory statewide requirements for equipment standards, quarterly performance reviews, and formal complaint systems for EMS operations. Many counties already maintain robust oversight systems tailored to local operational models. Codifying prescriptive statewide mandates removes the ability of local jurisdictions to manage EMS services in a manner that best reflects local staffing structures, volunteer participation, and community needs.

The bill also creates a series of new compliance and reporting obligations that will require additional staff time, administrative tracking, and potentially new systems or processes. These operational requirements represent an unfunded mandate at a time when counties are already facing increasing fiscal pressures and workforce challenges, particularly in

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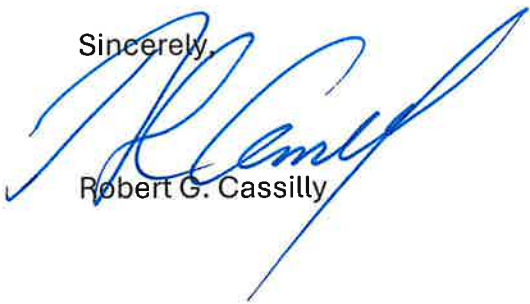
The Honorable Brian Feldman
February 13, 2026
Page 2

emergency services. Any new state requirements that increase costs should be accompanied by meaningful state funding or grant support to avoid shifting financial burdens directly onto local taxpayers.

Local elected officials and emergency service leaders are best positioned to evaluate performance and implement improvements based on local data, geography, and operational realities. A one-size-fits-all statewide approach risks duplicating existing oversight efforts while adding layers of bureaucracy that may not improve service delivery.

For these reasons, I respectfully urge an unfavorable report on Senate Bill 159.

Sincerely,

A handwritten signature in blue ink, appearing to read "R. Cassilly", is written over the typed name. The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Robert G. Cassilly

SB 159 - MIEMSS Letter of Information.pdf

Uploaded by: Theodore Delbridge

Position: INFO



State of Maryland
Maryland Institute for Emergency Medical Services Systems

Wes W. Moore
Governor

Clay B. Stamp
Chairman EMS Board

Theodore R. Delbridge, MD, MPH
Executive Director

February 16, 2026

The Honorable Brian J. Feldman
Chair, Education, Energy, and the Environment Committee
2 West Miller Senate Office Building
Annapolis, MD 21401

Re: SB 159 – Emergency Medical Services – Vehicles and Ambulances – Required Supplies, Reviews, and Complaints

—LETTER OF INFORMATION—

Dear Chair Feldman and Members of the Senate Education, Energy, and the Environment Committee:

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) respectfully submits this informational letter regarding Senate Bill 159, which would (1) require the Executive Director of MIEMSS to coordinate the minimum equipment, supplies, and medications to be available on emergency medical service vehicles; (2) require each county and municipality that operates or contracts emergency medical services (EMS) to conduct quarterly reviews of certain ambulance performance data furnished by MIEMSS and to certify completion of each review; and (3) require each county to establish and maintain a formal complaint filing system regarding ambulance quality, conduct, or compliance.

As you consider this legislation, please take into account the following:

- MIEMSS has designated Jurisdictional EMS Operational Programs (JEMSOPs) in each county, Baltimore City, Annapolis, Ocean City, and Salisbury that are responsible for providing care to 9-1-1 emergency patients. COMAR 30.03.02 et seq. They are typically fire-rescue departments or county departments of emergency services. Certain other entities, e.g., BWI Thurgood Marshall Airport Fire & Rescue Department, with responsibilities to respond within discrete geographic areas, are also designated as JEMSOPs.
- Throughout Maryland, all EMS response to a 9-1-1 call is provided as part of a JEMSOP.
- MIEMSS re-designates JEMSOPs on a five-year cycle.
- Currently, the minimum equipment, supplies, and medications available on emergency medical services vehicles, including equipment, supplies, and medication needed for neonatal care, are incorporated by reference in the *Maryland Medical Protocols for Emergency Medical Services*, which are updated by MIEMSS on an annual basis. Further, timely review and approval of medical equipment used by JEMSOPs to implement the protocols is the responsibility of its medical director.
- Many JEMSOPs participate in the Voluntary Ambulance Inspection Program (VAIP), which provides opportunities for objective verification of appropriate equipment and supply availability on Maryland ambulances.
- Each JEMSOP is required to have a quality assurance plan that includes, in part, tracking relevant data and designating a quality assurance officer who investigates and tracks customer complaints and sentinel events. The mandated quality assurance program includes reporting to MIEMSS to track significant variations or care concerns. COMAR 30.03.04 et seq.

- Each JEMSOP regularly participates in bi-monthly Jurisdictional Advisory Committee meetings, where EMS quality metrics are routinely shared and discussed.
- Should this bill become law, MIEMSS anticipates that the agency will need to hire an Administrator III (FTE) position to fulfill the requirements specified under § 13-519 (B) on pages 3–4. Such a position is currently unfunded.

I hope that this information is helpful to your committee as you consider this legislation. Please contact me if you have any questions or would like any additional information.

Sincerely,



Theodore R. Delbridge, MD, MPH
Executive Director