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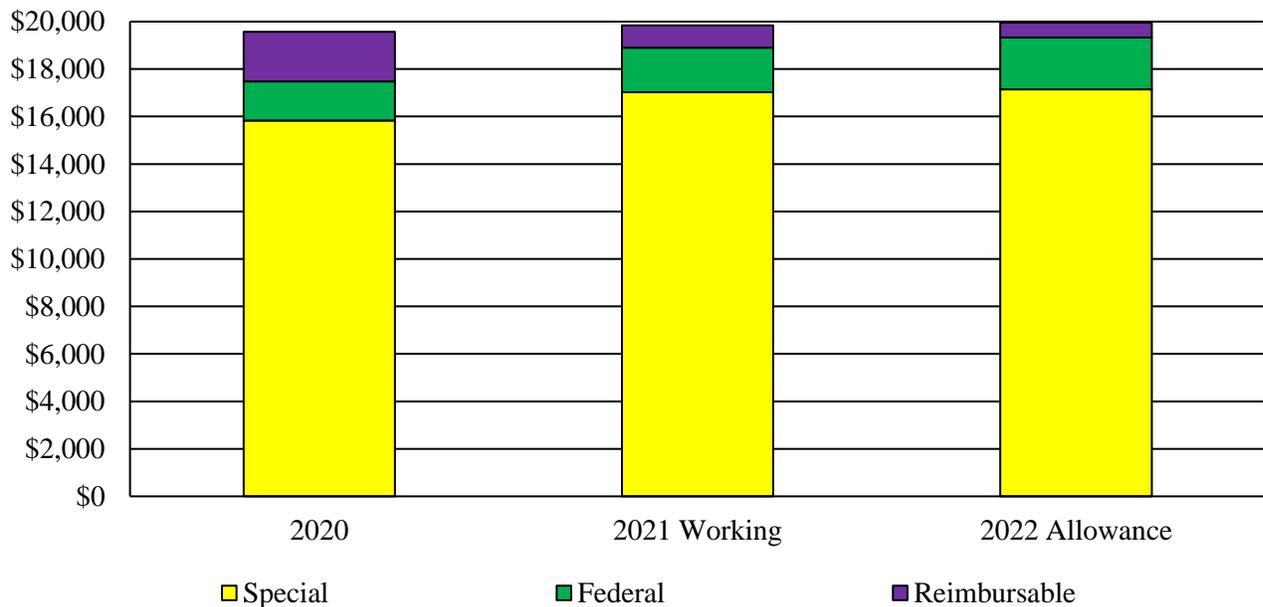
Maryland Institute for Emergency Medical Services Systems

Program Description

The Maryland Institute for Emergency Medical Service Systems (MIEMSS) is an independent agency that oversees and coordinates all components of the statewide emergency medical services (EMS) system.

Operating Budget Summary

Fiscal 2022 Budget Increases \$118,448, or 0.6%, to \$20.0 Million (\$ in Thousands)



Note: The fiscal 2021 appropriation includes deficiencies, planned reversions, and general salary increases. The fiscal 2022 allowance includes contingent reductions, annual salary reviews, and annualization of general salary increases.

MIEMSS' budget is predominately comprised of special funds from the Maryland Emergency Medical System Operations Fund (\$16.4 million, or 82%). The next largest share of funding for MIEMSS is \$2.2 million in federal funds to administer two federal programs; the largest provides the National Capital region with mass casualty incident response and preparedness capabilities. The other is focused on EMS response for children. Reimbursable funds come from the Military Department, the State Highway Administration, and the Maryland Department of Health (MDH) and decreased by \$311,917 in fiscal 2022.

Fiscal 2020

MIEMSS played a meaningful role in Maryland’s response to COVID-19 and received fiscal 2020 funding to support ambulance strike teams. These ambulance units were used to transport patients from congregate care facilities. MIEMSS used \$691,716 of reimbursable funds from the Coronavirus Aid, Relief, and Economic Security Act to support these ambulance teams. In addition to the ambulance component of the Governor’s nursing home “strike teams,” MIEMSS worked to prepare EMS providers across the State in how to provide care during the pandemic. MIEMSS was also responsible for the provision of personal protective equipment to local EMS providers, assisted in the statewide collection of COVID-19 data, and coordinated COVID-19 testing for first responders. MIEMSS was also able to provide guidance and updates on COVID-19 to EMS providers through trainings, webinars, and newsletters distributed throughout the EMS community. MIEMSS employees also received temporary salary enhancements in fiscal 2020 for COVID-19 response, totaling \$108,736 in reimbursable funds.

Fiscal 2021

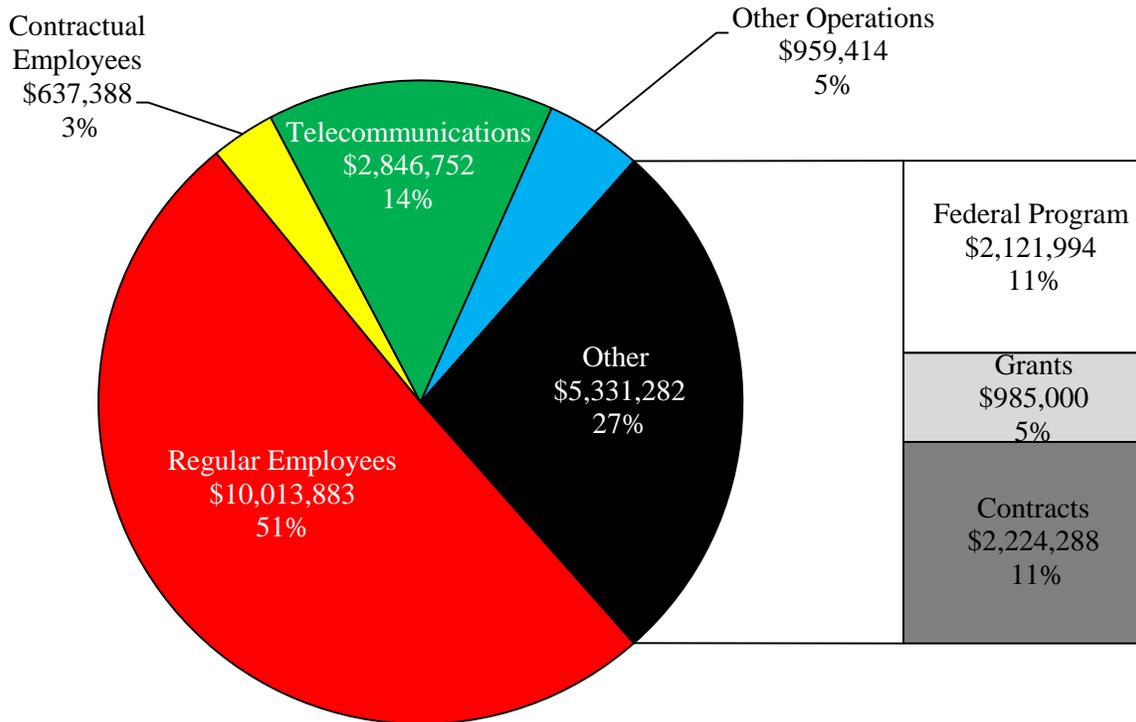
July 1, 2020 Board of Public Works Reductions

At the July 1, 2020 meeting, the Governor proposed, and the Board of Public Works (BPW) approved, reductions to unemployment insurance across State government. This resulted in a \$23,799 reduction in fiscal 2021: \$20,462 of which in special funds; the remaining \$3,337 in federal funds.

Fiscal 2022 Overview of Agency Spending

As shown in **Exhibit 1**, the largest share of MIEMSS’ budget is regular employees, making up over half of the fiscal 2022 allowance. Another significant portion is telecommunications expenditures needed to coordinate the statewide EMS system of over 30,000 licensed EMS providers. MIEMSS also receives funding for two federal response programs that total over \$2.1 million, the overwhelming majority of which is from the U.S. Department of Homeland Security for the Maryland Emergency Response System that, along with local jurisdictions, provides the National Capital region with mass casualty incident response and preparedness capabilities.

**Exhibit 1
Overview of Agency Spending
Fiscal 2022 Allowance
(\$ in Thousands)**



Note: The fiscal 2022 allowance includes contingent reductions, annual salary reviews, and annualization of general salary increases.

Source: Governor’s Fiscal 2022 Budget Books

Proposed Budget Change

As shown in **Exhibit 2**, nearly the entirety of the increase in MIEMSS budget for fiscal 2022 can be accounted for by personnel expenses, totaling \$112,176 of the \$118,448 increase.

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

How Much It Grows:	<u>Special</u>	<u>Federal</u>	<u>Reimb.</u>	<u>Total</u>
	<u>Fund</u>	<u>Fund</u>	<u>Fund</u>	
Fiscal 2020 Actual	\$15,829	\$1,649	\$2,100	\$19,578
Fiscal 2021 Working Appropriation	17,031	1,869	947	19,847
Fiscal 2022 Allowance	<u>17,143</u>	<u>2,184</u>	<u>638</u>	<u>19,965</u>
Fiscal 2021-2022 Amount Change	\$113	\$315	-\$309	\$118
Fiscal 2021-2022 Percent Change	0.7%	16.8%	-32.7%	0.6%

Where It Goes:	<u>Change</u>
Personnel Expenses	
Annualization of fiscal 2021 general salary increase.....	\$89
Employee and retiree health insurance	48
Accrued leave payout.....	10
Annual salary review for fiscal services positions.....	5
Decrease in regular employee compensation.....	-40
Other Changes	
Increase in federal support for the MDERS program for National Capital region emergency response	315
Increase in reimbursable funds from the Office of Preparedness and Response for the first year of data maintenance funding for the ESSENCE program.....	87
Increase in other telecommunications expenditures for MIEMSS operations.....	55
Decrease in building maintenance expenses paid to UMB	-21
Decrease in grants to local EMS providers from Military Department: \$180,000 reduction for Naloxone administration program budgeted to prior levels; and \$250,000 reduction in SHSGP money passed through MIEMSS from MEMA to local jurisdictions.....	-430
Other operating expenditures.....	1
Total	\$118

EMS: emergency medical services
 ESSENCE: Electronic Surveillance System for the Early Notification of Community-based Epidemics
 MDERS: Maryland Emergency Response System
 MEMA: Maryland Emergency Management Agency
 MIEMSS: Maryland Institute for Emergency Medical Services Systems
 SHSGP: State Homeland Security Grant Program
 UMB: University of Maryland, Baltimore Campus

Note: Numbers may not sum to total due to rounding.

Changes in Grants and Programs Managed by MIEMSS

While the budgetary impact of nonpersonnel expenditures only net to a \$6,312 increase, the changes ultimately represent a meaningful shift in resources and funding passing through MIEMSS.

As shown previously, the largest reduction, totaling \$430,000, came from the Military Department. One component was support from the Opioid Operational Command Center for EMS providers, which was reduced from \$380,000 in fiscal 2021 to the traditional level of \$200,000 in fiscal 2022. The fiscal 2021 allowance included the \$180,000 in additional support for research of best practices for EMS providers in response to the opioid crisis. The fiscal 2022 funding only represents the amount to be granted to the jurisdictions for Naloxone administration. The remaining \$250,000 reduction from the Military Department represents State Homeland Security Grant Program (SHSGP) funds from the Maryland Emergency Management Agency (MEMA). In prior budgets, MIEMSS would pass along SHSGP funding to local EMS providers. This funding will now be distributed by MEMA directly to the local providers. If it is subsequently decided that MIEMSS is the better entity to distribute the payments, MIEMSS will seek a budget amendment for the spending authority.

This decrease is largely offset by MIEMSS receiving an increase of support from elsewhere. As previously mentioned, the funding for the emergency preparedness for the National Capital Region increases by \$314,672. The scope of this program and its funding is larger than what is represented in the State's budget, and the portion reflected in MIEMSS' budget represents amounts that the local jurisdictions in the National Capital Region (Montgomery and Prince George's counties) are unable to receive directly from the federal government. The amount able to be received directly by the local governments varies annually, which results in the share budgeted within MIEMMS varying accordingly. Additionally, in fiscal 2022, MIEMSS will receive \$86,512 more from the Office of Preparedness and Response. This funding increase represents the first year of five years of maintenance funding for EMS data to be used in the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) grant. This funding and the ESSENCE program will allow MDH to use EMS data for the early identification of emerging infectious disease outbreaks.

Personnel Data

	<u>FY 20</u> <u>Actual</u>	<u>FY 21</u> <u>Working</u>	<u>FY 22</u> <u>Allowance</u>	<u>FY 21-22</u> <u>Change</u>
Regular Positions	94.00	94.00	94.00	0.00
Contractual FTEs	<u>16.47</u>	<u>18.66</u>	<u>19.32</u>	<u>0.66</u>
Total Personnel	110.47	112.66	113.32	0.66

Vacancy Data: Regular Positions

Turnover and Necessary Vacancies, Excluding New Positions	5.45	5.80%
Positions and Percentage Vacant as of 12/31/20	11.00	11.70%
Vacancies Above Turnover	5.55	

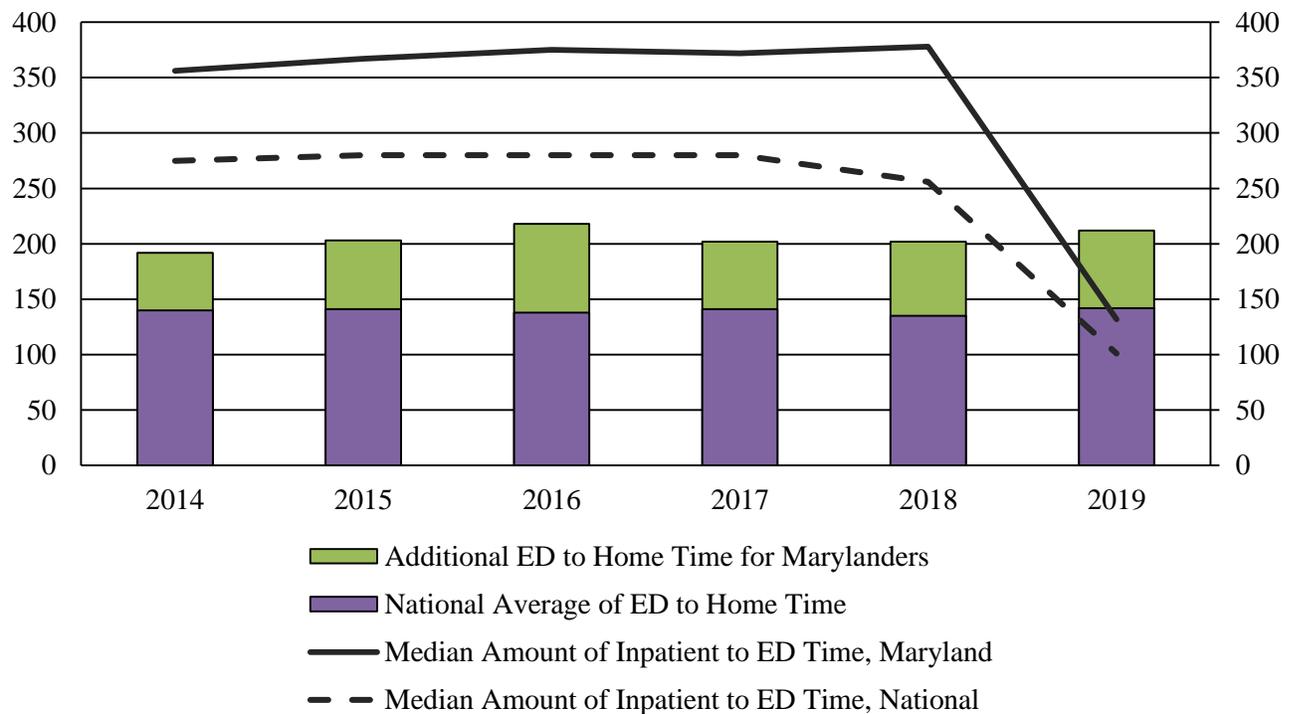
- The increase in contractual employees for MIEMSS is largely attributed to 1 new building security contractual worker. This increase is offset slightly by a modest reduction in the part-time ambulance inspector workforce.

Key Observations

1. Measures of Timely and Effective Care

One common concern reviewed in the MIEMSS budget is the overcrowding of Maryland’s emergency departments (ED). This is reflected and measured through the Centers for Medicare and Medicaid Services’ data collected on timely and effective care. These measures reflect the amount of time a patient spends waiting in the ED to be admitted as an inpatient or to be discharged home. As shown in **Exhibit 3**, while Maryland is still above the national average in both measures, the wait time for individuals to be admitted as inpatients did decrease in calendar 2019.

Exhibit 3
Emergency Department Wait Times
Calendar 2014-2019
(Average Time in Minutes Waited)



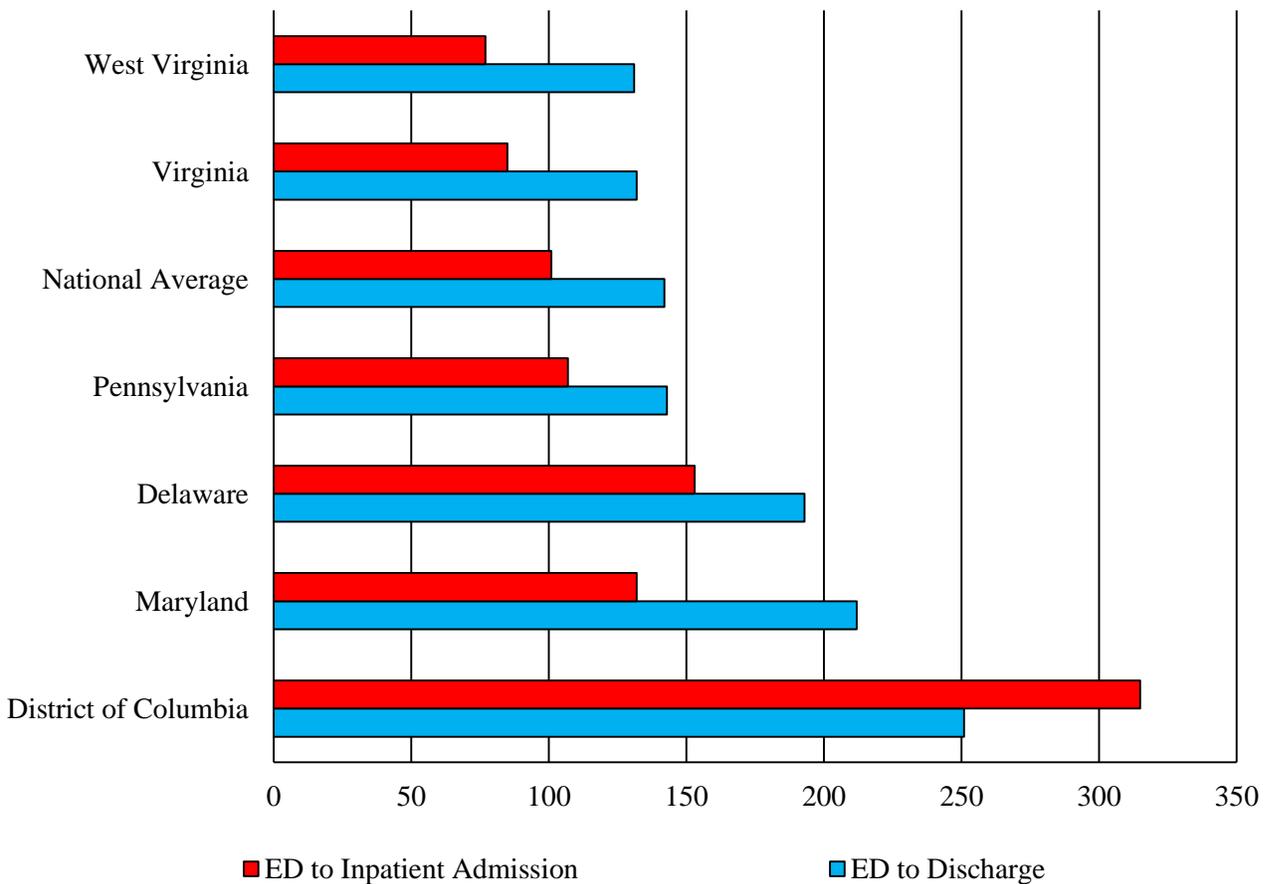
ED: emergency department

Source: Centers for Medicare and Medicaid Services

In total, Marylanders waited about 30 minutes longer than the national average to be admitted as inpatients. However, the amount of time it took to be discharged increased further from the national average. Marylanders spent an hour more than the national average waiting to be discharged home in calendar 2018, and this difference increased by 10 minutes in calendar 2019.

With the improvements in wait times made to inpatient admissions, Maryland is performing better than two neighboring jurisdictions, the District of Columbia and Delaware, in this measure. However, as shown in **Exhibit 4**, only the District of Columbia has longer wait times for patients to be discharged home.

Exhibit 4
Maryland Emergency Department Wait Time Comparison
Calendar 2019
(Average Minutes)



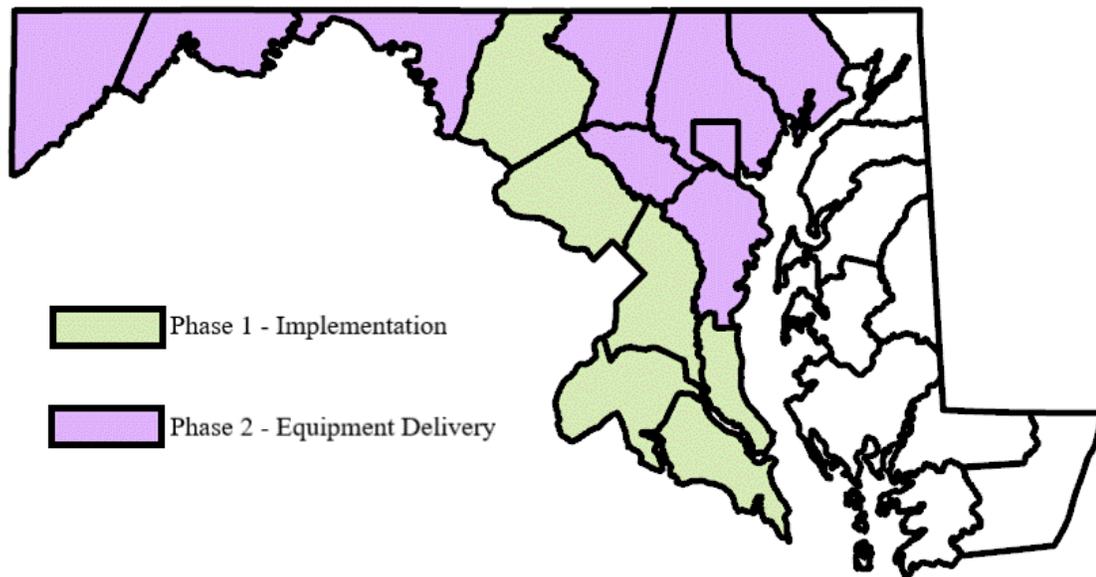
ED: emergency department

Source: Centers for Medicare and Medicaid Services

2. Implementation of Statewide Emergency Management Communication System Upgrade

At its May 2018 meeting, BPW approved the contract for a four-year, \$15.75 million upgrade to the statewide communications system from a legacy analog system to an Internet Protocol-based system. MIEMSS reports that the project has entered the implementation stage for the jurisdictions in the first phase of the project, although COVID-19 has delayed the project by an estimated two months with infection restrictions in place at hospital facilities, limiting some equipment installation. The counties currently undergoing this first implementation phase are shown in the map in **Exhibit 5**.

Exhibit 5
MIEMSS Communications Systems Upgrade Rollout



MIEMSS: Maryland Institute for Emergency Medical Services Systems

Source: Maryland Institute for Emergency Medical Services Systems

MIEMSS has also begun to deliver equipment for the second phase of the project, as also shown in Exhibit 5. This requires MIEMSS to conduct site walks of the hospital and tower locations involved to confirm prior measurements of equipment space and cable and power locations. Following the equipment delivery phase, these counties will be the next to begin implementation of the new communications system. MIEMSS anticipates that this new communications system to be completed statewide by the end of fiscal 2023 and is expected to contribute \$925,000 from its operating budget for project completion in fiscal 2022 and 2023. Following project completion, MIEMSS anticipates funding to continue at current levels for upkeep and maintenance of the new system.

Operating Budget Recommended Actions

1. Concur with Governor's allowance.

Appendix 1
Statewide Emergency Management Communication System Upgrade
Major Information Technology Project
Maryland Institute for Emergency Medical Services Systems

New/Ongoing: Ongoing					
Start Date: March 2018			Est. Completion Date: Fiscal 2023		
Implementation Strategy: Waterfall					
(\$ in Millions)	Prior Year	2021	2022	2023	Total
SF	\$12.975	\$0.925	\$0.925	\$0.925	\$15.74
Total	\$12.975	\$0.925	\$0.925	\$0.925	\$15.74

- **Project Summary:** Upgrade statewide communications system from a circuit-switched, analog system operating with nonsupported legacy equipment to a modern, Internet Protocol-based communications system.
- **Need:** The existing Systems Communication is over 20 years old and is based on technologies from the 1980s, which has resulted in the Maryland Institute for Emergency Medical Services (MIEMSS) being advised that only limited aspects of the system will be supported due to age. Other aspects of the current system are based on copper wires that have also been retired, making those aspects unavailable.
- **Observations and Milestones:** The project is nearing the end of the first phase of implementation in Southern Maryland and the National Capital region. MIEMSS is beginning equipment delivery for the jurisdictions in the second phase of installation – the Baltimore metropolitan area and Western Maryland.
- **Funding:** MIEMSS reports that the major information technology component of project funding ended in fiscal 2019. Since then, MIEMSS has been funding the ongoing expansion, implementation, and maintenance of the project through operating expenditures, shown as \$925,000 annually. This amount over fiscal 2020 to 2023 sum to the amount shown in fiscal 2023 as needed for project completion by the Department of Information Technology (DoIT).
- **Other Comments:** DoIT oversight is budgeted for fiscal 2022, which represents the first general funds used to support this project.

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

<u>Object/Fund</u>	<u>FY 20</u> <u>Actual</u>	<u>FY 21</u> <u>Working</u> <u>Appropriation</u>	<u>FY 22</u> <u>Allowance</u>	<u>FY 21 - FY 22</u> <u>Amount Change</u>	<u>Percent</u> <u>Change</u>
Positions					
01 Regular	94.00	94.00	94.00	0.00	0%
02 Contractual	39.09	18.66	19.32	0.66	3.5%
Total Positions	133.09	112.66	113.32	0.66	0.6%
Objects					
01 Salaries and Wages	\$ 9,756,186	\$ 9,996,098	\$ 10,013,883	\$ 17,785	0.2%
02 Technical and Special Fees	1,691,411	1,756,809	1,797,108	40,299	2.3%
03 Communication	2,428,239	2,797,723	2,862,752	65,029	2.3%
04 Travel	358,602	683,945	744,210	60,265	8.8%
06 Fuel and Utilities	121,571	138,072	131,186	-6,886	-5.0%
07 Motor Vehicles	241,662	250,016	252,616	2,600	1.0%
08 Contractual Services	3,046,413	2,344,252	2,480,788	136,536	5.8%
09 Supplies and Materials	351,748	107,828	114,097	6,269	5.8%
10 Equipment – Replacement	140,528	70,500	172,541	102,041	144.7%
11 Equipment – Additional	17,615	20,350	40,598	20,248	99.5%
12 Grants, Subsidies, and Contributions	1,242,491	1,415,000	985,000	-430,000	-30.4%
13 Fixed Charges	171,128	184,085	178,940	-5,145	-2.8%
14 Land and Structures	9,978	0	15,000	15,000	N/A
Total Objects	\$ 19,577,572	\$ 19,764,678	\$ 19,788,719	\$ 24,041	0.1%
Funds					
03 Special Fund	\$ 15,828,876	\$ 16,948,181	\$ 16,969,235	\$ 21,054	0.1%
05 Federal Fund	1,649,093	1,869,232	2,184,136	314,904	16.8%
09 Reimbursable Fund	2,099,603	947,265	635,348	-311,917	-32.9%
Total Funds	\$ 19,577,572	\$ 19,764,678	\$ 19,788,719	\$ 24,041	0.1%

Note: The fiscal 2021 appropriation does not include deficiencies, targeted reversions, general salary increases, or across-the-board reductions. The fiscal 2022 allowance does not include contingent reductions or annualized general salary increases.