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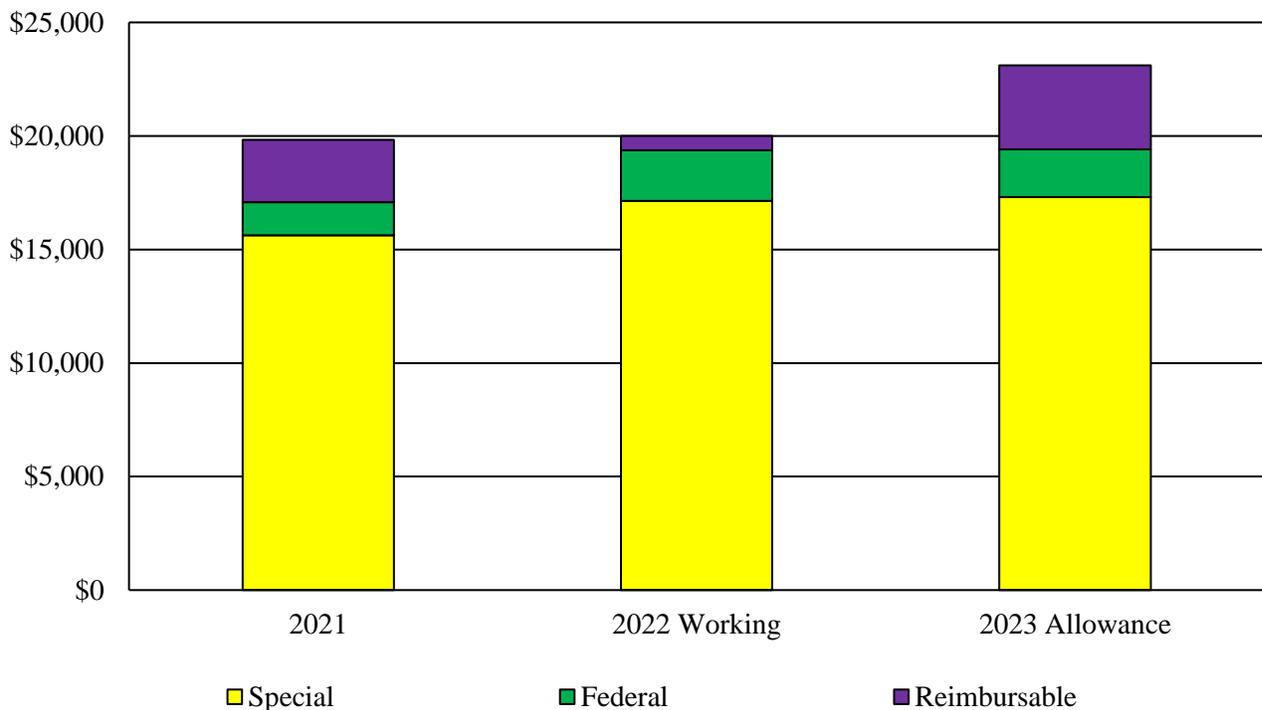
Maryland Institute for Emergency Medical Services Systems

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 2023 Budget Increases \$3.1 Million, or 15.5%, to \$23.1 Million



Note: The fiscal 2022 working appropriation includes deficiency appropriations. The fiscal 2022 working appropriation and fiscal 2023 allowance do not reflect funding for statewide personnel actions budgeted in the Department of Budget and Management, which include cost-of-living adjustments, increments, bonuses, and may include annual salary review adjustments.

- The increase in the fiscal 2023 allowance for MIEMSS can be nearly entirely attributed to reimbursable funds derived from the Maryland Department of Health (MDH) Office of Preparedness and Response. This funding supports the continuation of the Critical Care Coordination Center (C4) and the emergency medical technician (EMT) education stipend.

Fiscal 2022

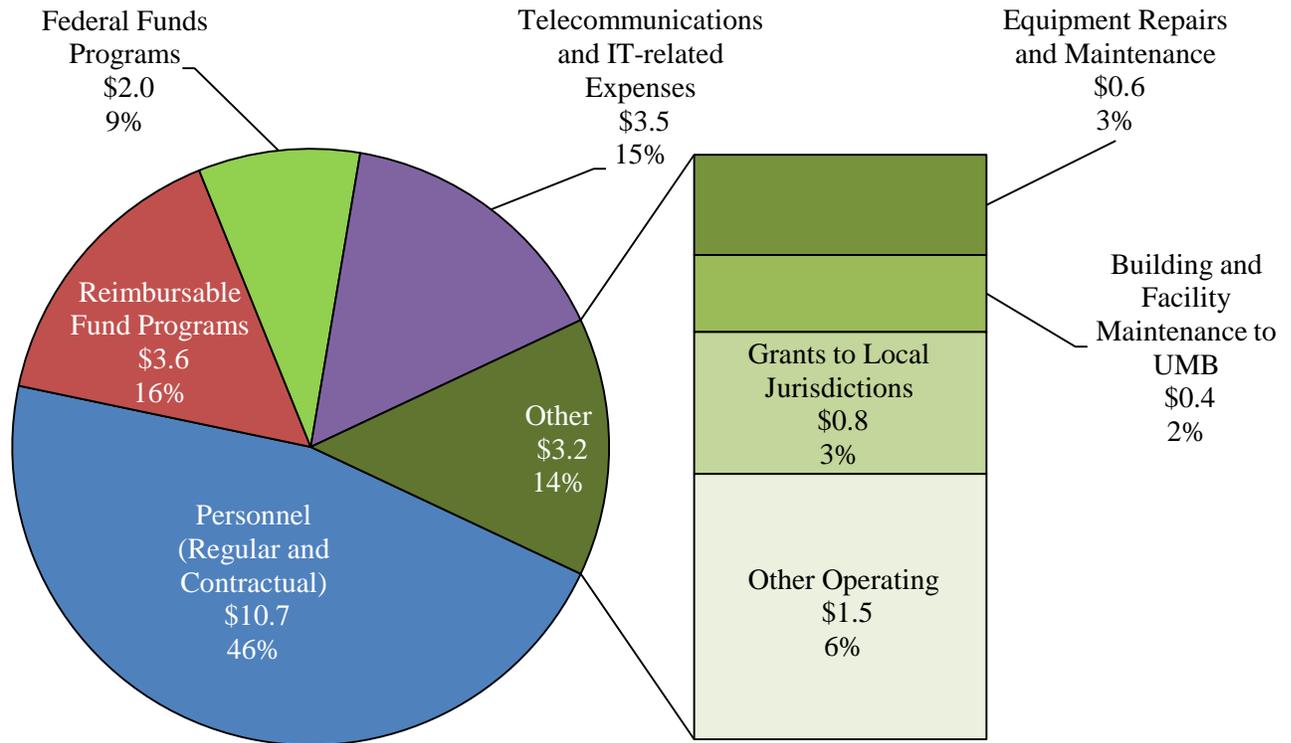
Proposed Deficiency

The Governor's fiscal 2023 allowance includes one proposed federal fund deficiency for MIEMSS of \$42,585 from the Metropolitan Medical Response System. These funds will be used for 1 new position to support the State's designated health information exchange, Chesapeake Regional Information System for our Patients (CRISP).

Fiscal 2023 Overview of Agency Spending

The fiscal 2023 allowance of MIEMSS totals \$23.1 million. As shown in **Exhibit 1**, the largest share (approximately 46%) of MIEMSS' fiscal 2023 allowance supports personnel, including 95 regular employees and 36.62 contractual full-time equivalents (FTE). Another significant portion of MIEMSS' fiscal 2023 allowance (15%) is for telecommunications expenditures needed to coordinate the statewide EMS system of over 22,000 licensed EMS providers. MIEMSS also receives funding for two federal response programs that total \$2.0 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 2023 Allowance
(\$ in Millions)**



IT: information technology
 UMB: University of Maryland, Baltimore Campus

Note: The fiscal 2023 allowance does not reflect funding for statewide personnel actions budgeted in the Department of Budget and Management, which include cost-of-living adjustments, increments, bonuses, and may include annual salary review adjustments.

Source: Governor’s Fiscal 2023 Budget Books

Exhibit 1 also identifies funding related to the reimbursable-fund-supported programs operated by MIEMSS. MIEMSS receives reimbursable funds from various State agencies, the largest portion of which are from MDH’s Office of Preparedness and Response. The underlying funds are federal funds. These funds support MIEMSS’s C4 and EMT education stipend, which are discussed in greater depth in Key Observation 1.

Proposed Budget Change

The fiscal 2023 allowance of MIEMSS increases by \$3.1 million, attributed largely to the MIEMSS’s reimbursable funds. MIEMSS has advised that it is expecting a similar level of funding to be brought in by budget amendment in during fiscal 2022, which would largely offset the increase currently reflected in **Exhibit 2**.

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

How Much It Grows:	Special Fund	Federal Fund	Reimb. Fund	Total
Fiscal 2021 Actual	\$15,625	\$1,465	\$2,741	\$19,830
Fiscal 2022 Working Appropriation	17,141	2,227	638	20,005
Fiscal 2023 Allowance	<u>17,311</u>	<u>2,103</u>	<u>3,694</u>	<u>23,108</u>
Fiscal 2022-2023 Amount Change	\$170	-\$124	\$3,056	\$3,103
Fiscal 2022-2023 Percent Change	1.0%	-5.5%	479.1%	15.5%

Where It Goes:	Change
Personnel Expenses	
Employee and retiree health insurance	\$113
Fiscal 2022 deficiency for new Chesapeake Regional Information System for our Patients support position, offset by costs continuing into fiscal 2023	23
Reclassification.....	20
Turnover adjustments	8
Employees’ retirement system.....	-29
Budgeted decreases in regular earnings.....	-117
Other personnel changes.....	-3
Other Changes	
Reimbursable funds from Maryland Department of Health, fiscal 2022 funding is currently understated pending an anticipated budget amendment	3,120
Decrease in other administrative expenses	-31
Total	\$3,103

Note: Numbers may not sum to total due to rounding. The fiscal 2022 working appropriation includes deficiency appropriations. The fiscal 2022 working appropriation and fiscal 2023 allowance do not reflect funding for statewide personnel actions budgeted in the Department of Budget and Management, which include cost-of-living adjustments, increments, bonuses, and may include annual salary review adjustments.

Personnel Data

	<u>FY 21</u> <u>Actual</u>	<u>FY 22</u> <u>Working</u>	<u>FY 23</u> <u>Allowance</u>	<u>FY 22-23</u> <u>Change</u>
Regular Positions	94.00	95.00	95.00	0.00
Contractual FTEs	<u>21.09</u>	<u>19.32</u>	<u>36.62</u>	<u>17.30</u>
Total Personnel	115.09	113.32	131.62	18.30

Vacancy Data: Regular Positions

Turnover and Necessary Vacancies, Excluding New Positions	5.46	5.81%
Positions and Percentage Vacant as of 12/31/21	12.00	12.77%
Vacancies Above Turnover	6.54	

- A proposed deficiency appropriation would add 1 position and associated salaries in MIEMSS for an additional support individual for CRISP. The funding and position continue in the fiscal 2023 allowance.
- C4 is driving the shown increase in contractual FTEs. This center is staffed 24/7 by 4 individuals at any given time, accounting for 16.84 of the contractual employee increases.
- Of the positions currently vacant, nearly half of them (5 of 12) are recent vacancies within the last three months.

Key Observations

1. MIEMSS Programs in Response to COVID-19 Pandemic

MIEMSS has been actively involved in the State’s COVID-19 response. In fiscal 2020 and 2021, MIEMSS received funding to support ambulances used as part of the nursing home “strike teams.” 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.

Another program within MIEMSS in response to the pandemic is C4. C4 was initiated by MIEMSS in December 2020 during the 2020-2021 winter surge of the COVID-19 pandemic and is staffed by an EMS clinician and a critical care medicine physician who monitor the availability of critical care resources throughout the State. C4 serves as a central coordinating group for critical resources throughout Maryland. This center is able to match patient needs with available resources elsewhere in the State and relay knowledge and information necessary to make those transfers. C4 is staffed 24/7 by the C4 coordinator position, with other EMT providers and physicians on call at all times as well to monitor the State’s availability of critical care resources.

Although this program originated during the pandemic, MIEMSS notes that, during the initial six-months of the program (December 1, 2020, to July 15, 2021), 70% of patients were unrelated to COVID-19, underscoring the need for this coordinating center even outside of pandemic surges, which drove MIEMSS to seek to continue the program through fiscal 2023. MIEMSS reports that this unit averaged 5 calls a day and nearly 1,100 calls during that six-month period from the initial launch.

MIEMSS anticipates submitting a reimbursable fund budget amendment for this purpose in fiscal 2022, and the fiscal 2023 allowance includes funding to continue this program. Further, the C4 program expanded capacity to pediatric patients in October 2021. MIEMSS reports interest in this expanded capability given that roughly 40% of Maryland hospitals do not have the capacity for pediatric inpatient care.

Recent Pandemic Response

With Governor Lawrence J. Hogan, Jr.’s recent emergency declaration on January 4, 2022, MIEMSS has continued to play a significant role in the State’s COVID-19 response. Specifically, Order Number 22-01-04-02 titled “Augmenting the Emergency Medical Services Workforce” allowed the State EMS board to take the following actions to assist in pandemic response:

- authorizing EMTs, cardiac rescue technicians, and paramedics to administer seasonal flu and COVID-19 vaccinations and boosters;

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- allowing tests for EMT candidates to occur before the completion of a field internship, where traditionally testing must occur after a completed internship;
- extending licenses and certifications, including the time period to complete requirements from provisional to full licensure;
- suspending certain requirements for reciprocal licensure, reinstatement or returning from inactive status for provisional certification and licensure; and
- allows registered clinical externs to provide care under the direct supervision of a Maryland licensed health professional.

All of these actions will be in effect for the length of the Governor’s emergency order and the related state of emergency and were made with the intended purpose of expanding the number of emergency medical professions and their ability to respond to the State’s public health needs.

The fiscal 2023 allowance also contains funding for an EMT education stipend as part of efforts to address the longer-term emergency medical workforce. The stipend will offer assistance for up to 500 students with a value up to \$2,000. Payments will be distributed in an escalating manner throughout the course of training with the goal of preventing the attrition rates of nearly 50% typically seen in these programs. Payment outlays under this new program are shown in **Exhibit 3**.

Exhibit 3
EMT Education Stipend Payments

<u>Stipend Amount</u>	<u>Training Milestone</u>
\$200	After successful completion of first assessment as part of an EMT curriculum.
300	After successful completion of first half of the EMT curriculum.
500	After successful completion of the EMT curriculum.
1,000	After passing the National Registry of Emergency Medical Technicians certification examination.

EMT: emergency medical technician

Source: Maryland Institute for Emergency Medical Services Systems

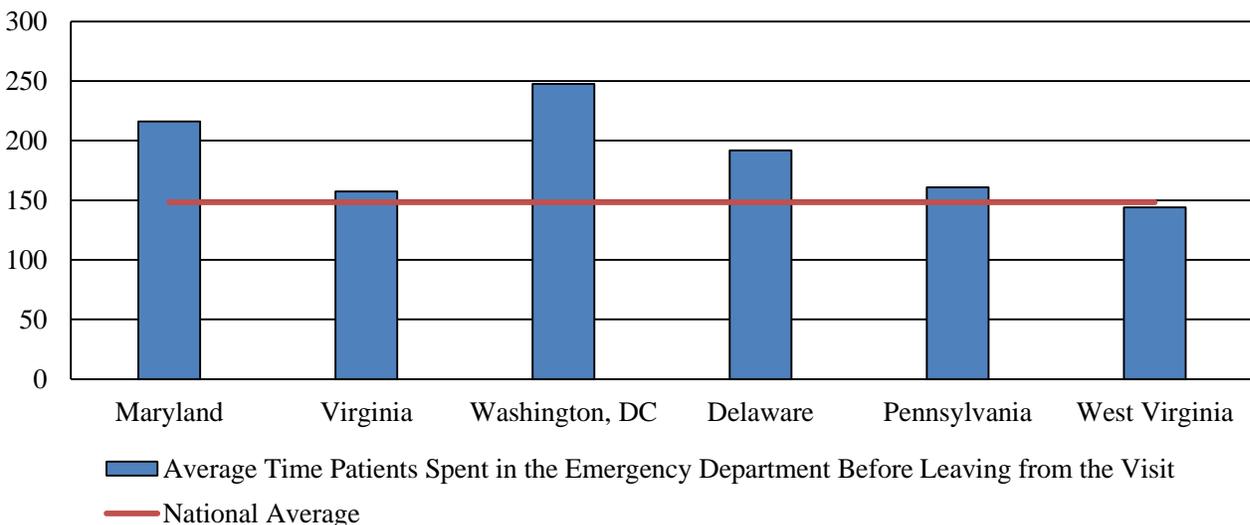
EMT programs traditionally take 180 course hours to complete, in addition to practical experience learning. Often times, individuals are enrolled in this coursework part-time, and it takes away from other work or home responsibilities. MIEMSS hopes that the availability of the stipend will

assist individuals with living expenses while enrolled in EMT courses and, therefore, improve the completion rate for prospective EMT students. **Given the efforts made by both the Governor and MIEMSS toward increasing EMTs in the State and the significant role that EMT providers have played to the State’s COVID-19 response, the Department of Legislative Services recommends adopting committee narrative to better understand the current EMT shortage and the impact of these short- and medium-term interventions to increase the EMS workforce.**

2. Measures of Emergency Department Wait Times Still Show Maryland Behind

Maryland has traditionally had one of the longer emergency department (ED) wait times in the nation. Data for calendar 2020 from the Centers for Medicare and Medicaid Services shows that, on average, Maryland in fact has the longest wait time of any state, with only Washington, DC and Puerto Rico having a higher average time patients spend in the ED before leaving. **Exhibit 4** compares Maryland to neighboring states; Washington, DC; and the national average. The median wait time for each Maryland ED during this period is shown in **Appendix 2**. As suggested by the State’s overall wait time average, only three hospitals in the State are below the national average (Atlantic General, Medstar Harbor Hospital, and Garrett County Medical Center).

Exhibit 4
Emergency Department Wait Times (in Minutes)
July 2020 to December 2020



Note: The Centers for Medicare and Medicaid Services did not collect data for first six months of 2020 due to COVID-19 pandemic.

Source: Centers for Medicare and Medicaid Services

Operating Budget Recommended Actions

1. Adopt the following narrative:

Emergency Medical Technician Shortages and Evaluation of Efforts to Address Shortages: Emergency medical technicians (EMTs) and other emergency health personnel have played a vital role in Maryland’s response to the COVID-19 pandemic. Recent actions by the Governor and new programs under the Maryland Institute for Emergency Medical Services Systems (MIEMSS) have attempted to expand the availability of EMT personnel in the State. The committees request that MIEMSS include in its annual report a discussion of the expanded work and role EMT personnel have played during the COVID-19 pandemic and any current statewide staffing shortages. Further, the committees request that the annual report should include, to the extent available, data and information on the effectiveness of the new EMT education stipend and regulatory action taken under the Governor’s executive order, including any increase the availability of providers resulting from these actions. The annual report should also include any other recommendations to address EMT staff shortages in Maryland.

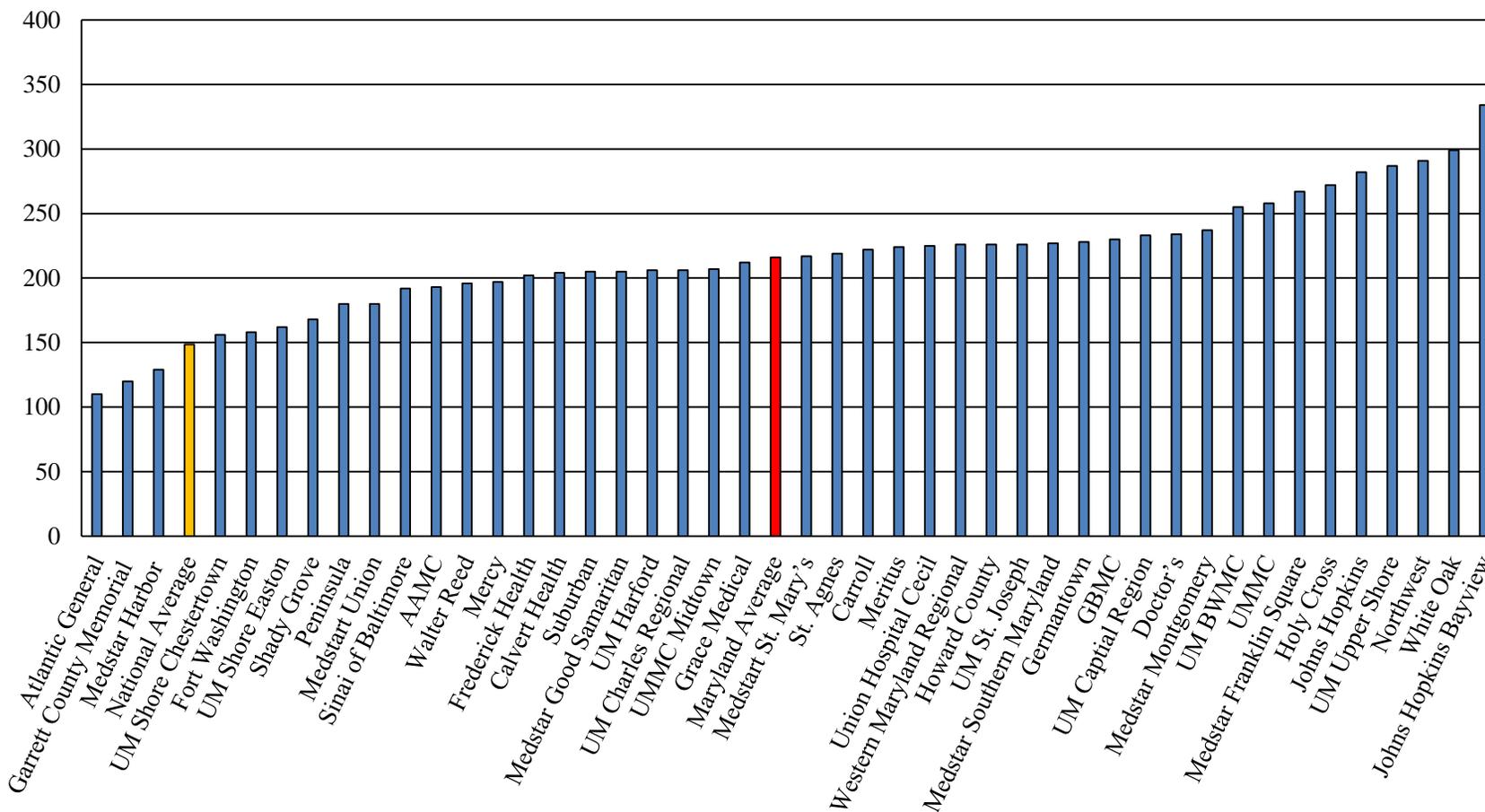
Information Request	Author	Due Date
Staffing shortages and effectiveness of EMT personnel interventions	MIEMSS	With completion of annual report

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

New/Ongoing: Ongoing								
Start Date: March 2018					Est. Completion Date: October 2023			
Implementation Strategy: Waterfall								
(\$ in Millions)	Prior Year	2022	2023	2024	2025	2026	Remainder	Total
GF	\$0.000	\$0.025	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.025
SF	12.050	0.000	0.000	0.000	0.000	0.000	0.000	12.050
Total	\$12.050	\$0.025	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$12.075

- **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 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:** Project nearing completion and only operating funds needed for completion of final stages. COVID-19 has delayed project somewhat, but MIEMSS reports project is still within budget.
- **Other Comments:** Department of Information Technology oversight was budgeted for fiscal 2022, which represents the first general funds used to support this project. In fiscal 2023, the system has moved into operation and maintenance and is no longer part of the Major Information Technology Development program.

Appendix 2 Average Hospital Wait Times (In Minutes)



AAMC: Anne Arundel Medical Center
 BWMC: Baltimore Washington Medical Center
 GBMC: Greater Baltimore Medical Center

UM: University of Maryland
 UMMC: University of Maryland Medical Center

Source: Centers for Medicare and Medicaid Services

Appendix 3
Object/Fund Difference Report
Maryland Institute for Emergency Medical Services Systems

<u>Object/Fund</u>	<u>FY 21</u> <u>Actual</u>	<u>FY 22</u> <u>Working</u> <u>Appropriation</u>	<u>FY 23</u> <u>Allowance</u>	<u>FY 22 - FY 23</u> <u>Amount Change</u>	<u>Percent</u> <u>Change</u>
Positions					
01 Regular	94.00	94.00	95.00	1.00	1.1%
02 Contractual	21.09	19.32	36.62	17.30	89.5%
Total Positions	115.09	113.32	131.62	18.30	16.1%
Objects					
01 Salaries and Wages	\$ 9,909,481	\$ 10,187,921	\$ 10,244,761	\$ 56,840	0.6%
02 Technical and Special Fees	2,449,113	1,797,108	4,169,466	2,372,358	132.0%
03 Communication	1,665,275	2,862,752	2,909,997	47,245	1.7%
04 Travel	304,744	744,210	741,059	-3,151	-0.4%
06 Fuel and Utilities	120,955	131,186	128,662	-2,524	-1.9%
07 Motor Vehicles	209,183	252,616	247,225	-5,391	-2.1%
08 Contractual Services	3,844,610	2,480,788	2,877,958	397,170	16.0%
09 Supplies and Materials	280,498	114,097	136,680	22,583	19.8%
10 Equipment – Replacement	95,467	172,541	212,621	40,080	23.2%
11 Equipment – Additional	13,693	40,598	32,500	-8,098	-19.9%
12 Grants, Subsidies, and Contributions	760,040	985,000	1,235,000	250,000	25.4%
13 Fixed Charges	177,421	178,940	172,570	-6,370	-3.6%
14 Land and Structures	0	15,000	0	-15,000	-100.0%
Total Objects	\$ 19,830,480	\$ 19,962,757	\$ 23,108,499	\$ 3,145,742	15.8%
Funds					
03 Special Fund	\$ 15,624,518	\$ 17,140,700	\$ 17,310,986	\$ 170,286	1.0%
05 Federal Fund	1,464,535	2,184,136	2,103,220	-80,916	-3.7%
09 Reimbursable Fund	2,741,427	637,921	3,694,293	3,056,372	479.1%
Total Funds	\$ 19,830,480	\$ 19,962,757	\$ 23,108,499	\$ 3,145,742	15.8%

Note: The fiscal 2022 working appropriation includes deficiency appropriations. The fiscal 2022 working appropriation and fiscal 2023 allowance do not reflect funding for statewide personnel actions budgeted in the Department of Budget and Management, which include cost-of-living adjustments, increments, bonuses, and may include annual salary review adjustments.