

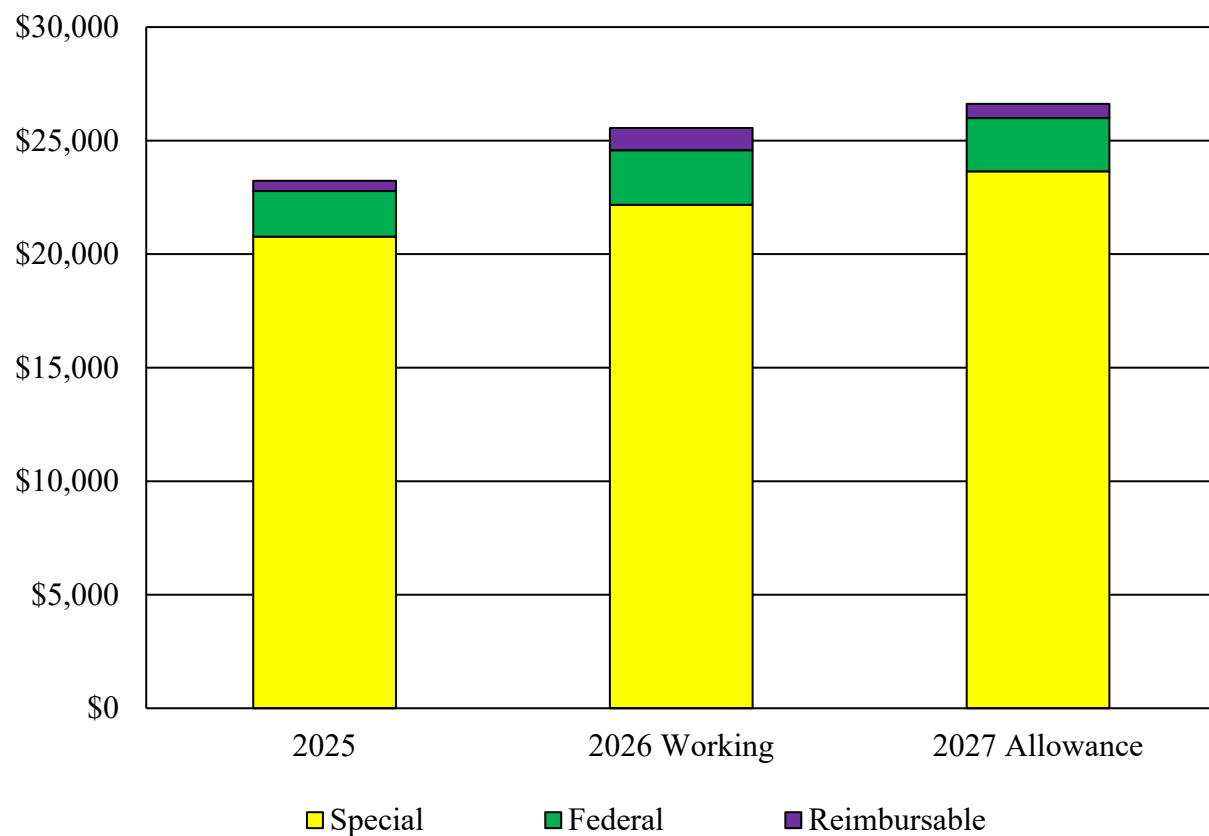
D53T00
Maryland Institute for Emergency Medical Services Systems

Program Description

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) is an independent agency that oversees and coordinates all components of the statewide emergency medical services (EMS) system. MIEMSS also sets EMS guidance and designates hospital facilities as trauma centers across the State. The agency is led by an 11-member EMS board, 31-member EMS advisory council, five regional EMS councils, and several committees providing guidance on populations with specific health needs.

Operating Budget Summary

Fiscal 2027 Budget Increases \$1.1 Million, or 4.2%, to \$26.6 Million
(\$ in Thousands)



Note: The fiscal 2027 statewide salary adjustments are centrally budgeted in the Department of Budget and Management and are not included in this agency's budget.

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Fiscal 2026 Federal Recissions

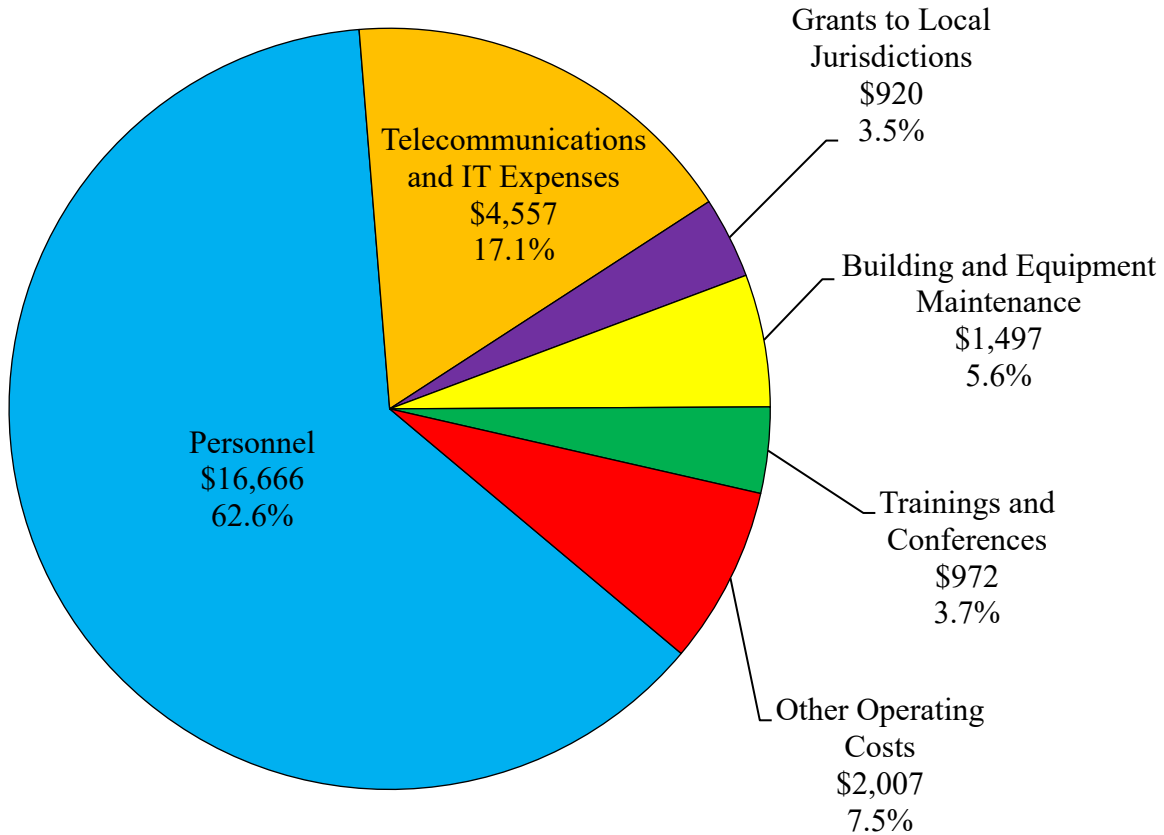
MIEMSS receives funding from three federal grants that were determined to be at risk from recent federal action that consolidated, reduced, and canceled some funding directed to states. However, MIEMSS indicates that the awards from each of these grants remain fully funded in federal fiscal 2026. There is also no anticipated impact on federal fund revenue in future years. The federal grants include:

- the Emergency Medical Services for Children State Partnership Program, which is awarded by the U.S. Department of Health and Human Services' Maternal and Child Health Bureau and supports states and medical schools to expand and improve EMS for children. Maryland currently has a five-year grant that ends in calendar 2027;
- the other two grants are distributed by the Federal Emergency Management Administration. MIEMSS receives the Homeland Security Grant through the Maryland Department of Emergency Management to implement the National Preparedness System to prevent and respond to emergencies. That grant began September 1, 2024, and ends May 31, 2027; and
- the Metropolitan Medical Response System grant supports efforts to strengthen local capacity to respond to mass casualty incidents and is active from September 1, 2024, through June 30, 2026.

Fiscal 2027 Overview of Agency Spending

The fiscal 2027 allowance for MIEMSS totals \$26.6 million. As seen in **Exhibit 1**, personnel costs make up the largest portion of funding, with expenses totaling \$16.7 million, or 62.6% of the total budget. This includes funding for 101.0 regular positions and 19.34 contractual full-time equivalents. The allowance also includes \$4.6 million for telecommunications and information technology, including annual maintenance of statewide patient reporting and provider licensure and certification systems (\$706,831). Expenditures related to building and equipment maintenance total \$1.5 million and include payments to the University of Maryland Medical System, where MIEMSS is headquartered (\$489,897). MIEMSS also distributes grants to local jurisdictions to expand local emergency response capacity. The fiscal 2027 allowance includes \$920,000 for grant programs, including the automated external defibrillator (AED) grant program (\$425,000), which helps facilities purchase AEDs, and the advance life support (ALS) grant program (\$310,000), which provides ALS training to emergency medical professionals.

Exhibit 1
Overview of Agency Spending
Fiscal 2027 Allowance
(\$ in Thousands)



IT: information technology

Note: The fiscal 2027 statewide salary adjustments are centrally budgeted in the Department of Budget and Management and are not included in this agency's budget.

Source: Governor's Fiscal 2027 Budget Books; Department of Legislative Services

Proposed Budget Change

The fiscal 2027 allowance increases by \$1.1 million compared to the fiscal 2026 working appropriation. As seen in **Exhibit 2**, the spending growth is largely driven by an increase in telecommunications costs (\$883,781) due to the replacement of 10 outdated microwave links, which transmit data for MIEMSS's emergency communications network. Personnel costs also increase by \$689,503 overall, mainly due to employee and retiree health insurance costs. The overall budget increase is partially offset by a reduction in reimbursable funds from the Maryland Department of Health (MDH): notably, the end of the Connectivity Initiative pilot project (\$389,655) to monitor hospital bed capacity across the country as part of a nationwide effort supported by the Centers for Disease Control and Prevention.

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

How Much It Grows:	<u>Special</u> <u>Fund</u>	<u>Federal</u> <u>Fund</u>	<u>Reimb.</u> <u>Fund</u>	<u>Total</u>
Fiscal 2025 Actual	\$20,769	\$2,008	\$454	\$23,232
Fiscal 2026 Working	22,173	2,405	980	25,557
Fiscal 2027 Allowance	23,644	2,347	628	26,619
Fiscal 2026-2027 \$ Change	\$1,472	-\$58	-\$352	\$1,062
Fiscal 2026-2027 % Change	6.64%	-2.39%	-35.93%	4.16%

Where It Goes:	<u>Change</u>
Personnel Expenses	
Employee and retiree health insurance	\$515
Salary increases and associated fringe benefits	137
Deferred compensation match due to statewide change in budgeting	33
Other fringe benefits	4
Other Changes	
Replacement of 10 microwave links no longer supported by the manufacturer ...	884
Contractual personnel expenditures, driven by wage increases of existing personnel and a net increase of 1.74 positions	151
Annual maintenance costs for a Statewide electronic patient reporting and provider licensure and certification system	-39
Supplies and materials	-46
Statewide cost allocation	-53
Canceled renovations due to State cost efficiency measures	-117

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Where It Goes:	<u>Change</u>
End of Connectivity Initiative pilot funded by the Centers for Disease Control and Prevention (reimbursable funds)	-390
Other changes	-18
Total	\$1,062

PIN: position identification number

Note: Numbers may not sum to total due to rounding. The fiscal 2027 statewide salary adjustments are centrally budgeted in the Department of Budget and Management and are not included in this agency's budget.

Personnel Data

	FY 25	FY 26	FY 27	FY 26-27
	<u>Actual</u>	<u>Working</u>	<u>Allowance</u>	<u>Change</u>
Regular Positions	100.00	101.00	101.00	0.00
Contractual FTEs	<u>12.18</u>	<u>17.60</u>	<u>19.34</u>	<u>1.74</u>
Total Personnel	112.18	118.60	120.34	1.74

Vacancy Data: Regular Positions

Turnover and Necessary Vacancies, Excluding New Positions	5.71	5.66%
Positions and Percentage Vacant as of 12/31/2025	10.00	9.80%
 Vacancies Above Turnover	 4.29	

- Compared to the fiscal 2026 working appropriation, the fiscal 2027 allowance does not include any changes to the number of regular positions. On October 22, 2025, the Board of Public Works approved the abolition of 1.0 position in MIEMSS through the Voluntary Separation Program, resulting in a \$80,457 reduction to the fiscal 2026 appropriation.
- As of December 31, 2025, MIEMSS had 10 vacancies, 4.29 above the number needed to meet budgeted turnover in fiscal 2027. Of these positions, 7.0 are administrative roles, 1.0 of which has been vacant for more than one year. The remaining 3.0 vacancies are for EMS staff. MIEMSS indicates that as of this writing, the agency has sent offer letters for 2.0 vacant positions, 2.0 have been filled, and others will be submitted for recruitment over the next few weeks.

Key Observations

1. MIEMSS Expands Public AED Access, Participates in Interagency Initiatives

Proper use of AEDs can prevent death and adverse health effects from cardiac arrest. MIEMSS estimates that use of an AED prior to EMS arrival results in a 31.3% save rate for cardiac arrests. Data from the Cardiac Arrest Registry to Enhance Survival shows that between calendar 2022 and 2024, public AED use has increased by nearly 5%. Between calendar 2021 to 2024, survival rates increased by about 10% for individuals with cardiac arrests outside of a hospital with shockable cardiac arrest rhythms (responsive to an AED) where a bystander performed CPR or administered an AED. This data suggests that when made available in public, AEDs are used and are effective at savings lives.

Multiple pieces of recent legislation require MIEMSS to track, monitor, and place AEDs in public spaces. MIEMSS operates the Maryland Public Access AED Program, through which it authorizes public and private organizations to store, maintain, and use AEDs. Program participants must meet specific requirements, including registering with MIEMSS and having designated AED operators complete an AED training. MIEMSS also notifies 911 call centers about the location of participants to facilitate emergency response when they receive a bystander call. MIEMSS maintains the AED Registry to track deployment of AEDs across the State. Per State statute, many public spaces are required to maintain an operable and accessible AED. Facilities that have AEDs available, such as schools, grocery stores, government buildings, and community centers, can register their AED in the registry and log when it has been used. The Public Access AED Program also awards grant funding to public and private organizations to purchase and maintain AEDs. The fiscal 2027 allowance includes \$425,000 for the AED grant program, which is level funded from fiscal 2026.

Related Work with Other Agencies

Chapters 613 and 614 of 2025 require local public libraries to purchase, register, and maintain an accessible AED beginning in January 2026. Per the legislation, local library systems without existing or functional AEDs will need to purchase them using local funds. MIEMSS will maintain the AED status of each library as a part of the AED Registry, and libraries must comply with the Public Access AED Program. As of January 20, 2026, there are 112 AEDs registered to libraries. MIEMSS must submit a report on libraries with registered AEDs to the General Assembly by December 1, 2026.

Chapter 764 of 2024 requires MIEMSS to colocate up to two doses of naloxone with each placement of an AED in public spaces. The program is supported by Opioid Restitution Fund (ORF) dollars. MIEMSS finalized a memorandum of understanding in October 2025 with the Maryland Office of Overdose Response, which issues ORF funding, and hired a program manager in December 2025. The fiscal 2026 appropriation did not include additional funding to implement this program. MIEMSS indicates, however, that to date in fiscal 2026, MDH spent \$37,320 in

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special funds from the ORF to purchase naloxone, and MIEMSS spent \$16,630 in special funds from its regular appropriation for personnel and program operations. The fiscal 2027 allowance includes special funds in the Public Health Administration budget in MDH for the program. MIEMSS indicated that DBM would process budget amendments to move the funding into the MIEMSS budget.

MIEMSS tracks naloxone placement in the AED Registry and will continue to identify eligible AEDs from its registry to ensure that they are registered and place naloxone at those locations. As of January 2026, MIEMSS indicated that of the 17,258 registered AED across the State, 1,380 were colocated with naloxone. MDH oversees various efforts that expand access to naloxone. For the last decade, MDH has maintained a statewide standing order requiring pharmacies to distribute naloxone without a prescription. Many insurance plans cover the cost of naloxone, including Maryland's Medicaid plan. Residents may also access naloxone for free from one of the more than 150 Overdose Response Programs (ORP) across the State. MDH certifies community organizations or local government health agencies as ORPs to provide overdose prevention education and training and to dispense naloxone. There are ORPs in every jurisdiction, and some stock and maintain vending machines that are accessible 24/7 with overdose prevention supplies, including naloxone.

MIEMSS maintains several databases to support statewide collaboration for emergency medical care, including the electronic Maryland EMS Data System. This system stores data from all 24 local jurisdictions as well as private ambulance companies related to patient care and is accessible to healthcare facilities across the State, integrating with other statewide systems, including the Chesapeake Regional Information System for Patients, the Maryland Trauma Registry, and the Overdose Detection Mapping Application Program.

Operating Budget Recommended Actions

1. Concur with Governor's allowance.

Appendix 1
Object/Fund Difference Report
Maryland Institute for Emergency Medical Services Systems

<u>Object/Fund</u>	<u>FY 25 Actual</u>	<u>FY 26 Working Appropriation</u>	<u>FY 27 Allowance</u>	<u>FY 26 - 27 \$ Change</u>	<u>% Change</u>
Positions					
01 Regular	100.00	101.00	101.00	0.00	0.0%
02 Contractual	12.18	17.60	19.34	1.74	9.0%
Total Positions	112.18	118.60	120.34	1.74	9.0%
Objects					
01 Salaries, Wages, and Fringe Benefits	\$13,909,216	\$13,804,689	\$14,494,192	\$689,503	5.0%
02 Technical and Special Fees	1,994,044	2,020,829	2,171,716	150,887	7.5%
03 Communications	2,090,748	2,857,660	3,733,427	875,767	30.6%
04 Travel	644,422	998,928	972,318	-26,610	-2.7%
06 Fuel and Utilities	185,566	165,956	165,956	0	0.0%
07 Motor Vehicle Operation and Maintenance	382,399	399,464	394,394	-5,070	-1.3%
08 Contractual Services	2,713,796	3,492,645	2,908,413	-584,232	-16.7%
09 Supplies and Materials	241,594	226,603	192,560	-34,043	-15.0%
10 Equipment – Replacement	100,090	441,700	441,700	0	0.0%
11 Equipment – Additional	69,531	2,000	4,800	2,800	140.0%
12 Grants, Subsidies, and Contributions	697,553	935,000	920,000	-15,000	-1.6%
13 Fixed Charges	203,036	211,707	219,817	8,110	3.8%
Total Objects	\$23,231,995	\$25,557,181	\$26,619,293	\$1,062,112	4.2%
Funds					
03 Special Funds	\$20,769,393	\$22,172,766	\$23,644,369	\$1,471,603	6.6%
05 Federal Funds	2,008,389	2,404,911	2,347,347	-57,564	-2.4%
09 Reimbursable Funds	454,213	979,504	627,577	-351,927	-35.9%
Total Funds	\$23,231,995	\$25,557,181	\$26,619,293	\$1,062,112	4.2%

Note: The fiscal 2027 allowance does not include statewide salary adjustments budgeted within the Department of Budget and Management.