State of Maryland

Maryland Institute for Emergency Medical Services Systems

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Maryland Emergency Medical System Operations Fund Hearing

Senate Budget & Taxation Committee
February 3, 2015

House Public Safety & Administration Subcommittee
February 5, 2015

Donald L. DeVries, Jr., Esq.
Chairman, State Emergency Medical Services Board

David Hexter, MD, MPH, FACEP
Member, State Emergency Medical Services Board

Good afternoon. On behalf of the State Emergency Medical Services (EMS) Board, I would like to thank you for the opportunity to discuss the status of the Maryland Emergency Medical Services Operations Fund (MEMSOF). I also want to thank Ms. Vykol of the Department of Legislative Services for her comprehensive analysis of the MEMSOF and its future.

I would like to take this opportunity to introduce Dr. Kevin Seaman. In December, the EMS Board appointed Dr. Seaman to be the Executive Director of the Maryland Institute for Emergency Medical Services Systems (MIEMSS). Dr. Seaman brings significant EMS experience, having served an impressive 19 years as the Medical Director for the Howard County Department of Fire and Rescue Services. Dr. Seaman is a consensus-builder who will bring focus, leadership, and dedication to our EMS system and will help ensure that our system will continue to be a national leader in trauma and EMS care delivery.

The Maryland EMS System is a coordinated statewide network that includes volunteer and career EMS providers, medical and nursing personnel, communications, transportation systems, trauma and specialty care centers and emergency departments. Maryland's EMS system has long been recognized as a national model. The State Emergency Medical Services Board, whose members are appointed by the Governor, oversees the statewide EMS System and reviews and approves the budgets of four of the entities supported by the MEMSOF.

The MEMSOF provides critical support to Maryland's EMS System. MEMSOF supports public safety, EMS, fire and rescue services throughout every part of our state. The value of MEMSOF to the EMS system is even more important during times of economic stress when state, county and local operations rely so heavily on the programs and services provided by the entities that the MEMSOF supports.

When the MEMSOF was created in 1993, Maryland's economic outlook was problematic, and there were fewer General Fund dollars available for support. The vehicle registration fee surcharge was enacted in order to provide dedicated, stable funding for EMS in Maryland. The viability of the MEMSOF is <u>the</u> key to sustaining the statewide system that has responded so well to the emergency needs of Maryland's citizens. During the 2013 Session of the General Assembly, the passage of the Transportation Infrastructure Act increased the fee by $3.50 per year which has significantly enhanced the long-term viability of the MEMSOF.

We are grateful for the support from the General Assembly for the MEMSOF. For more than 20 years, the MEMSOF has provided vital resources for our statewide EMS system and ensured its financial stability. Because of your support, the MEMSOF will continue to provide Maryland's citizens with a system of emergency care that is coordinated, cost-efficient and effective. Thank you.

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Executive Director
Maryland Institute for Emergency Medical Services Systems (MIEMSS)

Good afternoon. I am Kevin Seaman, Director of the Maryland Institute for Emergency Medical Services Systems (MIEMSS). I am pleased to be here today representing MIEMSS. I want to thank Ms. Laura Vykol for her very thorough analysis of the MEMSOF.

The Maryland EMS System is a coordinated statewide network that includes volunteer and career EMS providers, medical and nursing personnel, communications, transportation systems, trauma and specialty care centers and emergency departments. Support from the MEMSOF has provided the means by which Maryland's statewide EMS system has developed into the model program that it is today. Without MEMSOF support, our model statewide system would not exist. We appreciate the efforts of the Legislature and the Governor to ensure the viability of the MEMSOF.

MIEMSS coordinates all components of the statewide EMS system in accordance with policies set by the State EMS Board and Maryland statute and regulation. MIEMSS' areas of responsibility include medical oversight, coordinating and supporting EMS educational programs, operating and maintaining a statewide communications system, designating trauma and specialty centers, licensing and certifying EMS providers, licensing and regulating commercial ambulance services, and participating in EMS-related public education and prevention programs.

I would like to update the Committee on two MIEMSS' initiatives that would not have been possible without support from MEMSOF.

MIEMSS Communications. MIEMSS' emergency medical communications system is a complex network that provides communications among ambulances, medevac helicopters, dispatch centers, hospital emergency departments, specialty referral centers and trauma centers. Through this system: 1) EMS providers connect with physicians and hospitals to receive direction for the care of emergency patients; 2) hospitals are notified of patients being transported to their emergency departments; 3) medevac helicopters are dispatched to transport critically injured and ill patients; 4) hospital capacity for emergency patients is tracked in real-time; 5) hospitals are notified of significant events and provide information to the state on their available resources; 6) a Biological Agent Registry secondary access point is maintained; 7) responders can request and receive antidotes for chemical poisoning; 8) federal, state, and local agencies can access the State's Health and Medical Dashboard; 9) MIEMSS and MSP jointly coordinate all aircraft activity supporting EMS, search and rescue, and law enforcement activities; and 10) MIEMSS functions as the off-hours contact point for DHMH.

The MIEMSS communications system handles nearly 400,000 radio / phone calls each year with EM providers who are providing emergency care in the field. The hub of the communications system is located at the MIEMSS building in downtown Baltimore.

In 2011, the MIEMSS communications system was evaluated and certain components were determined to be obsolete and in danger of failure. With the support provided by MEMSOF, MIEMSS has been able to begin a comprehensive update of the Communications System that will continue over the next several years. The first phase – renovating our EMRC/SYSCOM Communication Center - is nearly complete. This renovation of an active emergency communications center has required that the 24/7 Center remain operational during the upgrade. When completed, MIEMSS will be able to operate on the State's new 700 MHz Radio System (known as Maryland FiRST) and communicate with other Maryland FiRST users including Maryland State Police Aviation Command. The second phase – upgrading components of the communications system throughout the State - involves assessment of over 300 communications sites. The entire project should be finished in 2018, with the bulk of the work occurring in 2016 and 2017.

eMEDS®. MEMSOF has also helped achieve statewide implementation of its electronic pre-hospital patient care record ("eMEDS®"). At the present time, all counties except one have transitioned to eMEDS®, with full statewide participation anticipated by April. eMEDS® provides real-time data on patient care activities, permits statewide syndromic surveillance efforts, and integrates with other health and operational data on hospital dashboards. Use of eMEDS® by all jurisdictions ensures the availability of common and uniform data on the entire spectrum of activities that comprise the pre-hospital phase of emergency care. In short, eMEDS® is fundamental to ensuring a coordinated, integrated, and operational statewide EMS system in Maryland.

MIEMSS is grateful to the General Assembly for support of our Statewide EMS System and for ensuring that the MEMSOF has remained solvent for more than two decades.
We look forward to working with the General Assembly to ensure that our system continues to serve the needs of the citizens of Maryland. Thank you.

UNIVERSITY OF
MARYLAND
MARYLAND FIRE AND RESCUE INSTITUTE

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Maryland Fire and Rescue Institute
University of Maryland, College Park

The Maryland Fire and Rescue Institute (MFRI) a part of the University of Maryland since 1930, is the state's comprehensive training and education system for the emergency services. The Institute delivers quality fire and EMS training programs to every jurisdiction of the State and last fiscal MFRI conducted 1,732 training programs for 35,663 students.

The Maryland Fire and Rescue Institute operates a main training facility located in College Park, and has six regional training centers strategically located throughout the state. The regional training centers are located in Aberdeen, Cresaptown, Mt. Airy, Centreville, Princess Anne, and LaPlata.

MFRI training programs are essential with regard to an effective response to fire, rescue, and EMS emergencies. There is no effective response to emergencies in this state without a training program to prepare the responders to deal with the emergency situation and to protect themselves from the danger of being a firefighter or emergency medical provider.

Given that many of the emergency response personnel in Maryland serve as volunteers, the expenditures for training programs may be one of the best investments in the state. It should be noted, that before a volunteer can even begin to contribute to their communities they must receive proper training. If this training is not available, that cost effective service is lost.

In many areas of the state, MFRI represents the sole training source for fire, rescue, and EMS personnel and as such it is important to continue current classes and broaden the curriculum where feasible. For many of the reasons stated above, MFRI training courses are in high demand throughout the state. Unfortunately, there are more training classes requested than the Institute can provide.

MFRI is attempting to meet these demands, but our ability to do so is directly related to the financial resources available within the EMSOF. The funding that has been granted to the Institute in the past several years has been directly applied to increasing the number of students and the quality of MFRI training programs.

MFRI stands ready to continue its important work of preparing the fire and EMS personnel of the state for the ultimate challenge and asks for your consideration in having the resources in the EMSOF fund to do so.

MARYLAND STATE FIREMEN'S ASSOCIATION

Representing the Volunteer Fire, Rescue and Emergency Medical Services Personnel
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Senate Budget & Taxation Committee
February 3, 2015

House Public Safety & Administration Subcommittee
February 5, 2015

Good Afternoon,

My name is David Keller and I am the President of the Maryland State Firemen's Association (MSFA). The MSFA is a statewide organization that represents 362 member companies and over 25,000 volunteer fire, rescue and emergency medical services personnel across this great state. We serve as the voice of the volunteer Fire, Rescue and Emergency Medical Services on statewide issues and support programs to promote the growth of volunteerism in our communities.

I am pleased to present the MSFA testimony in support of the Maryland Emergency Service Operating Fund (MEMSOF).

Maryland has an Emergency Medical Services (EMS) system that is second to none. The effectiveness of this system is due to the partnerships formed by the agencies you see represented in front of you today. When an emergency occurs, the system is activated and Emergency providers, many of whom have been trained by the Maryland Fire & Rescue Institute (MFRI) quickly respond. Patients are transported by ambulance or the Maryland State Police Aviation Command helicopter to the appropriate facility through a process overseen by the Maryland Institute for Emergency Services Systems (MIEMSS). The most seriously injured will be transported or transferred to trauma centers like our very own R. Adams Cowley Shock Trauma.

Funding the MEMSOF is vital to all our agencies. Our volunteer companies work hard to raise funds to sustain emergency operations in our communities; however, carnivals, raffles, breakfasts and suppers along with other fundraising activities alone cannot provide sufficient funding to meet the requirements for operational expenditures, apparatus and equipment purchasing, as well as maintenance or required upgrades. We rely on local and state government assistance to meet our financial needs. In return, we provide a state of the art emergency services system that is cost efficient and sensitive to the needs of every community.

MEMSOF includes $13.4 million in funding to the Senator William H. Amos Fire, Rescue and Ambulance Fund. This fund helps our local volunteer companies meet their operational needs for fire and rescue equipment and building improvements. This funding is of great assistance to our volunteer companies in order for them to provide service to their communities.

The MEMSOF also includes our Volunteer Company Assistance Fund (VCAF) which allows companies to borrow funds from the MSFA at a low interest rate to purchase new apparatus and upgrade their facilities. We have departments currently operating with apparatus that exceeds its expected service life of 15 – 20 years and other departments are in fire stations aging between 50 to years old or older without receiving any substantial improvements over the life of the facilities.

Our member companies provide service in many communities twenty-four hours a day, seven days a week on a volunteer basis, thereby saving the local jurisdictions millions of dollars each year from their budgetary requirements. Volunteers represent 80% of the state's emergency services and dedicate countless hours to protect our communities and use fund raising capabilities to purchase apparatus, equipment and facilities. This is especially important in these difficult economic times that are being experienced by government, member companies, members and private citizens. However, we request that you consider the cost savings that our personnel provide to local and state government and balance those savings against our request for funding.

Thank you for giving me the opportunity to address you on this very important matter. We ask for your favorable consideration in having the MEMSOF funds continue to assist our volunteer Fire, Rescue and Emergency Medical Services personnel of Maryland with their needs enabling them to provide the best service to their communities and the citizens of this great State.

Sincerely,

David R. Keller III

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LT. COLONEL
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ACTING SUPERINTENDENT

February 3, 2015

TO: Maryland Senate, Budget and Taxation Committee

FROM: Major Frank B. Lioi, Assistant Chief, Special Operations Bureau, Aviation Command

SUBJECT: Written Testimony, MEMSOF Budget, February 3, 2015

- The Maryland State Police Aviation Command completed a successful 2014 where, on behalf of the State, we accepted delivery of the tenth (10th) new AW139 airframe. We successfully transitioned the second three (3) sections to full-time use of the AW139 helicopters, being Southern Maryland – Trooper 7, Cumberland – Trooper 5, and Washington – Trooper 2. We also began the transition at the final section, Trooper 1 – Baltimore.

- I am pleased to report that the Trooper 1 transition, begun in November 2014, has concluded as of the end of January 2015. This represents the end of the transition of all Aviation Command Sections to the new AW139 helicopter, and the retirement of the legacy Dauphin fleet. In my testimony at the previous two (2) General Assembly regular Sessions, I indicated that our transition began in June 2013, was projected to last 24 months. I am proud to say that our transition ends a full 5 months ahead of schedule. This transition was **unprecedented in the Aviation Command's 45 year history, in that the** entire fleet was replaced with a new, more advanced model aircraft; while culturally we migrated from 2-member flight crews to 4-member flight crews. We accomplished this without curtailing the vital lifesaving services the Command provides statewide to our citizens each and every day.

- The new airframe has already proven its worth in its performance on several recent high-profile missions each demonstrating the significant value of a multi-mission capable aircraft and a highly-trained flight crew. It is noteworthy to emphasize that many times these missions end up being supportive to a law enforcement or investigative function, yet have their origins as an EMS response for mass casualty situations. The ability to move between multiple mission scenarios within a single model of aircraft and within a single crew is unique to the Maryland system, and this ability has yet to be replicated successfully in the commercial air medical transport industry.

- The Command aggressively met the challenge of hiring sufficient pilots to assure the ability to transition the remaining sections to the AW139 on schedule. Through the combined support of the Department of State Police, the EMS Board, the General Assembly, the Department of Budget and Management, and the Board of Public Works, twenty (20) new pilot positions were authorized and funded in the last 2 Fiscal Years. Recent salary enhancements greatly improved our ability to hire the best qualified pilots available, such that all 20 positions have been filled. This greatly contributed to the ability to finish the transition ahead of schedule.

Maryland Senate, Budget and Taxation Committee – February 3, 2015

SUBJECT: Written Testimony, MEMSOF Budget, Fiscal Year 2016

- In 2014, the Board of Public Works approved the procurement of a Flight Training Device (FTD), which will be constructed by AgustaWestland in Italy, under an option exercised in the original aircraft procurement contract. The FTD, similar to a flight simulator without the full-motion effect, will be constructed to exactly replicate the cockpit of Maryland's AW139 aircraft. This will allow Aviation Command pilots to conduct up to 75% of their annual training without operating a live aircraft. The device is projected to save millions of dollars over its life span when compared to operating an aircraft for training, or outsourcing training to a commercial simulator.

- Members of the Aviation Command FTD Technical Team recently met via teleconference with designers in Italy to begin the Critical Design Phase. In that meeting, a timeline was released in which the projected delivery of the FTD to Maryland is scheduled to occur in May 2016, with FAA Certification and operational readiness projected to occur in September 2016.

- MSPAC continues to pursue FAA Part 135 Certification as recommended to increase the oversight of the Administration on Helicopter Air Ambulance Operations conducted by the Aviation Command. Today, I can report that our project is in the FAA's Document Compliance Phase, where all of our manuals and process documentation are being reviewed for compliance with the FAA standard. Once beyond that process, we will move into the Inspection Compliance Phase, which should result in a Section-by-Section certification. The first of these Sections to achieve certification is expected to occur by July 2015. The timeline of these events is completely under the control of the FAA and their internal processes.

- In 2014, the FAA issued a Final Order documenting changes to regulations for helicopter operators, particularly Helicopter Air Ambulance Operations. Among the many changes, intended to enhance safety, were equipment upgrades such as Terrain Awareness and Warning Systems, and Flight Data Monitoring Systems. Operational procedure changes included establishment of Operational Control Centers (OCC) for larger programs, and a Flight Operational Quality Assurance (FOQA) program. Although many of these changes have a phase in period through April 2017, I am again pleased to report that the Maryland State Police Aviation Command has embraced these changes, and the design of the new AW139 was undertaken in anticipation of these rule changes. The result is that the MSPAC AW139 is currently compliant with the equipment requirements specified by the FAA for 2017 and 2018. In addition, the MSPAC is incorporating an Operational Control Center (OCC) into its dispatch center, and has begun a formal FOQA program.

- Regarding the budget before you today, MSPAC applauds the hard work of the MEMSOF Coalition members, the EMS Board, the Department of Budget and Management, and the Department of Legislative Services in its preparation and analysis. Accordingly, the Aviation Command intends to maximize the resources provided in the FY 2016 budget in order to continue to provide the best possible airborne multi-mission services available in the world to the Citizens of Maryland.

R ADAMS COWLEY
SHOCK TRAUMA CENTER
UNIVERSITY OF MARYLAND

TESTIMONY

THE MARYLAND EMERGENCY MEDICAL SERVICES OPERATING FUND (MEMSOF)

Senate Budget and Taxation Committee - February 3, 2015

House Public Safety & Administration Subcommittee - February 5, 2015

R Adams Cowley Shock Trauma Center
University of Maryland Medical Center

Karen E. Doyle, Vice President, Nursing and Operations

Good afternoon Mr. Chairman and members of the committee. I am Karen Doyle, Vice President for the R Adams Cowley Shock Trauma Center, University of Maryland Medical Center. I am seated here today with my esteemed colleagues and as part of the coalition supporting the Maryland Emergency Service Operating Fund (MEMSOF). We are also partners along with our elected officials in ensuring safety and care of Maryland citizens.

MEMSOF has been a cornerstone of this State's capability to provide every citizen a broad and uncompromised safety net. As a special protected fund, it allows the system to respond instantaneously to the variability of Maryland's political and economic fortunes.

As established by State law, the R Adams Cowley Shock Trauma Center is the core element of the State's Emergency Medical Services System and serves as the State's Primary Adult Resource Center (PARC) for the treatment of trauma. Specifically, the law mandates Shock Trauma to serve as (a) the State's primary adult trauma center, (b) the statewide referral center for the treatment of head, spinal and multiple trauma injuries, (c) the regional trauma center for Region III and the southwest quadrant of Baltimore City, and (d) the statewide referral center for patients in need of hyperbaric medical treatment.

The R Adams Cowley Shock Trauma Center is the State's only trauma hospital. It serves as a vital statewide clinical resource and uniquely maintains an around-the-clock state of readiness in its dedicated trauma resuscitation unit (TRU), operating rooms and recovery rooms. Over the past eight years, Shock Trauma has diverted zero patients seeking access directly from the scene. The facility and its staff are organized for on- demand access and treatment of the State's most critically ill and injured patients to a degree unparalleled anywhere in the system. The MIEMSS PARC designation represents the State's highest level of capability and readiness. As a result, the Shock Trauma Center has unique operating and financial requirements that distinguish it from any other Maryland trauma center and are the basis for State operating support.

R ADAMS COWLEY
SHOCK TRAUMA CENTER
UNIVERSITY OF MARYLAND

Stand-By Costs

As a trauma hospital, Shock Trauma is designed expressly for the emergency care of significantly injured patients from resuscitation to discharge. Shock Trauma has 24-hour, 7-day a week attending coverage for trauma surgery (in-house), critical care (in-house), anesthesia (in-house), orthopedic surgery and neurosurgery. There are teams of physicians and nurses dedicated to insuring that the most severely injured patients are treated by attending physicians during all hours of the day and night. Actual for FY 2014 were $4,050,726. Projected costs for 2015 are $4,172,248.

The Shock Trauma Center has always received financial support from the State for operating and capital expenses. State operating support for Shock Trauma has averaged $3.2 million annually.

In addition to the OR Stand-by Costs, the R Adams Cowley Shock Trauma Center faces unfunded mandates for being the Primary Adult Resource Center for the State of Maryland. Annually, expenditures include costs for unfunded emergency medical services research, outreach and prevention programs as well as training and education requirements.