

The State of Maryland
Executive Department

Feb. 26, 1973

EXECUTIVE ORDER # 01.01.1973.04

WHEREAS, By Article 41, Section 59C of the Annotated Code of Maryland (1971 Replacement Volume) the Comprehensive Health Planning Agency has been designated as the sole agency for administering and supervising the administration of the State's health planning functions and is directed to prepare policies and procedures designed to provide for comprehensive State planning for health services, including the facilities and persons required for the provision of such services; and

WHEREAS, There exists a pressing need throughout the State of Maryland to provide an Emergency Medical System whereby critically ill and injured patients may be transported expeditiously to the nearest health institution equipped to treat the particular needs of the patient; and

WHEREAS, Such a system involves training of ambulance personnel; utilization of air and surface ambulances; operation and maintenance of central facilities for the treatment of certain types of illnesses; operation and maintenance of an information and communication system whereby the particular needs of the patient may be determined at the earliest possible time and the patient transported to the nearest facility equipped to care for the needs of the patient; and there needs to be over-all administration of this system; and

WHEREAS, The development of such a system requires the close cooperation of the Department of Health and Mental Hygiene, the Department of Transportation, the Department of Public Safety and Correctional Services, and other State departments and agencies, and pursuant

to Article 41, Section 59C (e) the Governor is specifically authorized to direct any State officer or agency to cooperate with the State Comprehensive Health Planning Agency; and

WHEREAS, The State Comprehensive Health Planning Agency has recommended a plan whereby an Emergency Medical System shall be established under the administrative supervision of the Secretary of the Department of Health and Mental Hygiene and utilizing the personnel, resources, and facilities of other State departments and agencies and private and public health care facilities under the jurisdiction of the State Comprehensive Health Planning Agency;

NOW, THEREFORE, I, MARVIN MANDEL, BY VIRTUE OF THE AUTHORITY VESTED IN ME AS GOVERNOR OF THE STATE OF MARYLAND, ON THIS DATE, HEREBY PROMULGATE THE FOLLOWING EXECUTIVE ORDER:

1. A State Emergency Medical System is hereby established, to be implemented in accordance with this Executive Order.
2. The Division of Emergency Medical Service is created within the State Department of Health and Mental Hygiene. The Division shall be headed by a Director of Emergency Medical Services appointed by the Governor, with the advice of the Secretary of Health and Mental Hygiene, said Director to be responsible for the implementation, administration, and operation of the Emergency Medical System and to report directly to the Secretary of Health and Mental Hygiene. The Division shall receive and disburse all federal and State funds appropriated to and by the State for the Emergency Medical System.
3. The State shall be divided into not more than five emergency medical service regions, which shall be interconnected by a State-wide emergency medical communications system.
4. The Director of Emergency Medical Services shall promptly develop a program for:

(a) Establishing and operating the State-wide emergency medical communications system.

(b) Coordinating the activities of the emergency medical service regions, including the purchase and maintenance of equipment, training of emergency medical personnel, transportation of patients, patient care, research and development programs in the field of emergency medical services, and other activities necessary to implement this Executive Order.

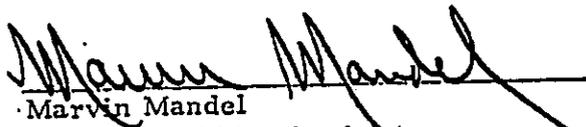
(c) Coordinating the State emergency medical system with appropriate authorities and agencies in jurisdictions adjacent to the State of Maryland.

The program developed by the Director shall be in accordance with the recommendations previously submitted by the State Comprehensive Health Planning Agency. It shall be submitted to the Secretary of Health and Mental Hygiene and thence, with the comments and recommendations of the Secretary, to the Governor prior to its implementation.

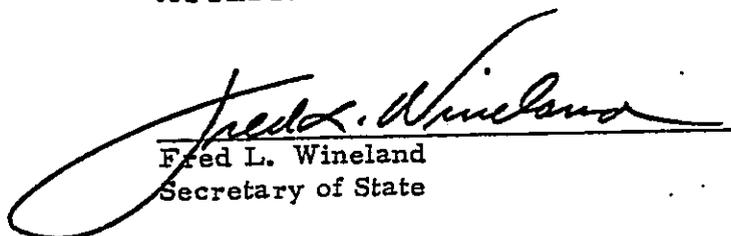
5. The Center for the Study of Trauma is hereby abolished, and there is hereby created as an independent unit within the University of Maryland Hospital the Maryland Institute for Emergency Medicine. The Institute shall be headed by a Director appointed by the Chancellor of the University of Maryland, Baltimore City Campus, with the approval of the Governor. The Director shall report and be responsible directly to the Chancellor of the University of Maryland, Baltimore City Campus.

6. All State departments and agencies shall cooperate in the implementation of the State Emergency Medical System as herein established.

GIVEN Under My Hand and the
Great Seal of the State of Maryland,
in the City of Annapolis, this 26th
day of February, 1973.


Marvin Mandel
Governor of Maryland

ATTEST:


Fred L. Wineland
Secretary of State



Senate Bill 852 as passed by the
Legislature.

MARVIN MANDEL, Governor

1861

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 1977.

Approved April 29, 1977.

CHAPTER 218

(Senate Bill 852)

AN ACT concerning

Maryland Institute for Emergency Medical Services

FOR the purpose of creating the Maryland Institute for Emergency Medical Services within the University of Maryland at Baltimore; providing for a Director; transferring certain existing operations to the Institute; specifying the duties of the Director; requiring the cooperation of all State agencies and departments; and generally relating to a statewide system of emergency medical services.

BY adding to

Article 77A - Higher Education
Sections 27AM to 27AP, inclusive, to be under the new subtitle "Maryland Institute for Emergency Medical Services"
Annotated Code of Maryland
(1975 Replacement Volume and 1976 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That new Sections 27AM to 27AP, inclusive, to be under the new subtitle "Maryland Institute for Emergency Medical Services" be and they are hereby added to Article 77A - Higher Education, of the Annotated Code of Maryland (1975 Replacement Volume and 1976 Supplement) to read as follows:

Article 77A - Higher Education

MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES

27AM.

(A) THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES IS CREATED AS AN INDEPENDENT UNIT WITHIN THE UNIVERSITY OF MARYLAND AT BALTIMORE.

(B) THE INSTITUTE IS HEADED BY A DIRECTOR APPOINTED BY THE CHANCELLOR OF THE UNIVERSITY OF MARYLAND AT BALTIMORE, WITH THE APPROVAL OF THE GOVERNOR BOARD OF

REGENTS OF THE UNIVERSITY OF MARYLAND IN ACCORDANCE WITH THE APPOINTMENT PROCESS FOR PRINCIPAL ADMINISTRATIVE OFFICERS. THE DIRECTOR SHALL REPORT AND BE RESPONSIBLE DIRECTLY TO THE CHANCELLOR OF THE UNIVERSITY OF MARYLAND AT BALTIMORE.

(C) STAFF AND FUNDS FOR THE INSTITUTE SHALL BE AS PROVIDED IN THE STATE BUDGET.

27AN.

(A) EFFECTIVE JULY 1, 1977, THE DIVISION OF EMERGENCY MEDICAL SERVICE IN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE IS TRANSFERRED TO THE UNIVERSITY OF MARYLAND AT BALTIMORE, TO BE WITHIN THE INSTITUTE FOR EMERGENCY MEDICAL SERVICES.

(B) EFFECTIVE JULY 1, 1977, THE MARYLAND INSTITUTE FOR EMERGENCY MEDICINE IN THE UNIVERSITY OF MARYLAND HOSPITAL IS TRANSFERRED TO THE UNIVERSITY OF MARYLAND AT BALTIMORE, TO BE WITHIN THE INSTITUTE FOR EMERGENCY MEDICAL SERVICES.

27AO.

THE DIRECTOR SHALL:

(1) COORDINATE A STATEWIDE SYSTEM OF EMERGENCY MEDICAL SERVICES.

(2) COORDINATE THE FIVE EMERGENCY MEDICAL SERVICE REGIONS IN THE STATE.

(3) COORDINATE WITH UNITS OF FEDERAL, STATE, AND LOCAL GOVERNMENT THE PLANNING AND OPERATION OF EMERGENCY MEDICAL SERVICES.

(4) COORDINATE THE TRAINING OF ALL PERSONNEL IN THE EMERGENCY MEDICAL SERVICES SYSTEM AND PROVIDE DEVELOP THE NECESSARY STANDARDS FOR CERTIFICATION.

(5) COORDINATE PROGRAMS OF RESEARCH AND EDUCATION RELATING TO EMERGENCY MEDICAL SERVICES.

(6) COORDINATE THE DEVELOPMENT OF TREATMENT CENTERS FOR THE TREATMENT OF EMERGENCY INJURIES AND ILLNESSES.

(7) COORDINATE THE DEVELOPMENT OF SPECIALTY REFERRAL CENTERS FOR RESUSCITATION, TREATMENT, AND REHABILITATION OF THE CRITICALLY ILL AND INJURED.

~~(8) MAINTAIN A CLOSE WORKING RELATIONSHIP WITH THE MARYLAND HEART ASSOCIATION AND THE REGIONAL EMERGENCY MEDICAL SERVICE ADVISORY COUNCILS.~~

(8) MAINTAIN A CLOSE WORKING RELATIONSHIP WITH THE VARIOUS PUBLIC AND PRIVATE AGENCIES, HEALTH CARE

INSTITUTIONS AND UNIVERSITIES INVOLVED WITH EMERGENCY MEDICAL SERVICES, ALONG WITH THE REGIONAL EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL AND THE MEDICAL MANAGEMENT CONSULTANT GROUP.

(9) RECEIVE AND ADMINISTER STATE AND FEDERAL BUDGETED FUNDS PERTAINING TO EMERGENCY MEDICAL SERVICES IN MARYLAND.

(10) MAINTAIN A CLOSE WORKING RELATIONSHIP WITH THE MARYLAND FIRE AND RESCUE INSTITUTE ~~AND RELY ON THIS INSTITUTE TO MAINTAIN ITS TO WHICH IS ASSIGNED THE~~ RESPONSIBILITY FOR BASIC EMERGENCY MEDICAL TECHNICIAN TRAINING.

(11) ASSURE CONTINUED IMPROVEMENT OF TRANSPORTATION FOR THE EMERGENCY CRITICALLY ILL AND INJURED PATIENTS BY SUPPORTING THE GOALS AND OBJECTIVES OF PAID AND VOLUNTEER SYSTEMS THROUGHOUT THE STATE.

~~(12) MAINTAIN CLOSE COORDINATION WITH THE VARIOUS DEPARTMENTS AND AGENCIES OF THE STATE THAT ARE INVOLVED IN EMERGENCY MEDICAL SERVICES.~~

27AP.

ALL STATE AGENCIES AND DEPARTMENTS SHALL COOPERATE WITH THE DIRECTOR IN THE IMPLEMENTATION OF THE STATE EMERGENCY MEDICAL SERVICES SYSTEM CREATED BY THIS SUBTITLE.

SECTION 2. AND BE IT FURTHER ENACTED, That all employees of the Division of Emergency Medical Service shall become employees of the Institute for Emergency Medical Services on July 1, 1977, without diminution in salary or other benefits. All records, equipment, funds, facilities, files, and supportive services of the Division of Emergency Medical Service shall become the records, equipment, funds, facilities, files, and supportive services of the Institute for Emergency Medical Services within the University of Maryland at Baltimore on July 1, 1977.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 1977.

Approved April 29, 1977.

CHAPTER 219

(Senate Bill 854)

AN ACT concerning

4/20/83

RESOLUTION OF THE HOSPITAL AND HEALTH SERVICES
COMMITTEE OF THE BOARD OF REGENTS ON THE SUBJECT
OF GOVERNANCE AND THE MARYLAND INSTITUTE
FOR EMERGENCY MEDICAL SERVICES SYSTEMS

WHEREAS, the Hospital and Health Services Committee of the Board of Regents of the University of Maryland having previously considered the matter of whether the Maryland Institute for Emergency Medical Services Systems (MIEMSS) should be included in the University of Maryland Medical System (UMMS) as it is to be created by the proposed legislation on governance of UMMS; and

WHEREAS, at the request of the Director of MIEMSS having heard testimony respecting the inclusion of MIEMSS in UMMS, from the Chancellor (UMAB), the Dean of the School of Medicine, the President of the Medical Staff, the Director and the Assistant Director of MIEMSS and the Chairman of the Department of Surgery; and

WHEREAS, the valid reasons for a change of governance of the Hospital apply to MIEMSS; and

WHEREAS, patient care activities of UMMS and MIEMSS must be organized under one system to provide the highest quality of patient care with maximum efficiency and must be coordinated with the University's responsibilities for teaching and education, while at the same time preserving the unique qualities of MIEMSS as a national trauma center and a State-wide resource for treatment of trauma patients.

NOW, THEREFORE, IT IS HEREBY RESOLVED:

1. That, the clinical component of MIEMSS should be included in and managed by the Board of Directors of the Corporation to be established as part of the governance change for UMMS.

2. That, the MIEMSS clinical component will be a unit of UMMS effective July 1, 1984. As of that date, UMMS, rather than the UMAB campus, will have the responsibility for the budgetary affairs of the MIEMSS clinical component. As

of that date, the Chancellor will direct that the Director of MIEMSS or his designee will report to the Chief Executive Officer of UMMS in regard to all matters related to the MIEMSS clinical component. This change in reporting structure will occur whether or not the recommended governance change occurs.

3. That, after the responsibility for the MIEMSS clinical component has been transferred to UMMS, the Director of MIEMSS will continue to be directly responsible to the Chancellor of UMAB for the educational and field operations components of MIEMSS as provided by §13-110 of the Educational Article, Annotated Code of Maryland.

4. That, the Committee should support all efforts to continue the current State subsidy to the MIEMSS clinical component either as a contractual payment or an appropriation depending upon whether or not there is a change of governance. It is recommended that the Board of Regents support the legislative action necessary to obtain such funds in either form.

5. That, it is recommended that there be no change in the University's position concerning financing for the MIEMSS' capital project. If and when there is a governance change, the matter of whether there should be a lease or transfer of assets involved will be addressed.

6. That, the decision and recommendations of the Committee, if accepted by the Board of Regents, should be incorporated in proposed legislation respecting governance changes for UMMS.

7. That, the Committee directs the Chancellor and the Chief Executive Officer of UMMS to take all necessary actions to preserve and maintain MIEMSS as an Institute.

8. That the Chancellor is directed to report to the Hospital and Health Services Committee of the Board of Regents at its next regularly scheduled meeting in respect to the status of any protocols in existence and the implementation of such protocols related to appointments to the Medical School faculty of physicians nominated by MIEMSS.

9/30/83

- o Resolution relative to MIEMSS Governance tentatively passed Monday night.

Since that time we have been told amendments to that resolution can be made and we have until mid-October to complete those amendments.

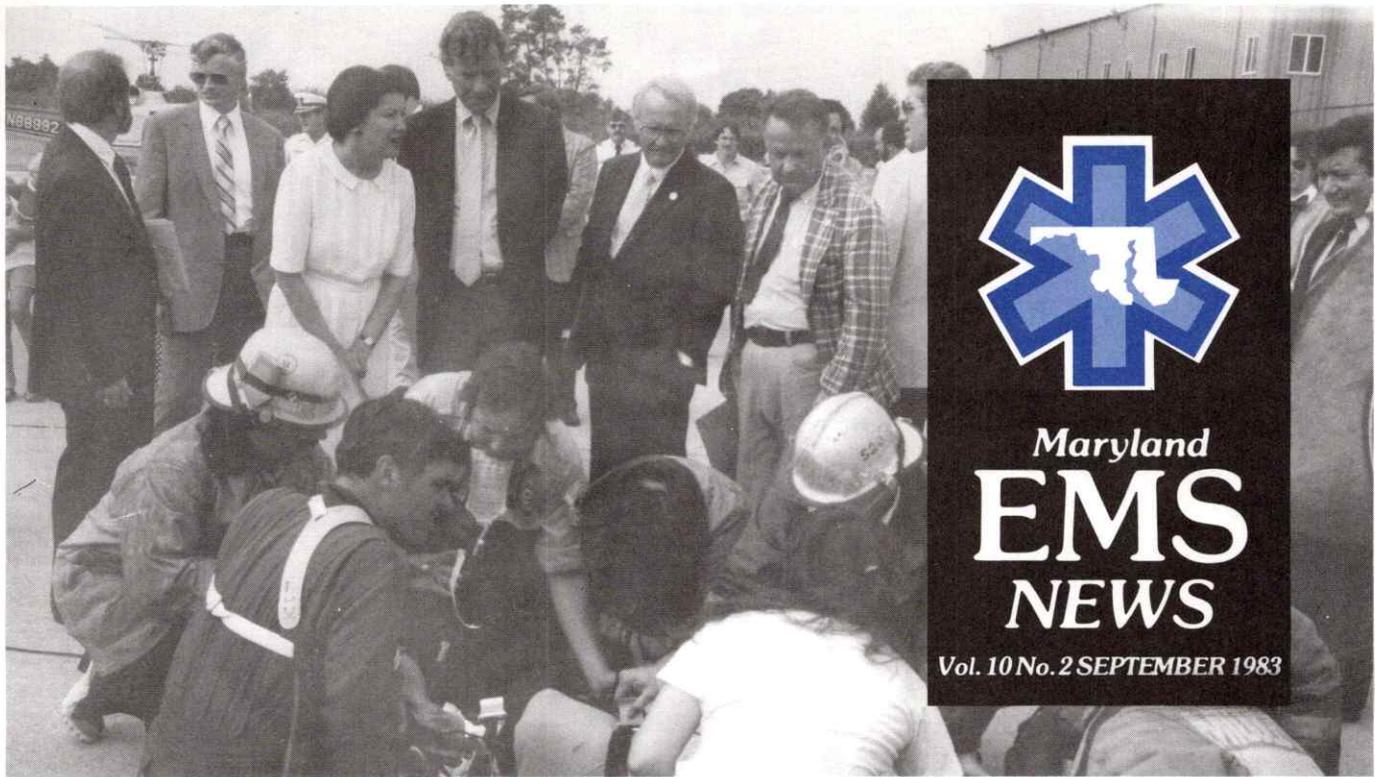
- o Resolution as currently written is unacceptable with particular respect to item #2. Item #2 places budgetary responsibility for the Shock Trauma program under the authority of a Chief Executive Officer who will be responsible to a governing body as proposed in new legislation. That governing body's responsibility to the legislature is unclear. What is clear is that the heart of the MIEMSS program is being carved out of the Institute and the net result is to severely weaken the ability of the State's EMS system to function.
- o The principles that we must maintain are:
 - a. That there be one director for the Institute's programs with those programs to include Field Operations, our educational program at UMBC and the Shock Trauma program.
 - b. This one director must have the responsibility and the authority to assure the fiscal and programmatic integrity of the Institute.

- c. Because of the complexity and scope of services to be rendered through this Institute there should be a direct tie of this Institute's director back to the legislature and Executive since in reality the Institute with all its programs is an "agency" of the State.

- o We are working to amend the resolution to assure these principles are not violated. It continues to be the feeling of Dr. Cowley that a separate governance structure should be established for the Institute in the form of a sub-committee of the Board of Regents. If over the proposed corporation proves successful, then reconsideration of the relationship of the Institute to that corporation could be reviewed and appropriate adjustments made. It should be emphasized that this is not purely a University of Maryland issue. This issue impacts on all providers of EMS care in the State and it is imperative that as changes are made, the confidence of these providers in our system is not jeopardized. The State has a major interest in the delivery of emergency care and should move very cautious in considering giving up this interest to a private corporation.

- o We are extremely concerned about the legislators apparent "bundling" of the issue of governance and new MIEMSS facilities. Even though Montebello may be attractive in many regards, the probability of all health planning agencies and State Planning agencies (as well as the University) endorsing the move of

the Institute to Montebello is very low. It appears that the building of the new facility at UMAB will endure. Therefore, it is essential to "unbundle" the issues of governance and the capital project, and concentrate strictly on resolving the governance issue commensurate with the principles as iterated above.



Secretary of Transportation Elizabeth Dole, Governor Harry R. Hughes, State Senator Francis X. Kelly, and MIEMSS Director R Adams Cowley, MD, watch EMS prehospital personnel care for the victim of a mock accident at Martin Airport.

Secretary Dole Sees MD EMS as Model

by Blair Clafin

Baltimore Evening Sun, August 6, 1983

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Secretary of Transportation Elizabeth Dole had barely stepped out of her helicopter after landing when an ambulance and a fire truck raced by at Glenn L. Martin State Airport.

The two emergency vehicles pulled up to two cars located about 100 yards from where Dole was standing. Paramedics and firefighters armed with axes, saws, and stretchers raced to the two cars.

Dole, a member of President Reagan's Cabinet since February, was unruffled by all the sudden excitement. In fact, she had expected it.

Joined by Gov. Harry R. Hughes and Baltimore County Executive Donald P. Hutchinson, who had been waiting for the secretary, Dole calmly walked to the "accident" scene to get a closer look.

Dole had flown to Baltimore yesterday to observe "firsthand" Maryland's emergency medical network in action.

She was treated to a complete demonstration which started with the arrival of Baltimore County rescue crews and

a State Police helicopter at the mock accident scene and ended with an extensive tour of MIEMSS, known for its Shock Trauma Center, in Baltimore.

Rep. William Lehman, D-Fla., who is chairman of the House appropriations subcommittee on transportation, accompanied Dole.

"The Department of Transportation wants to work to prevent all accidents on our nation's highways," Dole said, explaining the reason for her trip.

"We want to get drunk drivers off the highway. We want people to use safety belts. So, coming here to see this operation, which happens at such a key hour, is natural."

After touring Shock Trauma, Dole said her department might promote Maryland's emergency medical system, one of the leading treatment systems in the country, as a model for other states. But she was quick to add that any final decision on such a program would be up to each individual state.

"I don't think we want to tell states how to spend their money," the secretary said. "They know their needs and how money can be best spent."

Dole's trip, which was interrupted by a quick helicopter flight back to Washington to meet with the president, also served as an opportunity for Maryland officials to

lobby for more federal funding for emergency medical services.

"The federal government put in a lot of the seed money for projects like this," said Dr. Alasdair Conn, director of field programs for MIEMSS, shortly before Dole arrived.

He said Shock Trauma programs can cut down on medical costs.

"If medics can tell at the scene that a patient has a head injury, then they can direct the patient to the nearest equipped emergency room," Conn told reporters before the tour. "Every hospital wouldn't have to have expensive equipment. Right now, we have hospitals within blocks of each other and they all have operating rooms."

Lehman's words, however, were far more encouraging to state officials.

The five-term congressman said the transportation budget has increased from about \$77 million last year to \$100 million this year and he expects a larger share of that money to be spent on emergency medical services.

However, he said, emergency medical service programs still may not receive what they deserve.

"We spend hundreds of millions on cancer and heart disease treatment and research and I believe this is as important as those are," Lehman said.

MARYLAND STATE FIREMEN'S ASSOCIATION



RESOLUTION
October 16, 1983

WHEREAS, the Maryland State Firemen's Association has learned of the proposed GOVERNANCE changes relating to the structure and operation of the Maryland Institute for Emergency Medical Services Systems (MIEMSS); and

WHEREAS, the Maryland State Firemen's Association (MSFA) through our 332 member companies, are an essential part of the State of Maryland Emergency Medical Services and are dedicated to the protection of the citizens of and the visitors to this great State; and

WHEREAS, MSFA has been instrumental in developing a Statewide System that is recognized as a nationwide model of providing emergency medical services; and

WHEREAS, MSFA has first hand knowledge of the efficiencies and effectiveness of the present system that coordinates the combined efforts of the many available resources of our great State; and

WHEREAS, MSFA feels that the proposed changes will be detrimental to the continued efficient provisioning of these services;

NOW, THEREFORE BE IT RESOLVED: that the Officers of the Maryland State Firemen's Association be directed to meet with the Governor, members of the University of Maryland Board of Regents, Officials of the University of Maryland, and the Leadership of the Maryland General Assembly, to advise them of the following:

1. MSFA opposes any fragmentation of the State E.M.S. System
2. MSFA insists on compliance with the provisions of the law that state that MIEMSS is an independent unit within the University of Maryland.
3. MSFA must be consulted prior to any proposed changes to the E.M.S. System.
4. MSFA in this matter speaks not only for our member companies but also for the public who look to us and depend on us for continued provision of the highest quality service.

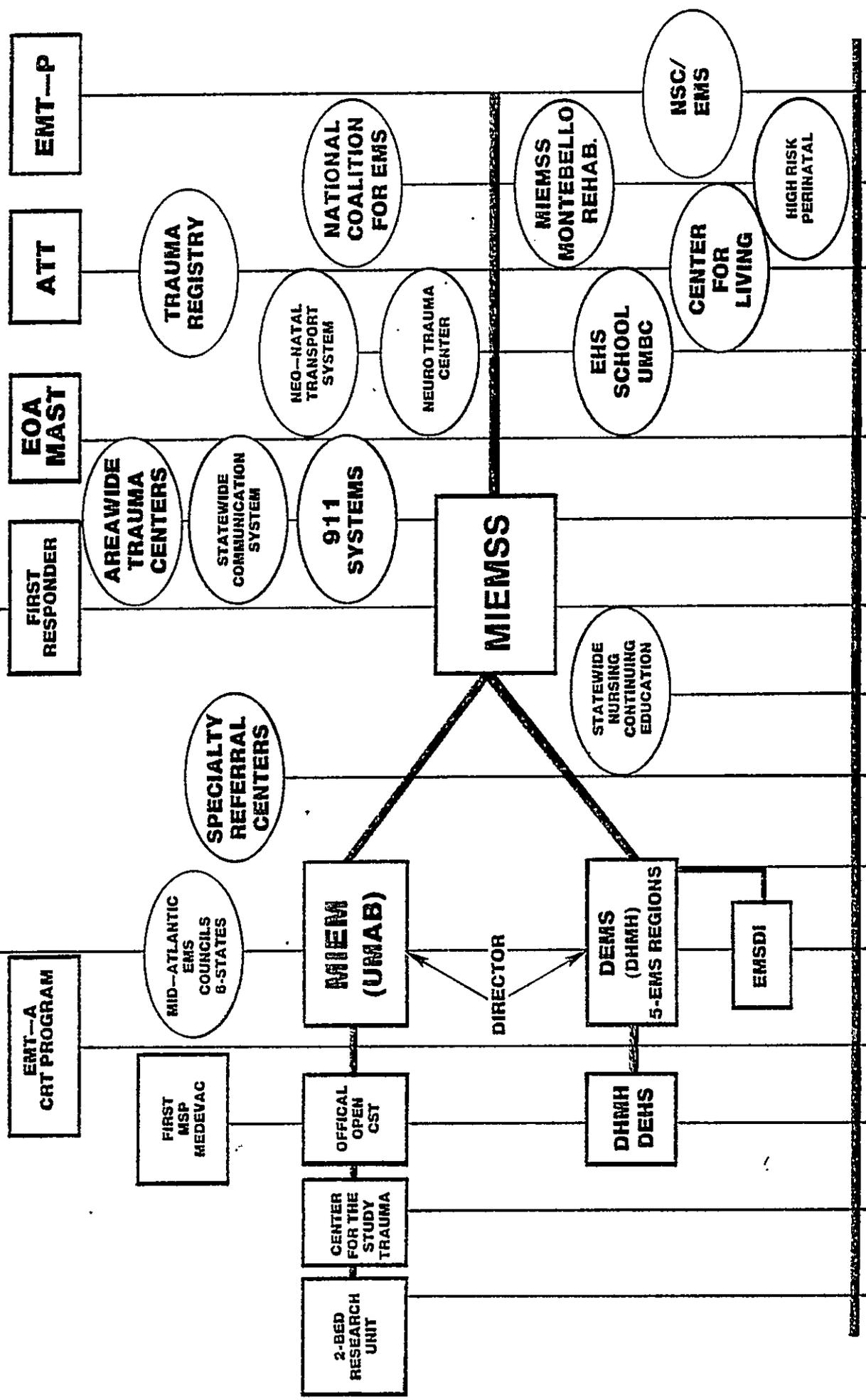
BE IT FURTHER RESOLVED that this Resolution be spread upon the minutes of this meeting of the MSFA Executive Committee and copies be sent to the Governor, the Lieutenant Governor, Comptroller, Treasurer, President of the Senate, Speaker of the House, Chairman and Members of the Board of Regents of the University of Maryland, the President of the University of Maryland, the Maryland Congressional Delegation, Dr. Cowley and Presidents of all County Fire Associations.

Charles W. Riley
President

Charles B. Burton
Secretary

**EXECUTIVE ORDER
ESTABLISHING
EMERGENCY MEDICAL
SYSTEM**

**SENATE
BILL 852
MIEMSS
AMALGAMATION**



61 63 70 72 73 74 75 76 77 78 79 80 81 82 83

AREAWIDE TRAUMA CENTERS (9)

- ▷ Baltimore City Hospitals, Baltimore City
- ▷ The Johns Hopkins Hospital, Baltimore, City
- ▷ The Memorial Hospital, Cumberland
- ▷ Peninsula General Hospital Medical Center, Salisbury
- ▷ Prince George's General Hospital and Medical Center, Cheverly
- ▷ Sinai Hospital, Baltimore City
- ▷ Suburban Hospital, Bethesda
- ▷ University of Maryland Hospital, Baltimore City
- ▷ Washington County Hospital, Hagerstown

SPECIALTY REFERRAL CENTERS (17)

- ▷ Baltimore Regional Burn Center/Baltimore City Hospitals, Baltimore City
- ▷ Burn Unit/Washington Hospital Center, Washington, DC
- ▷ High Risk Perinatal Program
 - The Johns Hopkins Hospital, Baltimore City
 - University of Maryland Hospital, Baltimore City
- ▷ Hyperbaric Medicine Center/Shock Trauma Center, Baltimore City
- ▷ Maryland Eye Trauma System
 - Center for Sight/Georgetown University, Washington, DC
 - Wilmer Institute Eye Trauma Center/The Johns Hopkins Hospital, Baltimore City
- ▷ Maryland Regional Neonatal Program
 - Baltimore City Hospitals, Baltimore City
 - The Johns Hopkins Hospital, Baltimore City
 - University of Maryland Hospital, Baltimore City
 - Mercy Hospital, Baltimore City
 - Saint Agnes Hospital, Baltimore City
 - Sinai Hospital, Baltimore City

primary

secondary
- ▷ Neurotrauma Center/Shock Trauma Center, Baltimore City
- ▷ Pediatric Trauma Center/The Johns Hopkins Hospital, Baltimore City
- ▷ Raymond M. Curtis Hand Center/The Union Memorial Hospital, Baltimore City
- ▷ Shock Trauma Center/University of Maryland, Baltimore City
- ▷ **EMERGENCY CARDIAC SURGERY CENTERS (2)**
 - The Johns Hopkins Hospital, Baltimore City
 - University of Maryland Hospital, Baltimore City
- ▷ **CARDIAC CONSULTATION CENTERS (3)**
 - Baltimore City Hospitals, Baltimore City
 - The Johns Hopkins Hospital, Baltimore City
 - University of Maryland Hospital, Baltimore City
- ▷ **EMERGENCY CONSULTATION CENTERS (1)**
 - Maryland Poison Center/University of Maryland Hospital, Baltimore City

NUMBER OF:

AMBULANCES _____ **425**

EMT-As _____ **11,107**

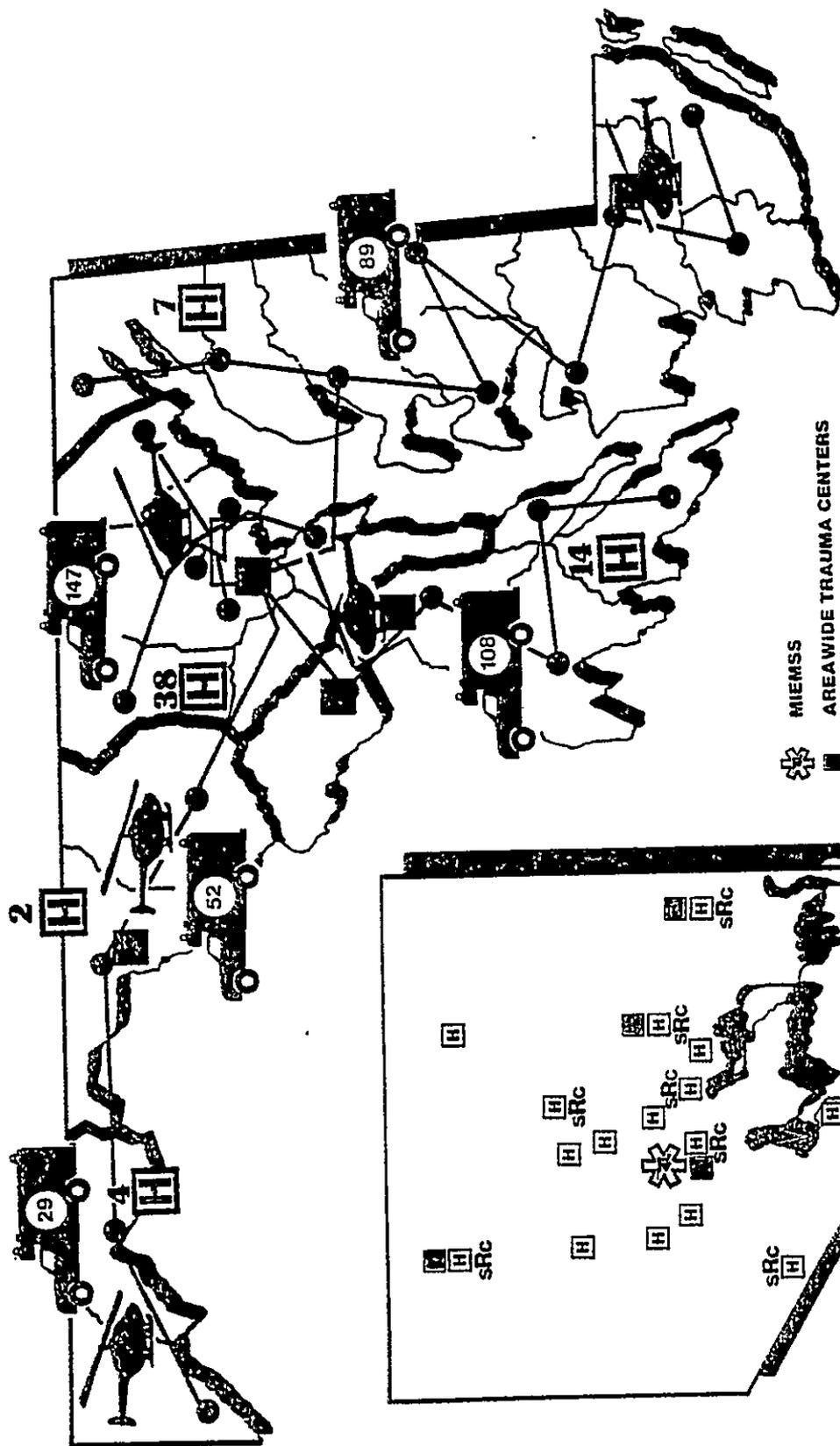
CRTs _____ **1,248**

EMT-PS _____ **30**

1982

322,000 AMBULANCE RESPONSES

1 RESPONSE EVERY 1.6 MINUTES



- MIEMSS
- AREA WIDE TRAUMA CENTERS
- SPECIALTY REFERRAL CENTERS
- HOSPITALS
- AMBULANCES
- HELICOPTERS
- CENTRAL ALARMS
- EMSTEL TELEPHONE NETWORK

