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# THE ANNOTATED CODE OF THE PUBLIC GENERAL LAWS OF MARYLAND

## 1993 Supplement

Prepared by the Editorial Staff of the Publishers

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## Education

1992 REPLACEMENT

Place in Pocket of Corresponding Volume of Main Set.

*Effective Date of Statutes*

See Md. Const., Article XVI, § 2

Annotated through 622 A.2d 517. For complete  
scope of annotations and legislation, see  
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§ 13-103

EDUCATION

TITLE 13.

UNIVERSITY OF MARYLAND — GENERAL PROVISIONS.

*Subtitle 1. Branches, Commissions, and Institutes.*

Sec.

- 13-103. [Repealed].
- 13-103.1. Ambulance services.
- 13-103.2. [Repealed].

*Subtitle 1A. University of Maryland Classified Grievance Procedures.*

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*Subtitle 1. Branches, Commissions, and Institutes.*

§ 13-103. Institute for Emergency Medical Services Systems.

Repealed by Acts 1993, ch. 592, § 1, effective July 1, 1993.

§ 13-103.1. Ambulance services.

(d) *Qualifications for license.* — To qualify for an ambulance service license, an applicant shall:

(1) Pay to the Director an application fee established in accordance with this section;

(2) Maintain commercial general liability insurance that provides for at least \$1 million in coverage in the form of an insurance policy issued by an insurer acceptable to the Maryland Insurance Commissioner to write such policies in the State;

(3) Provide to the Director a certificate of insurance that at a minimum:

(i) Indicates that the insurance required under this subsection is in effect at the time the application is submitted; and

(ii) Lists the Director as an additional party entitled to notification at least 10 days before any:

1. Nonrenewal or cancellation of a policy required by this subsection;

or



2. Substantive change is made in the coverage or level of insurance provided under a policy required by this subsection; and

(4) Meet the requirements of this section and all regulations adopted by the Director under this section.  
(1993, ch. 638.)

**Effect of amendments.** — The 1993 amendment, effective Oct. 1, 1993, added (d) (2) and (3) and redesignated former (d) (2) as present (d) (4).

As the rest of this section was not amended, it is not reprinted in this Supplement.

**Editor's note.** — Section 2, ch. 638, Acts 1993, provides that "an ambulance service license which is in effect on October 1, 1993 shall become ineffective on December 1, 1993 unless the licensee provides the certificate of

insurance required under § 13-103.1 (d) of the Education Article as enacted by this Act on or before December 1, 1993."

Section 3 of ch. 638 provides that "the insurance requirements provided under § 13-103.1 (d) of the Education Article as enacted by this Act for an ambulance service license which is in effect on October 1, 1993 do not apply to a licensee that has five or fewer ambulances until July 1, 1994."

## § 13-103.2. Emergency Medical Services Field Operations.

Repealed by Acts 1993, ch. 592, § 1, effective July 1, 1993.

**Cross references.** — For present provisions similar to the repealed section, see § 13-1D-01 et seq. of this article.

### *Subtitle 1A. University of Maryland Classified Employee Grievance Procedures.*

## § 13-1A-02. Hours and compensation.

(a) *Provisions for nursing personnel.* — If authorized by the Board of Regents or its designee, nurses and graduates of registered nurse education programs assigned to positions in the medical system of the Baltimore City campus may be scheduled to work flexible biweekly schedules with the normal biweekly work period of 80 hours; however, nursing personnel may not be required to work a flexible biweekly schedule.

(b) *Compensatory time — In general.* — If authorized by the Board of Regents or its designee, the campuses of the University may enter into agreements or understandings with employees who are eligible for overtime compensation under federal law that the employees will receive voluntarily compensatory time off in accordance with the federal Fair Labor Standards Amendments of 1985.

(c) *Same — Regulations.* — The University's policy regarding compensatory time off awarded under the provisions of subsection (b) of this section shall be in accordance with regulations regarding compensatory time off adopted by the Department of Personnel, where appropriate. (1978, ch. 723, § 3; 1980, ch. 301; 1983, ch. 112; 1987, ch. 637; 1988, ch. 246, § 2; 1989, ch. 5, § 1; 1991, ch. 21, § 3; 1993, ch. 22, § 1.)



**Effect of amendments.**

The 1993 amendment, effective Oct. 1, 1993, deleted former (a) (2) and (b) (2); and in present (a), substituted a semicolon for a comma following "80 hours".

**Editor's note.**

Section 3, ch. 22, Acts 1993, provides that "this Act is not intended to change the status as of October 1, 1993 of any employee, official, or position from the State Personnel Management System or any other personnel system to a different personnel system, from the unclassified service to the classified service, from the classified service to the unclassified service, or otherwise from one employment status to a different employment status."

Section 4 of ch. 22 provides that "except as expressly provided to the contrary in this Act,

any transaction or employment status affected by or flowing from any change of nomenclature or any statute amended, repealed, or transferred by this Act and validly entered into or existing before October 1, 1993 and every right, duty, or interest flowing from the statute, remains valid after October 1, 1993 and may be terminated, completed, consummated, or enforced as required or allowed by any statute amended, repealed, or transferred by this Act as though the repeal, amendment, or transfer had not occurred. If the change in nomenclature involves a change in name or designation of any State unit, the successor unit shall be considered in all respects as having the powers and obligations granted the former unit."

**§ 13-1A-03. Steps in grievance procedure.**

Employee grievances and claims before the Human Relations Commission are now procedurally independent of one another. *University of Md. v. Boyd*, 93 Md. App. 303, 612 A.2d 305 (1992).

The doctrine of res judicata does not bar the

Human Relations Commission from resolving a complaint filed under Art. 49B even though the Secretary of Personnel had previously resolved a grievance involving the same matter under this section. *University of Md. v. Boyd*, 93 Md. App. 303, 612 A.2d 305 (1992).

*Subtitle 1B. University of Maryland Medical System.*

**§ 13-1B-02. Legislative findings and declaration of purpose.**

It is hereby found and determined that:

(7) The interests of the citizens of the State, the region, and the community naturally served by University Hospital will be best met by granting and transferring State assets and liabilities related to the medical system to a private, nonprofit, nonstock corporation in order to create a separate legal and organizational structure for the medical system to provide independence and flexibility of management and funding, while assuring a compatible and mutually beneficial relationship with the University; and

(8) In order to maintain the highest quality patient care with the maximum efficiency practicable, the R Adams Cowley Shock Trauma Center will be part of the medical system and will be governed by the Board of Directors. (1993, ch. 592.)

**Effect of amendments.** — The 1993 amendment, effective July 1, 1993, deleted former (8) and redesignated former (9) as (8); and substituted "R Adams Cowley Shock Trauma

Center" for "clinical component of the Institute" in present (8).

As the rest of this section was not amended, it is not reprinted in this Supplement.



### § 13-1B-04. Same — Board of Directors.

(a) *Government of Corporation.* — The government of the Medical System Corporation is vested in the Board of Directors.

(b) *Composition.* — The Board of Directors consists of 6 nonvoting members and 22 voting members appointed by the Governor.

(c) *Qualifications.* — (1) Each member shall be a resident of this State.

(2) Three voting members shall be members of the Board of Regents.

(3) Two voting members shall be members of the General Assembly, 1 nominated by the President of the Senate and 1 nominated by the Speaker of the House of Delegates.

(4) One voting member shall be the Executive Director of the Maryland Institute for Emergency Medical Services Systems.

(5) At least 1 voting member of the Board shall be appointed by the Governor, upon nomination by the membership of the Community Advisory Council, from the membership of the Community Advisory Council.

(6) At least 1 voting member of the Board of Directors shall have expertise in the hospital field.

(7) In appointing the voting members of the Board of Directors, the Governor shall insure that the composition of the Board fairly represents the minority composition of the State.

(8) The nonvoting members shall be, ex officio, the Chancellor of the University of Maryland System, the President, the Chief Executive Officer, the Dean of the School of Medicine, the President of the medical staff organization of the medical system, and the Associate Director of nursing services for the medical system.

(1993, ch. 592.)

**Effect of amendments.** — The 1993 amendment, effective July 1, 1993, added (c) (4) and redesignated the remaining paragraphs accordingly; in (b), substituted "6" for "7" and "22" for "21"; and deleted "the Director of the

Maryland Institute for Emergency Medical Services Systems" following "Officer" in present (c) (8).

As the rest of this section was not amended, it is not reprinted in this Supplement.

#### *Subtitle 1C. Montebello Center.*

### § 13-1C-04. Employees.

(d) *Transfer to classified service position.* — (1) On or before January 1, 1993, any Montebello University employee who wishes to transfer to a classified service position of the State shall be treated for purposes of the transfer as if the transfer were in accordance with former Article 64A, § 31 of the Code. (1993, ch. 22, § 1.)

**Effect of amendments.** — The 1993 amendment, effective Oct. 1, 1993, in (d) (1), substituted "classified service position of the State" for "position in the State merit system," inserted "former," and added "of the Code."

As the rest of this section was not amended, it is not reprinted in this Supplement.

**Editor's note.** — Section 3, ch. 22, Acts 1993, provides that "this Act is not intended to change the status as of October 1, 1993 of any



employee, official, or position from the State Personnel Management System or any other personnel system to a different personnel system, from the unclassified service to the classified service, from the classified service to the unclassified service, or otherwise from one employment status to a different employment status."

Section 4 of ch. 22 provides that "except as expressly provided to the contrary in this Act, any transaction or employment status affected by or flowing from any change of nomenclature or any statute amended, repealed, or transferred by this Act and validly entered into or

existing before October 1, 1993 and every right, duty, or interest flowing from the statute, remains valid after October 1, 1993 and may be terminated, completed, consummated, or enforced as required or allowed by any statute amended, repealed, or transferred by this Act as though the repeal, amendment, or transfer had not occurred. If the change in nomenclature involves a change in name or designation of any State unit, the successor unit shall be considered in all respects as having the powers and obligations granted the former unit."

*Subtitle 1D. Emergency Medical Services.*

§ 13-1D-01. Definitions.

(a) *In general.* — In this subtitle the following words have the meanings indicated.

(b) *Advisory Council.* — "Advisory Council" means the Advisory Council to the State Emergency Medical Services Board.

(c) *Board of Directors.* — "Board of Directors" means the Board of Directors of the Medical System Corporation.

(d) *Board of Regents.* — "Board of Regents" means the Board of Regents of the University of Maryland System.

(e) *Center.* — "Center" means the R Adams Cowley Shock Trauma Center.

(f) *EMS Board.* — "EMS Board" means the State Emergency Medical Services Board.

(g) *Institute.* — "Institute" means the Maryland Institute for Emergency Medical Services Systems.

(h) *Medical System Corporation.* — "Medical System Corporation" means the University of Maryland Medical System Corporation.

(i) *Study Center.* — "Study Center" means the Charles McC. Mathias, Jr. National Study Center for Trauma and Emergency Medical Systems.

(j) *University.* — "University" means the University of Maryland at Baltimore. (1993, ch. 592.)

**Editor's note.** — Section 2, ch. 592, Acts 1993, provides that "the State Emergency Medical Services Board, in conjunction with the Maryland State Police and other interested parties shall:

(a) study the feasibility and desirability of obtaining reimbursement for the medical services provided during aeromedical transports;

(b) develop protocols that define the clinical situations appropriate for interhospital transfer by the State Police; and

(c) study whether all emergency aeromedical transports should be staffed by physicians, nurses, and paramedic teams."

Section 3 of ch. 592 provides that "the members of the EMS Board as appointed by the

Governor in accordance with § 13-1D-05 (c) shall be staggered as required by the terms provided for members of the EMS Board on July 1, 1993. The terms of those members end as follows:

- (i) three in 1995;
- (ii) four in 1996; and
- (iii) four in 1997."

Section 4 of ch. 592 provides that "except as otherwise provided by law, all rules and regulations, proposed rules and regulations, standards and guidelines, protocols, policies, directives, certifications, contracts, property, plans, and all matters pending before the Maryland Institute for Emergency Medical Services Systems as of June 30, 1993, shall continue in ef-



fect until completed, withdrawn, canceled, modified, or otherwise changed pursuant to law."

Section 5 of ch. 592 provides that "to the extent that contracts, agreements, grants, or other obligations entered into by the University of Maryland System on behalf of the Maryland Institute for Emergency Medical Services Systems prior to June 30, 1993, are valid, legal and binding but which under the terms of such obligations are to continue in effect after July 1, 1993, those obligations are hereby declared to be valid, legal and binding obligations of the Maryland Institute for Emergency Medical Services Systems and not obligations of the University of Maryland System."

Section 6 of ch. 592 provides that "the University of Maryland at Baltimore: (a) shall continue to provide in fiscal years 1994 and 1995 those administrative, personnel, and support services to the Institute which in fiscal year 1994 are not budgeted as direct costs of the Institute; and (b) thereafter shall provide to the Institute administrative, personnel, and support services subject to any compensation plan agreed upon between the University and the Institute; and (c) for fiscal year 1994, may not transfer funds for the Institute to any other program or purpose."

Section 7 of ch. 592 provides that "the employees of the Institute shall remain in the University of Maryland System personnel system during fiscal year 1994. Subject to appropriation in the fiscal year 1995 budget, appropriate positions in the State Personnel Management System shall be established for Institute employees effective July 1, 1994. Employees transferring from the University of Maryland personnel system to the State Personnel Management System shall transfer to those positions on that date and shall not lose seniority or accrued annual sick or personal leave. Employees transferring from the Uni-

versity of Maryland personnel system to the State Personnel Management System, who are participants in the Optional Retirement Program under Article 73B, Title 11 of the Annotated Code of Maryland at the date of transfer, shall be allowed to continue to be participants after the transfer to the State Personnel System. The power of the Board of Regents to transfer by rule, regulation, or written directive, any staff, functions, or funds of units in the University does not apply to any staff, function, or funds of the Institute."

Section 8 of ch. 592 provides that "the Charles McC. Mathias Jr. National Study Center for Trauma and Emergency Medical Services shall remain part of the University of Maryland at Baltimore. The University of Maryland at Baltimore shall continue to be the employer for the personnel of the National Study Center, those health professionals who are required to have a faculty appointment to work at the Center, and any Medical System University Personnel performing work at the Center."

Section 9 of ch. 592 provides that "for fiscal year 1995, a lump sum amount shall be included in the budget submitted at the 1994 Session of the General Assembly to provide funds for Maryland Institute for Emergency Medical Services Systems, including the operations of the Emergency Medical Services Board. The lump sum appropriation as enacted in the fiscal year 1995 state budget bill shall be in conformance with the provisions of § 7-207 of the State Finance and Procurement Article."

Section 10 of ch. 592 provides that "subject to § 2-1312 of the State Government Article, the EMS Board shall report to the General Assembly on or before January 1, 1995 on the status of the implementation of this Act."

Section 11 of ch. 592 provides that the act shall take effect July 1, 1993.

## § 13-1D-02. Legislative findings.

It is hereby found and determined that:

- (1) The State of Maryland has been a national pioneer in the development of emergency medical services;
- (2) The Emergency Medical System has served the citizens of Maryland well for the past two decades by reducing morbidity and mortality for thousands of seriously ill patients;
- (3) The success of Maryland's Emergency Medical System is due largely to the hard work and dedication of many individuals, particularly the thousands of career and volunteer fire fighters, emergency medical technicians, and rescue squad personnel;
- (4) The citizens of Maryland are fortunate to have highly trained career and volunteer fire fighters, emergency medical technicians, and rescue squad



personnel providing life-sustaining services in the field to ill and injured persons;

(5) The numbers of volunteer fire fighters, emergency medical technicians, and rescue squad personnel have been declining but are an essential and integral part of the State's Emergency Medical System and it is important that their role is preserved;

(6) The Emergency Medical System is a large and complex entity involving numerous public and private interests and requiring close coordination to operate efficiently and in the best interests of all Marylanders;

(7) The R Adams Cowley Shock Trauma Center is the core element of the State's Emergency Medical System and shall continue to serve as the State's primary adult trauma clinical resource center;

(8) The Emergency Medical System could be further enhanced by establishing a governing body that is accountable for and vested with the responsibility and authority to ensure the effective and efficient operation of the system; and

(9) The Emergency Medical Services Field Operations of the Institute and the R Adams Cowley Shock Trauma Center shall remain an integral part of the overall Emergency Medical Services System. (1993, ch. 592.)

#### § 13-1D-03. Maryland Institute for Emergency Medical Services Systems — In general.

(a) *Established.* — There is a Maryland Institute for Emergency Medical Services Systems.

(b) *Independent agency.* — The Institute is an independent agency located at the University of Maryland at Baltimore.

(c) *Government of Institute.* — The Institute shall be governed by the State Emergency Medical Services Board.

(d) *Funding.* — Funding for the Institute shall be from:

(1) The surcharge imposed under § 13-954 of the Transportation Article;

(2) General funds; and

(3) Funds from any other source. (1993, ch. 592.)

#### § 13-1D-04. Same — Administrative agency.

(a) *In general.* — In accordance with this subtitle, the Institute shall be the State administrative agency responsible for the coordination of all emergency medical services.

(b) *Emergency Medical Services Field Operations included.* — The Institute includes the Emergency Medical Services Field Operations.

(c) *Staff; funds.* — The Institute shall have the staff and funds as provided in the State budget. (1993, ch. 592.)



**§ 13-1D-05. EMS Board — In general.**

(a) *Composition.* — (1) The EMS Board consists of 11 members appointed by the Governor.

(2) Of the 11 members:

(i) One shall be the Secretary of Health and Mental Hygiene or the Secretary's designee;

(ii) One shall be a representative of the University of Maryland at Baltimore, nominated by the Board of Regents;

(iii) One shall be the chairperson of the Advisory Council;

(iv) One shall be a physician knowledgeable in the delivery of emergency medical services;

(v) One shall be a physician experienced in the clinical care of trauma patients;

(vi) One shall be a nurse experienced in the clinical care of emergency patients;

(vii) One shall be a career fire fighter, emergency medical technician, or rescue squad person knowledgeable in the delivery of emergency medical services;

(viii) One shall be a volunteer fire fighter, emergency medical technician, or rescue squad person knowledgeable in the delivery of emergency medical services;

(ix) One shall be a hospital administrator knowledgeable in the management and delivery of emergency medical services; and

(x) Two shall be from the public at large, one of whom shall reside in a county with a population of less than 175,000.

(b) *Appointment considerations; limitations.* — (1) Each appointed member shall have demonstrated interest or experience in the delivery of emergency medical services.

(2) In appointing members to the EMS Board, the Governor shall take into consideration the five emergency medical service regions of the State to assure a geographic balance in the Board's membership.

(3) In appointing members to the EMS Board, the Governor shall take into consideration persons:

(i) Recommended by the Advisory Council; or

(ii) Recommended by any statewide organization or association which is interested and involved in the delivery of emergency medical services.

(4) Except as authorized under this section, the Governor may not appoint to the EMS Board any other person who is:

(i) A member of the Board of Regents;

(ii) A member of the Board of Directors of the Medical System Corporation; or

(iii) An officer or full-time employee of the Medical System Corporation or the University.

(c) *Term.* — (1) The term of an appointed member is 4 years.

(2) At the end of a term, an appointed member continues to serve until a successor is appointed and qualifies.



(3) A member who is appointed after a term has begun serves only for the rest of the term and until a successor is appointed and qualifies.

(d) *Chairperson; vice chairperson.* — Annually, from among the members of the EMS Board:

- (1) The Governor shall appoint a chairperson; and
- (2) The chairperson shall appoint a vice chairperson. (1993, ch. 592.)

**§ 13-1D-06. Same — Executive Director.**

(a) *Appointment.* — With the approval of the Governor, the EMS Board shall appoint an Executive Director.

(b) *Nature of appointment.* — The Executive Director serves at the pleasure of the EMS Board.

(c) *Duties and functions.* — Under the direction of the EMS Board, the Executive Director shall:

- (1) Be the administrative head of the EMS Board;
- (2) Be the administrative head of the Institute; and
- (3) Perform any other duty or function that the EMS Board requires.

(d) *Foundations subject to audit.* — Any foundation created by the EMS Board shall be subject to audit by the Office of Legislative Audits.

(e) *"Public officials".* — Members of the EMS Board are "public officials" for the purpose of the Public Ethics Law under Article 40A of the Code. (1993, ch. 592.)

**§ 13-1D-07. Same — Transaction of business.**

(a) *Quorum; adoption of rules and procedures.* — (1) A majority of the full authorized membership of the EMS Board is a quorum for the transaction of any business.

(2) The EMS Board may adopt any rules or procedures necessary to ensure the orderly conduct of business.

(b) *Action requires approval of majority.* — No formal action may be taken by the EMS Board without the approval of a majority of the full authorized membership of the EMS Board.

(c) *Time and place of meetings.* — The EMS Board shall meet at least six times a year, at the times and places that it determines.

(d) *Reimbursement for travel expenses.* — Each member of the EMS Board is entitled to reimbursement for expenses under the Standard State Travel Regulations as provided in the State budget. (1993, ch. 592.)

**§ 13-1D-08. Same — Additional powers and duties.**

(a) *Additional powers.* — In addition to the powers set forth elsewhere in this subtitle, the EMS Board may:

- (1) Subject to the limitations set forth in § 13-1D-09 of this subtitle, adopt regulations to carry out the provisions of this subtitle;
- (2) Create committees from among its members;



(3) Appoint advisory committees, which may include individuals and representatives of interested public or private organizations;

(4) Apply for and accept any funds, property, or services from any person or government agency;

(5) Make agreements with a grantor or payor of funds, property, or services, including an agreement to make any study, plan, demonstration, or project;

(6) Except for confidential medical information, publish and give out any information that relates to the delivery of emergency medical services and is considered desirable in the public interest; and

(7) Hold public hearings.

(b) *Additional duties.* — In addition to the duties set forth elsewhere in this subtitle, the EMS Board shall:

(1) Adopt regulations that relate to its meetings, minutes, and transactions;

(2) Beginning with fiscal year 1996:

(i) Prepare annually a budget proposal that includes the estimated income of the Institute and proposed expenses for its administration and operation; and

(ii) Review and approve that portion of the proposed budgets derived from the Maryland Emergency Medical System Operations Fund for the:

1. Maryland Institute for Emergency Medical Services Systems;
2. R Adams Cowley Shock Trauma Center;
3. Maryland Fire and Rescue Institute; and
4. Aviation Division of the Special Operations Bureau, Maryland

State Police;

(3) Periodically participate in or do analyses and studies that relate to emergency medical services;

(4) On or before October 1 of each year, submit to the Governor and, subject to § 2-1312 of the State Government Article, to the General Assembly an annual report on the operations and activities of the EMS Board and the Institute during the preceding fiscal year, including:

(i) A report on the patients referred or transported to designated emergency medical facilities, including areawide trauma centers, the R Adams Cowley Shock Trauma Center, and specialty referral centers, in accordance with the emergency medical protocols adopted by the EMS Board; and

(ii) Any fact, suggestion, or policy recommendation that the EMS Board considers necessary; and

(5) Work with the Charles McC. Mathias, Jr. National Study Center for Trauma and Emergency Medical Systems to coordinate a plan for research and other academic activities related to emergency medical services issues.

(c) *Governor's budgetary powers not affected.* — The provisions of subsection (b) (2) of this section may not be construed to affect the Governor's powers with respect to a request for an appropriation in the budget bill. (1993, ch. 592.)



## § 13-1D-09. Emergency Medical System plan.

(a) *Adoption; purpose.* — In addition to the duties set forth elsewhere in this subtitle, the EMS Board shall develop and adopt an Emergency Medical System plan to ensure effective coordination and evaluation of emergency medical services delivered in this State.

(b) *Provisions; regulations; opportunity for comment.* — (1) The Emergency Medical System plan shall include:

(i) Criteria for the designation of trauma and specialty referral facilities, including all echelons of care;

(ii) Criteria and guidelines for the delivery of emergency medical services including provisions to assure proper medical direction of emergency medical services;

(iii) A plan designed to maintain and enhance the communications and transportation systems for emergency medical services;

(iv) Provisions for the evaluation of emergency medical services personnel training programs;

(v) Provisions for the establishment of public information and education programs designed to enhance the public's understanding of the Emergency Medical System;

(vi) Criteria and methodologies to evaluate the system's effectiveness in delivering quality emergency medical services needed by the citizens of Maryland; and

(vii) Provisions for the evaluation and monitoring of the Emergency Medical System plan to ensure compliance with this subtitle by all segments of the Emergency Medical System.

(2) The EMS Board shall adopt regulations to implement the Emergency Medical System plan required under this section, subject to paragraph (3) of this subsection.

(3) Prior to adopting regulations under this section, the EMS Board shall consult with and provide opportunity for comment from local jurisdictions, volunteer and career fire companies, emergency medical technicians, rescue squad personnel, and hospitals and consider:

(i) The fiscal impact of the proposed regulations on local jurisdictions, volunteer and career fire companies, emergency medical technicians, rescue squad personnel, and hospitals; and

(ii) The effect of the proposed regulations on the ability of local jurisdictions, volunteer and career fire companies, emergency medical technicians, rescue squad personnel, and hospitals to continue to deliver emergency medical services.

(c) *Consultation with Advisory Council.* — The EMS Board shall consult with the Advisory Council in the development of the Emergency Medical System plan.

(d) *Helicopter regulations.* — The EMS Board may adopt regulations that assure that helicopters transporting patients between hospitals or to or from specialty centers notify the system's communication center in the State Emergency Medical Communications System.



(e) *Implementation.* — Each State agency and department shall cooperate with the EMS Board in implementing the State Emergency Medical System plan. (1993, ch. 592.)

#### § 13-1D-10. Responsibilities of Executive Director.

In accordance with the Emergency Medical System plan and other relevant policies adopted by the EMS Board, the Executive Director shall:

- (1) Coordinate a statewide system of emergency medical services;
- (2) Coordinate the five emergency medical service regions in this State;
- (3) Coordinate the planning and operation of emergency medical services with the federal, State, and county governments;
- (4) Coordinate the training of all personnel in the Emergency Medical Services System and develop the necessary standards for their certification;
- (5) Coordinate programs of research and education that relate to emergency medical services;
- (6) Coordinate the development of centers for treating emergency injuries and illnesses;
- (7) Coordinate the development of specialty referral centers for resuscitation, treatment, and rehabilitation of the critically ill and injured;
- (8) Work closely with the public and private agencies, health care institutions and universities involved with emergency medical services, the Emergency Medical Services Advisory Council, and the Medical Management Consultant Group;
- (9) Administer State and federal funds for emergency medical services in this State;
- (10) Work closely with the Maryland Fire and Rescue Institute, which is responsible for basic training for emergency medical technicians;
- (11) Assure continued improvement of transportation for emergency, critically ill, and injured patients by supporting the goals of career and volunteer systems throughout this State; and
- (12) Implement all programmatic, operational, and administrative components of the Institute. (1993, ch. 592.)

#### § 13-1D-11. Emergency Medical Services Advisory Council.

(a) *Established.* — There is a statewide Emergency Medical Services Advisory Council to advise and assist the EMS Board in performing its functions.

(b) *Composition.* — (1) The Advisory Council consists of 25 members. The members shall be appointed by the Board from a list of three qualified nominees submitted to the Board by their respective organizations or associations represented on the Council. The appointments by the Board shall be subject to the approval of the Governor.

(2) Of the 27 members:

(i) One shall be a representative of the Maryland Chapter of the American College of Emergency Physicians;



- (ii) One shall be a representative of the Medical and Chirurgical Faculty of Maryland;
  - (iii) One shall be a representative of the Maryland Hospital Association;
  - (iv) One shall be a representative of the Maryland State Council of the Emergency Nurses Association;
  - (v) One shall be a representative of the Maryland Fire and Rescue Institute;
  - (vi) One shall be a representative of the Maryland State Firemen's Association;
  - (vii) One shall be a representative of the Aviation Division of the Maryland State Police;
  - (viii) One shall be a representative of the Highway Safety Division of the Maryland Department of Transportation;
  - (ix) One shall be a representative from each of the five regional emergency medical services advisory councils;
  - (x) One shall be a representative of the Maryland trauma net;
  - (xi) One shall be a representative of a Maryland commercial ambulance service;
  - (xii) One shall be a representative of the Board of Physician Quality Assurance;
  - (xiii) One shall be a representative of the Maryland Chapter, American College of Surgeons;
  - (xiv) One shall be a regional medical director;
  - (xv) One shall be a representative of the Maryland Chapter (Chesapeake Bay), American Association of Critical Care Nurses;
  - (xvi) One shall be a representative of the Maryland/District of Columbia International Association of Firefighters;
  - (xvii) One shall be a representative of the volunteer field providers;
  - (xviii) One shall be a representative of the Maryland Metropolitan Fire Chiefs;
  - (xix) One shall be a representative of the State Emergency Numbers Board (911);
  - (xx) One shall be the Director of the Center;
  - (xxi) One shall be the Director of the National Study Center; and
  - (xxii) Two shall be members of the general public, one of whom shall reside in a county with a population of less than 175,000.
- (c) *Interest or experience required.* — Each appointed member of the Council shall have demonstrated interest or experience in the delivery of emergency medical services.
- (d) *Chairperson.* — The members of the Advisory Council shall annually elect the chairperson of the Advisory Council, with the approval of the Governor. The Governor shall have 60 days to approve the elected chairperson. If the Governor has not acted within 60 days of being notified of the election of the chairperson, the elected chairperson shall be deemed approved.
- (e) *Functions.* — The Advisory Council shall:



(1) Serve as a principal advisory body to the EMS Board on matters concerning finances, policies, guidelines, regulations, and procedures necessary for the efficient and effective operation of the statewide Emergency Medical Services System and the Institute;

(2) Provide a means by which regional emergency medical services interests can be represented at a statewide level;

(3) Assist in the development of goals for and facilitate the implementation of a comprehensive emergency medical services plan;

(4) Provide assistance in the resolution of interregional and interstate emergency medical services system problems and concerns; and

(5) Perform any other duties as may be requested by the EMS Board or the Governor.

(f) *Staff.* — The staff for the Advisory Council will be provided by the Institute. (1993, ch. 592.)

### § 13-1D-12. Power of Board of Regents.

(a) *Authority specifically delegated to EMS Board.* — The power of the Board of Regents over plans, proposals, and projects of units in the University does not include the power to disapprove or modify any decision or determination that the EMS Board makes under authority specifically delegated by law to the EMS Board.

(b) *Transfer of staff, functions, or funds.* — The power of the Board of Regents to transfer by rule, regulation, or written directive, any staff, functions, or funds of units in the University does not apply to any staff, function, or funds of the EMS Board. (1993, ch. 592.)

### § 13-1D-13. Charles McC. Mathias, Jr. National Study Center for Trauma and Emergency Medical Systems.

(a) *Mission.* — The Study Center's primary mission is research, with particular emphasis on establishing national policies related to prevention, treatment, acute care and rehabilitation, trauma and emergency medical care delivery systems, disaster epidemiology and management, injury surveillance, and data collection. It shall serve as the primary research center for the State Emergency Medical Services System.

(b) *Budget and research plan — Development.* — The Director of the Study Center shall work closely with the MIEMSS Director in the development of a research plan and the budget.

(c) *Same — Submission.* — The Director of the Study Center shall submit the budget and research plan to the EMS Board for review and comment.

(d) *Same — Opportunity for comment.* — The Director of the Study Center shall advise and provide the opportunity for the EMS Board to comment prior to the adoption of any proposed change in the budget, mission, research plan, or other policies of the Study Center that would affect the ability of the Study Center to continue to fulfill its mission as the primary research center for the State Emergency Medical Services System.



(e) *Same — Annual report.* — The Director of the Study Center shall submit to the EMS Board an annual report on the budget and research plan.

(f) *Director.* — Subject to the approval of the Governor, the President of the University of Maryland at Baltimore shall appoint the Director of the Study Center. The Governor shall have 60 days to approve the appointment. If the Governor has not acted within 60 days of being notified of the appointed director, the appointed director shall be deemed approved.

(g) *Cost recoveries by University of Maryland at Baltimore.* — The University of Maryland at Baltimore shall receive indirect cost recoveries as stipulated in grants received by the National Study Center.

(h) *Transfer of funds elsewhere prohibited.* — The University of Maryland System may not transfer funds for the Study Center to any other program or purpose. (1993, ch. 592.)

#### § 13-1D-14. R Adams Cowley Shock Trauma Center.

(a) *Primary adult clinical resource center.* — The R Adams Cowley Shock Trauma Center is the primary adult clinical resource center for the State Emergency Medical Services Systems.

(b) *Director — Appointment.* — The chief administrative officer of the Center is the Director who:

(1) Shall be appointed by the Board of Directors of the Medical System Corporation, subject to the approval of the Governor or the passage of 60 days from the date of the appointment, whichever occurs first; and

(2) May not hold concurrently the position of Executive Director of the Institute.

(c) *Same — Duties.* — The Director of the Center shall:

(1) Report through the Medical System Corporation Chief Executive Officer to the Board of Directors;

(2) Provide a monthly report to the Board of Directors and the EMS Board on the overall progress of programs;

(3) Render reports to appropriate committees of the Board of Directors; and

(4) Develop the budget and, after approval of the Medical System Corporation Chief Executive Officer, present the budget to the EMS Board for review and comment and through the appropriate committees of the Board of Directors for approval by the Board of Directors.

(d) *Same — Additional duties.* — The Director of the Center shall:

(1) Advise and provide the opportunity for the EMS Board to comment prior to the adoption of any proposed change in the budget, services, mission, or other policies of the Center that would affect the ability of the Center to continue to fulfill its mission as the statewide primary adult clinical resource for emergency medical services; and



(2) Submit to the EMS Board an annual report on the budget and on the operations of the Center. (1993, ch. 592.)

**Cross references.** — See Editor's note to § 13-1D-01 of this article.