

HOUSE BILL 1222

P1

(3lr2861)

ENROLLED BILL

Introduced by Chairman, Appropriations (Governor's Comm. on Emergency Medical Services)

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this
_____ day of _____ at _____ o'clock, _____ M.

Speaker.

CHAPTER _____

1 AN ACT concerning

2 Emergency Medical Services

3 FOR the purpose of altering the governance of the State emergency medical services
4 system; creating an Emergency Medical Services Board for a certain purpose;
5 specifying the membership, terms, duties, and responsibilities of the Board;
6 specifying the quorum, meeting, and reimbursement requirements of the Board;
7 specifying that each State agency and department shall cooperate with the Board in
8 implementing the State emergency medical services system; creating a statewide
9 Emergency Medical Services Advisory Council; specifying the membership and
10 duties of the Advisory Council; altering the responsibilities, structure, and
11 governance of the Maryland Institute for Emergency Medical Services Systems;
12 specifying that the Board shall appoint the Executive Director of the Institute;
13 specifying that the ~~R. R~~ Adams Cowley Shock Trauma Center (Center) is the
14 primary adult clinical resource center for the State emergency medical services
15 system; specifying that the Director of the Center is appointed by the Board of
16 Directors of the Medical System Corporation, subject to the approval of the Governor;
17 specifying the duties of the Director of the Center; ~~requiring the University of~~
18 ~~Maryland at Baltimore as part of its normal budget submission to the Governor to~~

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike-out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

Italics indicate opposite chamber/conference committee amendments.



1 ~~provide a separate request for the Maryland Institute for Emergency Medical~~
 2 ~~Services Systems (Institute); specifying that the budgetary request shall be~~
 3 ~~submitted as recommended by the Board; specifying that the budget of the Institute~~
 4 ~~is subject to the approval of the General Assembly; providing that the University of~~
 5 ~~Maryland at Baltimore shall budget all funds received for the Institute as restricted~~
 6 ~~funds and may not transfer the funds to any other program of the University~~
 7 ~~repealing certain provisions relating to the University of Maryland at Baltimore;~~
 8 ~~providing that a certain member of the University of Maryland Medical System Board~~
 9 ~~shall be a voting member; providing that certain foundations shall be subject to audit by~~
 10 ~~the Office of Legislative Audits; providing for the application of the Ethics Law to~~
 11 ~~members of the Emergency Medical Services Board; requiring the Board, in~~
 12 ~~conjunction with the Maryland State Police, to conduct certain studies and develop~~
 13 ~~certain protocols; providing that the National Study Center shall remain a part of the~~
 14 ~~University of Maryland at Baltimore; specifying the mission of the National Study~~
 15 ~~Center; providing for the appointment of the Director of the National Study Center and~~
 16 ~~specifying certain duties of the Director; maintaining the status of certain employees of~~
 17 ~~the National Study Center; specifying that all rules, regulations, proposed rules and~~
 18 ~~regulations, standards, guidelines, protocols, policies, directives, certifications,~~
 19 ~~contracts, property, and plans pending before the Institute on a certain date shall~~
 20 ~~continue in effect until a certain time; specifying that certain contracts, agreements,~~
 21 ~~grants, or other obligations are to continue in effect as legal and binding obligations~~
 22 ~~of the Institute; requiring the University of Maryland at Baltimore to provide~~
 23 ~~certain administrative and support services under certain circumstances; providing~~
 24 ~~for the application of certain personnel and pension laws to employees of the Institute;~~
 25 ~~restricting the authority of the Board of Regents in regard to the EMS Board; requiring~~
 26 ~~the Department of Budget and Fiscal Planning to provide certain information with the~~
 27 ~~budget; requiring a certain lump sum appropriation; requiring the Emergency Medical~~
 28 ~~Services Board to submit a certain report to the General Assembly by a certain~~
 29 ~~date; and generally relating to the delivery of emergency medical services in~~
 30 ~~Maryland.~~

31 BY repealing

32 Article - Education
 33 Section 13-103 ~~and 13-103.2~~
 34 Annotated Code of Maryland
 35 (1992 Replacement Volume)

36 BY repealing and reenacting, with amendments,

37 Article - Education
 38 Section ~~13-103.2, and 13-1B-02(7), (8), and (9), and 13-1B-04~~
 39 Annotated Code of Maryland
 40 (1992 Replacement Volume)

41 BY adding to

42 Article - Education
 43 Section 13-1D-01 through ~~13-1D-13, 13-1D-14,~~ to be under the new subtitle
 44 "Subtitle 1D. Emergency Medical Services"
 45 Annotated Code of Maryland
 46 (1992 Replacement Volume)

1 BY repealing and reenacting, with amendments,

2 Article - State Finance and Procurement

3 Section 7-121

4 Annotated Code of Maryland

5 (1988 Replacement Volume and 1992 Supplement)

6 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
7 MARYLAND, That the Laws of Maryland read as follows:

8 Article - Education

9 [13-103.

10 (a) There is a Maryland Institute for Emergency Medical Services Systems at the
11 University of Maryland and located in Baltimore City.

12 (b) (1) The head of the Institute is the Director who shall be appointed by the
13 Board of Regents.

14 (2) The Institute shall have the staff and funds provided in the State budget
15 subject to subsection (f) of this section.

16 (c) The Director shall:

17 (1) Coordinate a statewide system of emergency medical services;

18 (2) Coordinate the five emergency medical service regions in this State;

19 (3) Coordinate the planning and operation of emergency medical services
20 with the federal, State, and county governments;

21 (4) Coordinate the training of all personnel in the emergency medical
22 services system and develop the necessary standards for their certification;

23 (5) Coordinate programs of research and education that relate to emergency
24 medical services;

25 (6) Coordinate the development of centers for treating emergency injuries
26 and illnesses;

27 (7) Coordinate the development of specialty referral centers for
28 resuscitation, treatment, and rehabilitation of the critically ill and injured;

29 (8) Work closely with the public and private agencies, health care
30 institutions and universities involved with emergency medical services, the regional
31 emergency medical services advisory council, and the medical management consultant
32 group;

33 (9) Administer State and federal funds for emergency medical services in
34 this State;

35 (10) Work closely with the Maryland Fire and Rescue Institute, which is
36 responsible for basic training for emergency medical technicians;

37 (11) Assure continued improvement of transportation for emergency,
38 critically ill, and injured patients by supporting the goals of paid and volunteer systems
39 throughout this State;

1 (12) Except as provided in subsection (f) of this section report directly to the
2 President of the University of Maryland at Baltimore; and

3 (13) Implement all programmatic, operational, and administrative
4 components of the Institute.

5 (d) The Director may adopt rules and regulations that assure that helicopters
6 transporting patients between hospitals or to or from specialty centers notify the systems
7 communication center of the State emergency medical communications system.

8 (e) Each State agency and department shall cooperate with the Director in
9 implementing the State emergency medical services system.

10 (f) The patient care service, which is the clinical component of the Institute, shall
11 be governed by the Board of Directors of the Medical System Corporation as specified in
12 Subtitle B of this title. Without limiting the generality of the foregoing, the Director of
13 the Institute, with regard to the clinical component of the Institute shall:

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

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

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

20 (4) Develop the budget and, after approval of the Medical System
21 Corporation Chief Executive Officer, present the budget through the appropriate
22 committees of the Board of Directors for approval by the Board of Directors.]

23 ~~13-103.2.~~

24 ~~(a) (1) (i) IN THIS SECTION, "INSTITUTE" MEANS THE MARYLAND~~
25 ~~INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS;~~

26 ~~(a) (1) (ii) The University of Maryland at Baltimore, as part of its normal~~
27 ~~budget submission to the Governor, shall provide a separate request for the [Emergency~~
28 ~~Medical Services Field Operations] MARYLAND INSTITUTE FOR EMERGENCY~~
29 ~~MEDICAL SERVICES SYSTEMS;~~

30 ~~(2) The request shall be submitted as [recommended for the Emergency~~
31 ~~Medical Services Field Operations by the Maryland Institute for Emergency Medical~~
32 ~~Services Systems] APPROVED BY THE STATE EMERGENCY MEDICAL SERVICES~~
33 ~~BOARD IN ACCORDANCE WITH SUBTITLE 1D OF THIS TITLE.~~

34 ~~(b) (1) Funding for the Emergency Medical Services Field Operations OF THE~~
35 ~~INSTITUTE shall be from:~~

36 ~~(i) The surcharge imposed under Section 13-954 of the~~
37 ~~Transportation Article;~~

38 ~~(ii) General funds; and~~

39 ~~(iii) Funds from any other source.~~

1 (2) ~~Funds allocated to the Emergency Medical Services Field Operations OF~~
2 ~~THE INSTITUTE not expended at the end of any fiscal year may not revert to the General~~
3 ~~Fund but shall revert to the Maryland Emergency Medical System Operations Fund~~
4 ~~established in Section 13-955 of the Transportation Article.~~

5 (e) (1) ~~The budget of THE INSTITUTE AND the Emergency Medical Services~~
6 ~~Field Operations shall be subject to the approval of the General Assembly.~~

7 (2) ~~The budget submitted to the General Assembly for the Emergency~~
8 ~~Medical Services Field Operations shall be submitted in object and subobject detail with~~
9 ~~adequate justification for each line item.~~

10 (3) ~~The Maryland Institute for Emergency Medical Services Systems:~~

11 (i) ~~May allocate all funds for the Emergency Medical Services Field~~
12 ~~Operations in a manner that most effectively meets the needs of the Emergency Medical~~
13 ~~Services Field Operations; and~~

14 (ii) ~~May not transfer funds to restore funding cuts imposed on the~~
15 ~~Emergency Medical Services Field Operations by the General Assembly.~~

16 (d) ~~The University of Maryland at Baltimore:~~

17 (1) ~~Shall budget all funds received for THE INSTITUTE AND the Emergency~~
18 ~~Medical Services Field Operations regardless of funding source as current restricted~~
19 ~~funds;~~

20 (2) ~~May not transfer the funds for THE INSTITUTE OR the Emergency~~
21 ~~Medical Services Field Operations to any other program in the University; and~~

22 (3) ~~[Shall] FOR FISCAL YEARS 1994 AND 1995, SHALL continue to provide~~
23 ~~those administrative and support services to THE INSTITUTE AND Emergency Medical~~
24 ~~Services Field Operations which in fiscal year [1993] 1994 are not budgeted as direct~~
25 ~~costs of THE INSTITUTE OR Emergency Medical Services Field Operations.~~

26 13-1B-02.

27 It is hereby found and determined that:

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

34 (8) [As the State administrative agency responsible for coordination of all
35 emergency medical services, the Institute will continue to provide clinical and field
36 support activities and conduct research and educational programs related to emergency
37 medical services; and

38 (9)] In order to maintain the highest quality patient care with the
39 maximum efficiency practicable, the [clinical component of the Institute] R: R ADAMS
40 COWLEY SHOCK TRAUMA CENTER will be part of the medical system and will be
41 governed by the Board of Directors.

1 13-1B-04.

2 (a) The government of the Medical System Corporation is vested in the Board of
3 Directors.

4 (b) The Board of Directors consists of [7] 6 nonvoting members and [21] 22
5 voting members appointed by the Governor.

6 (c) (1) Each member shall be a resident of this State.

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

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

11 (4) ONE VOTING MEMBER SHALL BE THE EXECUTIVE DIRECTOR OF THE
12 MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS.

13 [(4)](5) At least 1 voting member of the Board shall be appointed by the
14 Governor, upon nomination by the membership of the Community Advisory Council,
15 from the membership of the Community Advisory Council.

16 [(5)](6) At least 1 voting member of the Board of Directors shall have
17 expertise in the hospital field.

18 [(6)](7) In appointing the voting members of the Board of Directors, the
19 Governor shall insure that the composition of the Board fairly represents the minority
20 composition of the State.

21 [(7)](8) The nonvoting members shall be, ex officio, the Chancellor of the
22 University of Maryland System, the President, the Chief Executive Officer, [the Director
23 of the Maryland Institute for Emergency Medical Services Systems,] the Dean of the
24 School of Medicine, the President of the medical staff organization of the medical system,
25 and the Associate Director of nursing services for the medical system.

26 SUBTITLE 1D. EMERGENCY MEDICAL SERVICES

27 13-1D-01.

28 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
29 INDICATED.

30 (B) "ADVISORY COUNCIL" MEANS THE ADVISORY COUNCIL TO THE STATE
31 EMERGENCY MEDICAL SERVICES BOARD.

32 (C) "BOARD OF DIRECTORS" MEANS THE BOARD OF DIRECTORS OF THE
33 MEDICAL SYSTEM CORPORATION.

34 (D) "BOARD OF REGENTS" MEANS THE BOARD OF REGENTS OF THE
35 UNIVERSITY OF MARYLAND SYSTEM.

36 (E) "CENTER" MEANS THE R- R ADAMS COWLEY SHOCK TRAUMA CENTER.

37 (F) "EMS BOARD" MEANS THE STATE EMERGENCY MEDICAL SERVICES
38 BOARD.

1 (G) "INSTITUTE" MEANS THE MARYLAND INSTITUTE FOR EMERGENCY
2 MEDICAL SERVICES SYSTEMS.

3 (H) "MEDICAL SYSTEM CORPORATION" MEANS THE UNIVERSITY OF
4 MARYLAND MEDICAL SYSTEM CORPORATION.

5 (I) "STUDY CENTER" MEANS THE CHARLES MCC. MATHIAS, JR. NATIONAL STUDY
6 CENTER FOR TRAUMA AND EMERGENCY MEDICAL SYSTEMS.

7 ~~(H)~~ (J) "UNIVERSITY" MEANS THE UNIVERSITY OF MARYLAND AT
8 BALTIMORE.

9 13-1D-02.

10 IT IS HEREBY FOUND AND DETERMINED THAT:

11 (1) THE STATE OF MARYLAND HAS BEEN A NATIONAL PIONEER IN THE
12 DEVELOPMENT OF EMERGENCY MEDICAL SERVICES;

13 (2) THE EMERGENCY MEDICAL SYSTEM HAS SERVED THE CITIZENS OF
14 MARYLAND WELL FOR THE PAST TWO DECADES BY REDUCING MORBIDITY AND
15 MORTALITY FOR THOUSANDS OF SERIOUSLY ILL PATIENTS;

16 (3) THE SUCCESS OF MARYLAND'S EMERGENCY MEDICAL SYSTEM IS
17 DUE LARGELY TO THE HARD WORK AND DEDICATION OF MANY INDIVIDUALS,
18 PARTICULARLY THE THOUSANDS OF CAREER AND VOLUNTEER FIRE FIGHTERS,
19 EMERGENCY MEDICAL TECHNICIANS, AND RESCUE SQUADSMEN; SQUAD PERSONNEL;

20 (4) THE CITIZENS OF MARYLAND ARE FORTUNATE TO HAVE HIGHLY
21 TRAINED CAREER AND VOLUNTEER FIRE FIGHTERS, EMERGENCY MEDICAL
22 TECHNICIANS, AND RESCUE SQUADSMEN SQUAD PERSONNEL PROVIDING
23 LIFE-SUSTAINING SERVICES IN THE FIELD TO ILL AND INJURED PERSONS;

24 (5) THE NUMBERS OF VOLUNTEER FIRE FIGHTERS, EMERGENCY
25 MEDICAL TECHNICIANS, AND RESCUE SQUADSMEN SQUAD PERSONNEL HAVE BEEN
26 DECLINING BUT ARE AN ESSENTIAL AND INTEGRAL PART OF THE STATE'S
27 EMERGENCY MEDICAL SYSTEM AND IT IS IMPORTANT THAT THEIR ROLE IS
28 PRESERVED;

29 ~~(3)~~ (6) THE EMERGENCY MEDICAL SYSTEM IS A LARGE AND
30 COMPLEX ENTITY INVOLVING NUMEROUS PUBLIC AND PRIVATE INTERESTS AND
31 REQUIRING CLOSE COORDINATION TO OPERATE EFFICIENTLY AND IN THE BEST
32 INTERESTS OF ALL MARYLANDERS;

33 ~~(4)~~ (7) THE R ADAMS COWLEY SHOCK TRAUMA CENTER IS THE CORE
34 ELEMENT OF THE STATE'S EMERGENCY MEDICAL SYSTEM AND SHALL CONTINUE TO
35 SERVE AS THE STATE'S PRIMARY ADULT TRAUMA CLINICAL RESOURCE CENTER-;

36 ~~(5)~~ (8) THE EMERGENCY MEDICAL SYSTEM COULD BE FURTHER
37 ENHANCED BY ESTABLISHING A GOVERNING BODY THAT IS ACCOUNTABLE FOR
38 AND VESTED WITH THE RESPONSIBILITY AND AUTHORITY TO ENSURE THE
39 EFFECTIVE AND EFFICIENT OPERATION OF THE SYSTEM; AND

1 (6) (9) THE EMERGENCY MEDICAL SERVICES FIELD OPERATIONS OF
2 THE INSTITUTE AND ~~CLINICAL COMPONENT OF THE CENTER THE R ADAMS COWLEY~~
3 ~~SHOCK TRAUMA CENTER~~ SHALL REMAIN AN INTEGRAL PART OF THE OVERALL
4 EMERGENCY MEDICAL SERVICES SYSTEM.

5 13-1D-03.

6 (A) THERE IS A MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES
7 SYSTEMS.

8 (B) THE INSTITUTE IS AN INDEPENDENT AGENCY LOCATED AT THE
9 UNIVERSITY OF MARYLAND AT BALTIMORE.

10 (C) THE INSTITUTE SHALL BE GOVERNED BY THE STATE EMERGENCY
11 MEDICAL SERVICES BOARD.

12 (D) FUNDING FOR THE INSTITUTE SHALL BE FROM:

13 (1) THE SURCHARGE IMPOSED UNDER § 13-954 OF THE TRANSPORTATION
14 ARTICLE:

15 (2) GENERAL FUNDS; AND

16 (3) FUNDS FROM ANY OTHER SOURCE.

17 13-1D-04.

18 (A) IN ACCORDANCE WITH THIS SUBTITLE, THE INSTITUTE SHALL BE THE
19 STATE ADMINISTRATIVE AGENCY RESPONSIBLE FOR THE COORDINATION OF ALL
20 EMERGENCY MEDICAL SERVICES.

21 (B) THE INSTITUTE ~~INCLUDES:~~ INCLUDES THE EMERGENCY MEDICAL
22 SERVICES FIELD OPERATIONS.

23 (1) ~~THE EMERGENCY MEDICAL SERVICES FIELD OPERATIONS; AND~~

24 (2) ~~THE CHARLES MCC. MATHIAS JR. NATIONAL STUDY CENTER FOR~~
25 ~~TRAUMA AND EMERGENCY MEDICAL SYSTEMS.~~

26 (C) THE INSTITUTE SHALL HAVE THE STAFF AND FUNDS AS PROVIDED IN THE
27 STATE BUDGET.

28 13-1D-05.

29 (A) (1) THE EMS BOARD CONSISTS OF 11 MEMBERS APPOINTED BY THE
30 GOVERNOR.

31 (2) OF THE 11 MEMBERS:

32 (I) ONE SHALL BE THE SECRETARY OF HEALTH AND MENTAL
33 HYGIENE OR THE SECRETARY'S DESIGNEE;

34 (II) ONE SHALL BE A REPRESENTATIVE OF THE UNIVERSITY OF
35 MARYLAND AT BALTIMORE, NOMINATED BY THE BOARD OF REGENTS;

36 (III) ONE SHALL BE THE ~~CHAIRMAN~~ CHAIRPERSON OF THE
37 ADVISORY COUNCIL;

1 (IV) ONE SHALL BE A PHYSICIAN KNOWLEDGEABLE IN THE
2 DELIVERY OF EMERGENCY MEDICAL SERVICES;

3 (V) ONE SHALL BE A PHYSICIAN EXPERIENCED IN THE CLINICAL
4 CARE OF TRAUMA PATIENTS;

5 (VI) ONE SHALL BE A NURSE EXPERIENCED IN THE CLINICAL CARE
6 OF EMERGENCY PATIENTS;

7 (VII) ONE SHALL BE A FIRE FIGHTER/PARAMEDIC CAREER FIRE
8 FIGHTER, EMERGENCY MEDICAL TECHNICIAN, OR RESCUE SQUADMAN SQUAD
9 PERSON KNOWLEDGEABLE IN THE DELIVERY OF EMERGENCY MEDICAL SERVICES;

10 (VIII) ONE SHALL BE A VOLUNTEER FIRE FIGHTER, EMERGENCY
11 MEDICAL TECHNICIAN, OR RESCUE SQUADMAN SQUAD PERSON KNOWLEDGEABLE
12 IN THE DELIVERY OF EMERGENCY MEDICAL SERVICES;

13 ~~(VIII)~~ (IX) ONE SHALL BE A HOSPITAL ADMINISTRATOR
14 KNOWLEDGEABLE IN THE MANAGEMENT AND DELIVERY OF EMERGENCY MEDICAL
15 SERVICES; AND

16 ~~(IX)~~ THREE SHALL BE FROM THE PUBLIC AT LARGE.

17 (X) TWO SHALL BE FROM THE PUBLIC AT LARGE, ONE OF WHOM
18 SHALL RESIDE IN A COUNTY WITH A POPULATION OF LESS THAN 175,000.

19 (B) (1) EACH APPOINTED MEMBER SHALL HAVE DEMONSTRATED
20 INTEREST OR EXPERIENCE IN THE DELIVERY OF EMERGENCY MEDICAL SERVICES.

21 (2) IN APPOINTING MEMBERS TO THE EMS BOARD, THE GOVERNOR
22 SHALL TAKE INTO CONSIDERATION THE FIVE EMERGENCY MEDICAL SERVICE
23 REGIONS OF THE STATE TO ASSURE A GEOGRAPHIC BALANCE IN THE BOARD'S
24 MEMBERSHIP.

25 (3) IN APPOINTING MEMBERS TO THE EMS BOARD, THE GOVERNOR
26 SHALL TAKE INTO CONSIDERATION PERSONS:

27 (I) RECOMMENDED BY THE ADVISORY COUNCIL; OR

28 (II) RECOMMENDED BY ANY STATEWIDE ORGANIZATION OR
29 ASSOCIATION WHICH IS INTERESTED AND INVOLVED IN THE DELIVERY OF
30 EMERGENCY MEDICAL SERVICES.

31 (4) EXCEPT AS AUTHORIZED UNDER THIS SECTION, THE GOVERNOR
32 MAY NOT APPOINT TO THE EMS BOARD ANY OTHER PERSON WHO IS:

33 (I) A MEMBER OF THE BOARD OF REGENTS;

34 (II) A MEMBER OF THE BOARD OF DIRECTORS OF THE MEDICAL
35 SYSTEM CORPORATION; OR

36 (III) AN OFFICER OR FULL-TIME EMPLOYEE OF THE MEDICAL
37 SYSTEM CORPORATION OR THE UNIVERSITY.

38 (C) (1) THE TERM OF AN APPOINTED MEMBER IS 4 YEARS.

1 (2) AT THE END OF A TERM, AN APPOINTED MEMBER CONTINUES TO
2 SERVE UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

3 (3) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES
4 ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND
5 QUALIFIES.

6 (D) ANNUALLY, FROM AMONG THE MEMBERS OF THE EMS BOARD:

7 (1) THE GOVERNOR SHALL APPOINT A ~~CHAIRMAN~~ CHAIRPERSON; AND

8 (2) THE ~~CHAIRMAN~~ CHAIRPERSON SHALL APPOINT A VICE ~~CHAIRMAN~~
9 CHAIRPERSON.

10 13-1D-06.

11 (A) WITH THE APPROVAL OF THE GOVERNOR, THE EMS BOARD SHALL
12 APPOINT AN EXECUTIVE DIRECTOR.

13 (B) THE EXECUTIVE DIRECTOR SERVES AT THE PLEASURE OF THE EMS
14 BOARD.

15 (C) UNDER THE DIRECTION OF THE EMS BOARD, THE EXECUTIVE DIRECTOR
16 SHALL:

17 (1) BE THE ADMINISTRATIVE HEAD OF THE EMS BOARD;

18 (2) BE THE ADMINISTRATIVE HEAD OF THE INSTITUTE; AND

19 (3) PERFORM ANY OTHER DUTY OR FUNCTION THAT THE EMS BOARD
20 REQUIRES.

21 (D) ANY FOUNDATION CREATED BY THE EMS BOARD SHALL BE SUBJECT TO
22 AUDIT BY THE OFFICE OF LEGISLATIVE AUDITS.

23 (E) MEMBERS OF THE EMS BOARD ARE "PUBLIC OFFICIALS" FOR THE PURPOSE
24 OF THE PUBLIC ETHICS LAW UNDER ARTICLE 40A OF THE CODE.

25 13-1D-07.

26 (A) (1) A MAJORITY OF THE FULL AUTHORIZED MEMBERSHIP OF THE EMS
27 BOARD IS A QUORUM FOR THE TRANSACTION OF ANY BUSINESS.

28 (2) THE EMS BOARD MAY ADOPT ANY RULES OR PROCEDURES
29 NECESSARY TO ENSURE THE ORDERLY CONDUCT OF BUSINESS.

30 (B) NO FORMAL ACTION MAY BE TAKEN BY THE EMS BOARD WITHOUT THE
31 APPROVAL OF A MAJORITY OF THE FULL AUTHORIZED MEMBERSHIP OF THE EMS
32 BOARD.

33 ~~(B)~~ (C) THE EMS BOARD SHALL MEET AT LEAST SIX TIMES A YEAR, AT THE
34 TIMES AND PLACES THAT IT DETERMINES.

35 ~~(C)~~ (D) EACH MEMBER OF THE EMS BOARD IS ENTITLED TO
36 REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE TRAVEL
37 REGULATIONS AS PROVIDED IN THE STATE BUDGET.

38 13-1D-08.

1 (A) IN ADDITION TO THE POWERS SET FORTH ELSEWHERE IN THIS SUBTITLE,
2 THE EMS BOARD MAY:

3 (1) SUBJECT TO THE LIMITATIONS SET FORTH IN § 13-1D-09 OF THIS
4 SUBTITLE, ADOPT REGULATIONS TO CARRY OUT THE PROVISIONS OF THIS
5 SUBTITLE;

6 (2) CREATE COMMITTEES FROM AMONG ITS MEMBERS;

7 (3) APPOINT ADVISORY COMMITTEES, WHICH MAY INCLUDE
8 INDIVIDUALS AND REPRESENTATIVES OF INTERESTED PUBLIC OR PRIVATE
9 ORGANIZATIONS;

10 (4) APPLY FOR AND ACCEPT ANY FUNDS, PROPERTY, OR SERVICES
11 FROM ANY PERSON OR GOVERNMENT AGENCY;

12 (5) MAKE AGREEMENTS WITH A GRANTOR OR PAYOR OF FUNDS,
13 PROPERTY, OR SERVICES, INCLUDING AN AGREEMENT TO MAKE ANY STUDY, PLAN,
14 DEMONSTRATION, OR PROJECT;

15 (6) EXCEPT FOR CONFIDENTIAL MEDICAL INFORMATION, PUBLISH AND
16 GIVE OUT ANY INFORMATION THAT RELATES TO THE DELIVERY OF EMERGENCY
17 MEDICAL SERVICES AND IS CONSIDERED DESIRABLE IN THE PUBLIC INTEREST; AND

18 (7) HOLD PUBLIC HEARINGS.

19 (B) IN ADDITION TO THE DUTIES SET FORTH ELSEWHERE IN THIS SUBTITLE,
20 THE EMS BOARD SHALL:

21 (1) ADOPT REGULATIONS THAT RELATE TO ITS MEETINGS, MINUTES,
22 AND TRANSACTIONS;

23 (2) BEGINNING WITH FISCAL YEAR 1996:

24 (I) PREPARE ANNUALLY A BUDGET PROPOSAL THAT INCLUDES
25 THE ESTIMATED INCOME OF THE INSTITUTE AND PROPOSED EXPENSES FOR ITS
26 ADMINISTRATION AND OPERATION; AND

27 (II) REVIEW AND APPROVE THAT PORTION OF THE PROPOSED
28 BUDGETS DERIVED FROM THE MARYLAND EMERGENCY MEDICAL SYSTEM OPERATIONS
29 FUND FOR THE:

30 1. MARYLAND INSTITUTE FOR EMERGENCY MEDICAL
31 SERVICES SYSTEMS;

32 2. R ADAMS COWLEY SHOCK TRAUMA CENTER;

33 3. MARYLAND FIRE AND RESCUE INSTITUTE; AND

34 4. AVIATION DIVISION OF THE SPECIAL OPERATIONS BUREAU,
35 MARYLAND STATE POLICE;

36 (3) PERIODICALLY PARTICIPATE IN OR DO ANALYSES AND STUDIES
37 THAT RELATE TO EMERGENCY MEDICAL SERVICES; AND

1 (4) ON OR BEFORE OCTOBER 1 OF EACH YEAR, SUBMIT TO THE
2 GOVERNOR AND, SUBJECT TO § 2-1312 OF THE STATE GOVERNMENT ARTICLE, TO
3 THE GENERAL ASSEMBLY AN ANNUAL REPORT ON THE OPERATIONS AND
4 ACTIVITIES OF THE EMS BOARD AND THE INSTITUTE DURING THE PRECEDING
5 FISCAL YEAR, INCLUDING:

6 (I) A REPORT ON THE PATIENTS REFERRED OR TRANSPORTED TO
7 DESIGNATED EMERGENCY MEDICAL FACILITIES, INCLUDING AREA-WIDE TRAUMA
8 CENTERS, THE R ADAMS COWLEY SHOCK TRAUMA CENTER, AND SPECIALTY
9 REFERRAL CENTERS, IN ACCORDANCE WITH THE EMERGENCY MEDICAL
10 PROTOCOLS ADOPTED BY THE EMS BOARD; AND

11 (II) ANY FACT, SUGGESTION, OR POLICY RECOMMENDATION THAT
12 THE EMS BOARD CONSIDERS NECESSARY; AND

13 (5) WORK WITH THE CHARLES MCC. MATHIAS, JR. NATIONAL STUDY
14 CENTER FOR TRAUMA AND EMERGENCY MEDICAL SYSTEMS TO COORDINATE A
15 PLAN FOR RESEARCH AND OTHER ACADEMIC ACTIVITIES RELATED TO
16 EMERGENCY MEDICAL SERVICES ISSUES.

17 (C) THE PROVISIONS OF SUBSECTION (B)(2) OF THIS SECTION MAY NOT BE
18 CONSTRUED TO AFFECT THE GOVERNOR'S POWERS WITH RESPECT TO A REQUEST FOR
19 AN APPROPRIATION IN THE BUDGET BILL.

20 13-1D-09.

21 (A) IN ADDITION TO THE DUTIES SET FORTH ELSEWHERE IN THIS SUBTITLE,
22 THE EMS BOARD SHALL DEVELOP AND ADOPT AN EMERGENCY MEDICAL SYSTEM
23 PLAN TO ENSURE EFFECTIVE COORDINATION AND EVALUATION OF EMERGENCY
24 MEDICAL SERVICES DELIVERED IN THIS STATE.

25 (B) (1) THE EMERGENCY MEDICAL SYSTEM PLAN SHALL INCLUDE:

26 (I) CRITERIA FOR THE DESIGNATION OF TRAUMA AND SPECIALTY
27 REFERRAL FACILITIES, INCLUDING ALL ECHELONS OF CARE;

28 (II) CRITERIA AND GUIDELINES FOR THE DELIVERY OF
29 EMERGENCY MEDICAL SERVICES INCLUDING PROVISIONS TO ASSURE PROPER
30 MEDICAL DIRECTION OF EMERGENCY MEDICAL SERVICES;

31 (III) A PLAN DESIGNED TO MAINTAIN AND ENHANCE THE
32 COMMUNICATIONS AND TRANSPORTATION SYSTEMS FOR EMERGENCY MEDICAL
33 SERVICES;

34 ~~(IV) STANDARDS FOR AN ONGOING PROVISIONS FOR THE~~
35 ~~EVALUATION OF EMERGENCY MEDICAL SERVICES PERSONNEL TRAINING~~
36 ~~PROGRAMS INCLUDING THE CONSISTENCY OF MARYLAND CERTIFICATION~~
37 ~~REQUIREMENTS WITH ANY RELEVANT NATIONAL STANDARDS;~~

38 (V) PROVISIONS FOR THE ESTABLISHMENT OF PUBLIC
39 INFORMATION AND EDUCATION PROGRAMS DESIGNED TO ENHANCE THE PUBLIC'S
40 UNDERSTANDING OF THE EMERGENCY MEDICAL SYSTEM; AND

41 (VI) CRITERIA AND METHODOLOGIES TO EVALUATE THE SYSTEM'S
42 EFFECTIVENESS IN DELIVERING QUALITY EMERGENCY MEDICAL SERVICES
43 NEEDED BY THE CITIZENS OF MARYLAND; AND

1 (VII) PROVISIONS FOR THE EVALUATION AND MONITORING OF
2 THE EMERGENCY MEDICAL SYSTEM PLAN TO ENSURE COMPLIANCE WITH THIS
3 SUBTITLE BY ALL SEGMENTS OF THE EMERGENCY MEDICAL SYSTEM.

4 (2) THE EMS BOARD SHALL ADOPT REGULATIONS TO IMPLEMENT AND
5 ENFORCE THE EMERGENCY MEDICAL SYSTEM PLAN REQUIRED UNDER THIS
6 SECTION, SUBJECT TO PARAGRAPH (3) OF THIS SUBSECTION.

7 (3) PRIOR TO ADOPTING REGULATIONS UNDER THIS SECTION, THE EMS
8 BOARD SHALL CONSULT WITH AND PROVIDE OPPORTUNITY FOR COMMENT FROM
9 LOCAL JURISDICTIONS, VOLUNTEER AND CAREER FIRE COMPANIES, EMERGENCY
10 MEDICAL TECHNICIANS, RESCUE SQUADMEN, SQUAD PERSONNEL, AND HOSPITALS
11 AND CONSIDER:

12 (I) THE FISCAL IMPACT OF THE PROPOSED REGULATIONS ON
13 LOCAL JURISDICTIONS, VOLUNTEER AND CAREER FIRE COMPANIES, EMERGENCY
14 MEDICAL TECHNICIANS, RESCUE SQUADMEN, SQUAD PERSONNEL, AND HOSPITALS;
15 AND

16 (II) THE EFFECT OF THE PROPOSED REGULATIONS ON THE
17 ABILITY OF LOCAL JURISDICTIONS, VOLUNTEER AND CAREER FIRE COMPANIES,
18 EMERGENCY MEDICAL TECHNICIANS, RESCUE SQUADMEN, SQUAD PERSONNEL, AND
19 HOSPITALS TO CONTINUE TO DELIVER EMERGENCY MEDICAL SERVICES.

20 (C) THE EMS BOARD SHALL CONSULT WITH THE ADVISORY COUNCIL IN THE
21 DEVELOPMENT OF THE EMERGENCY MEDICAL SYSTEM PLAN.

22 (D) THE EMS BOARD MAY ADOPT REGULATIONS THAT ASSURE THAT
23 HELICOPTERS TRANSPORTING PATIENTS BETWEEN HOSPITALS OR TO OR FROM
24 SPECIALTY CENTERS NOTIFY THE SYSTEM'S COMMUNICATION CENTER IN THE
25 STATE EMERGENCY MEDICAL COMMUNICATIONS SYSTEM.

26 (E) EACH STATE AGENCY AND DEPARTMENT SHALL COOPERATE WITH THE
27 EMS BOARD IN IMPLEMENTING THE STATE EMERGENCY MEDICAL SYSTEM PLAN.

28 13-1D-10.

29 IN ACCORDANCE WITH THE EMERGENCY MEDICAL SYSTEM PLAN AND OTHER
30 RELEVANT POLICIES ADOPTED BY THE EMS BOARD, THE EXECUTIVE DIRECTOR
31 SHALL:

32 (1) COORDINATE A STATEWIDE SYSTEM OF EMERGENCY MEDICAL
33 SERVICES;

34 (2) COORDINATE THE FIVE EMERGENCY MEDICAL SERVICE REGIONS
35 IN THIS STATE;

36 (3) COORDINATE THE PLANNING AND OPERATION OF EMERGENCY
37 MEDICAL SERVICES WITH THE FEDERAL, STATE, AND COUNTY GOVERNMENTS;

38 (4) COORDINATE THE TRAINING OF ALL PERSONNEL IN THE
39 EMERGENCY MEDICAL SERVICES SYSTEM AND DEVELOP THE NECESSARY
40 STANDARDS FOR THEIR CERTIFICATION;

41 (5) COORDINATE PROGRAMS OF RESEARCH AND EDUCATION THAT
42 RELATE TO EMERGENCY MEDICAL SERVICES;

1 (6) COORDINATE THE DEVELOPMENT OF CENTERS FOR TREATING
2 EMERGENCY INJURIES AND ILLNESSES;

3 (7) COORDINATE THE DEVELOPMENT OF SPECIALTY REFERRAL
4 CENTERS FOR RESUSCITATION, TREATMENT, AND REHABILITATION OF THE
5 CRITICALLY ILL AND INJURED;

6 (8) WORK CLOSELY WITH THE PUBLIC AND PRIVATE AGENCIES,
7 HEALTH CARE INSTITUTIONS AND UNIVERSITIES INVOLVED WITH EMERGENCY
8 MEDICAL SERVICES, THE EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL,
9 AND THE MEDICAL MANAGEMENT CONSULTANT GROUP;

10 (9) ADMINISTER STATE AND FEDERAL FUNDS FOR EMERGENCY
11 MEDICAL SERVICES IN THIS STATE;

12 (10) WORK CLOSELY WITH THE MARYLAND FIRE AND RESCUE
13 INSTITUTE, WHICH IS RESPONSIBLE FOR BASIC TRAINING FOR EMERGENCY
14 MEDICAL TECHNICIANS;

15 (11) ASSURE CONTINUED IMPROVEMENT OF TRANSPORTATION FOR
16 EMERGENCY, CRITICALLY ILL, AND INJURED PATIENTS BY SUPPORTING THE GOALS
17 OF CAREER AND VOLUNTEER SYSTEMS THROUGHOUT THIS STATE; AND

18 (12) IMPLEMENT ALL PROGRAMMATIC, OPERATIONAL, AND
19 ADMINISTRATIVE COMPONENTS OF THE INSTITUTE.

20 13-1D-11.

21 (A) THERE IS A STATEWIDE EMERGENCY MEDICAL SERVICES ADVISORY
22 COUNCIL TO ADVISE AND ASSIST THE EMS BOARD IN PERFORMING ITS FUNCTIONS.

23 ~~(B) (1) THE ADVISORY COUNCIL CONSISTS OF 25 MEMBERS, APPOINTED BY~~
24 ~~THE BOARD WITH THE APPROVAL OF THE GOVERNOR;~~

25 (B) (1) THE ADVISORY COUNCIL CONSISTS OF 25 MEMBERS. THE MEMBERS
26 SHALL BE APPOINTED BY THE BOARD FROM A LIST OF THREE QUALIFIED NOMINEES
27 SUBMITTED TO THE BOARD BY THEIR RESPECTIVE ORGANIZATIONS OR
28 ASSOCIATIONS REPRESENTED ON THE COUNCIL. THE APPOINTMENTS BY THE
29 BOARD SHALL BE SUBJECT TO THE APPROVAL OF THE GOVERNOR.

30 (2) OF THE ~~25~~ 27 MEMBERS:

31 (I) ONE SHALL BE A REPRESENTATIVE OF THE MARYLAND
32 CHAPTER OF THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS;

33 (II) ONE SHALL BE A REPRESENTATIVE OF THE MEDICAL AND
34 CHIRURGICAL FACULTY OF MARYLAND;

35 (III) ONE SHALL BE A REPRESENTATIVE OF THE MARYLAND
36 HOSPITAL ASSOCIATION;

37 (IV) ONE SHALL BE A REPRESENTATIVE OF THE MARYLAND STATE
38 COUNCIL OF THE EMERGENCY NURSES ASSOCIATION;

39 (V) ONE SHALL BE A REPRESENTATIVE OF THE MARYLAND FIRE
40 AND RESCUE INSTITUTE;

1 (VI) ONE SHALL BE A REPRESENTATIVE OF THE MARYLAND STATE
2 FIREMEN'S ASSOCIATION;

3 (VII) ONE SHALL BE A REPRESENTATIVE OF THE AVIATION
4 DIVISION OF THE MARYLAND STATE POLICE;

5 (VIII) ONE SHALL BE A REPRESENTATIVE OF THE HIGHWAY SAFETY
6 DIVISION OF THE MARYLAND DEPARTMENT OF TRANSPORTATION;

7 (IX) ONE SHALL BE A REPRESENTATIVE FROM EACH OF THE FIVE
8 REGIONAL EMERGENCY MEDICAL SERVICES ADVISORY COUNCILS;

9 (X) ONE SHALL BE A REPRESENTATIVE OF THE MARYLAND
10 TRAUMA NET;

11 (XI) ONE SHALL BE A REPRESENTATIVE OF A MARYLAND
12 COMMERCIAL AMBULANCE SERVICE;

13 (XII) ONE SHALL BE A REPRESENTATIVE OF THE BOARD OF
14 PHYSICIAN QUALITY ASSURANCE;

15 (XIII) ONE SHALL BE A REPRESENTATIVE OF THE MARYLAND
16 CHAPTER, AMERICAN COLLEGE OF SURGEONS;

17 (XIV) ~~NONE~~ ONE SHALL BE A REGIONAL MEDICAL DIRECTOR;

18 (XV) ONE SHALL BE A REPRESENTATIVE OF THE MARYLAND
19 CHAPTER (CHESAPEAKE BAY), AMERICAN ASSOCIATION OF CRITICAL CARE NURSES;

20 (XVI) ONE SHALL BE A REPRESENTATIVE OF THE
21 MARYLAND/DISTRICT OF COLUMBIA INTERNATIONAL ASSOCIATION OF
22 FIREFIGHTERS;

23 (XVII) ONE SHALL BE A REPRESENTATIVE OF THE VOLUNTEER
24 FIELD PROVIDERS;

25 (XVIII) ONE SHALL BE A REPRESENTATIVE OF THE MARYLAND
26 METROPOLITAN FIRE CHIEFS; ~~AND~~

27 (XIX) ONE SHALL BE A REPRESENTATIVE OF THE STATE
28 EMERGENCY NUMBERS BOARD (911); AND

29 (XX) ONE SHALL BE THE DIRECTOR OF THE CENTER;

30 (XXI) ONE SHALL BE THE DIRECTOR OF THE NATIONAL STUDY CENTER;

31 AND

32 ~~(XIX) THREE SHALL BE MEMBERS OF THE GENERAL PUBLIC.~~

33 ~~(C) (1) THE CHAIRPERSON OF THE EMS BOARD SHALL ANNUALLY APPOINT~~
34 ~~THE CHAIRPERSON OF THE ADVISORY COUNCIL WITH THE APPROVAL OF THE~~
35 ~~GOVERNOR.~~

36 ~~(2) THE CHAIRPERSON SHALL SERVE ON THE EMS BOARD.~~

37 ~~(XX) (XXII)~~ TWO SHALL BE MEMBERS OF THE GENERAL PUBLIC,
38 ONE OF WHOM SHALL RESIDE IN A COUNTY WITH A POPULATION OF LESS THAN
39 175,000.

1 (C) EACH APPOINTED MEMBER OF THE COUNCIL SHALL HAVE
2 DEMONSTRATED INTEREST OR EXPERIENCE IN THE DELIVERY OF EMERGENCY
3 MEDICAL SERVICES.

4 (D) THE MEMBERS OF THE ADVISORY COUNCIL SHALL ANNUALLY ELECT
5 THE CHAIRPERSON OF THE ADVISORY COUNCIL, WITH THE APPROVAL OF THE
6 GOVERNOR. THE GOVERNOR SHALL HAVE 60 DAYS TO APPROVE THE ELECTED
7 CHAIRPERSON. IF THE GOVERNOR HAS NOT ACTED WITHIN 60 DAYS OF BEING NOTIFIED
8 OF THE ELECTION OF THE CHAIRPERSON, THE ELECTED CHAIRPERSON SHALL BE
9 DEEMED APPROVED.

10 ~~(D)~~ (E) THE ADVISORY COUNCIL SHALL:

11 (1) SERVE AS A PRINCIPAL ADVISORY BODY TO THE EMS BOARD ON
12 MATTERS CONCERNING FINANCES, POLICIES, GUIDELINES, REGULATIONS, AND
13 PROCEDURES NECESSARY FOR THE EFFICIENT AND EFFECTIVE OPERATION OF THE
14 STATEWIDE EMERGENCY MEDICAL SERVICES SYSTEM AND THE INSTITUTE;

15 (2) PROVIDE A MEANS BY WHICH REGIONAL EMERGENCY MEDICAL
16 SERVICES INTERESTS CAN BE REPRESENTED AT A STATEWIDE LEVEL;

17 (3) ASSIST IN THE DEVELOPMENT OF GOALS FOR AND FACILITATE THE
18 IMPLEMENTATION OF A COMPREHENSIVE EMERGENCY MEDICAL SERVICES PLAN;

19 (4) PROVIDE ASSISTANCE IN THE RESOLUTION OF INTERREGIONAL
20 AND INTERSTATE EMERGENCY MEDICAL SERVICES SYSTEM PROBLEMS AND
21 CONCERNS; AND

22 (5) PERFORM ANY OTHER DUTIES AS MAY BE REQUESTED BY THE EMS
23 BOARD OR THE GOVERNOR.

24 ~~(E)~~ (F) THE STAFF FOR THE ADVISORY COUNCIL WILL BE PROVIDED BY
25 THE INSTITUTE.

26 13-1D-12.

27 ~~(A) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, THE~~
28 ~~POWER OF THE BOARD OF REGENTS OVER PLANS, PROPOSALS, AND PROJECTS OF~~
29 ~~UNITS IN THE UNIVERSITY DOES NOT INCLUDE THE POWER TO DISAPPROVE OR~~
30 ~~MODIFY ANY DECISION OR DETERMINATION THAT THE EMS BOARD MAKES UNDER~~
31 ~~AUTHORITY SPECIFICALLY DELEGATED BY LAW TO THE EMS BOARD.~~

32 ~~(2) THE BOARD OF REGENTS SHALL HAVE THE AUTHORITY TO REVIEW~~
33 ~~AND APPROVE ACADEMIC APPOINTMENTS TO THE CHARLES MCC. MATHIAS JR.~~
34 ~~NATIONAL STUDY CENTER FOR TRAUMA AND EMERGENCY MEDICAL SYSTEMS.~~

35 (B) THE POWER OF THE BOARD OF REGENTS TO TRANSFER BY RULE,
36 REGULATION, OR WRITTEN DIRECTIVE, ANY STAFF, FUNCTIONS, OR FUNDS OF
37 UNITS IN THE UNIVERSITY DOES NOT APPLY TO ANY STAFF, FUNCTION, OR FUNDS
38 OF THE EMS BOARD.

39 13-1D-13.

40 (A) THE STUDY CENTER'S PRIMARY MISSION IS RESEARCH, WITH PARTICULAR
41 EMPHASIS ON ESTABLISHING NATIONAL POLICIES RELATED TO PREVENTION,
42 TREATMENT, ACUTE CARE AND REHABILITATION, TRAUMA AND EMERGENCY MEDICAL

1 CARE DELIVERY SYSTEMS, DISASTER EPIDEMIOLOGY AND MANAGEMENT, INJURY
2 SURVEILLANCE, AND DATA COLLECTION. IT SHALL SERVE AS THE PRIMARY RESEARCH
3 CENTER FOR THE STATE EMERGENCY MEDICAL SERVICES SYSTEM.

4 (B) THE DIRECTOR OF THE STUDY CENTER SHALL WORK CLOSELY WITH THE
5 MIEMSS DIRECTOR IN THE DEVELOPMENT OF A RESEARCH PLAN AND THE BUDGET.

6 (C) THE DIRECTOR OF THE STUDY CENTER SHALL SUBMIT THE BUDGET AND
7 RESEARCH PLAN TO THE EMS BOARD FOR REVIEW AND COMMENT.

8 (D) THE DIRECTOR OF THE STUDY CENTER SHALL ADVISE AND PROVIDE THE
9 OPPORTUNITY FOR THE EMS BOARD TO COMMENT PRIOR TO THE ADOPTION OF ANY
10 PROPOSED CHANGE IN THE BUDGET, MISSION, RESEARCH PLAN, OR OTHER POLICIES OF
11 THE STUDY CENTER THAT WOULD AFFECT THE ABILITY OF THE STUDY CENTER TO
12 CONTINUE TO FULFILL ITS MISSION AS THE PRIMARY RESEARCH CENTER FOR THE
13 STATE EMERGENCY MEDICAL SERVICES SYSTEM.

14 (E) THE DIRECTOR OF THE STUDY CENTER SHALL SUBMIT TO THE EMS BOARD
15 AN ANNUAL REPORT ON THE BUDGET AND RESEARCH PLAN.

16 (F) SUBJECT TO THE APPROVAL OF THE GOVERNOR, THE PRESIDENT OF THE
17 UNIVERSITY OF MARYLAND AT BALTIMORE SHALL APPOINT THE DIRECTOR OF THE
18 STUDY CENTER. THE GOVERNOR SHALL HAVE 60 DAYS TO APPROVE THE APPOINTMENT.
19 IF THE GOVERNOR HAS NOT ACTED WITHIN 60 DAYS OF BEING NOTIFIED OF THE
20 APPOINTED DIRECTOR, THE APPOINTED DIRECTOR SHALL BE DEEMED APPROVED.

21 ~~(G) THE DIRECTOR SHALL SERVE AS A NON VOTING, EX OFFICIO MEMBER OF~~
22 ~~THE STATE EMERGENCY MEDICAL SERVICES BOARD.~~

23 ~~(H)~~ (G) THE UNIVERSITY OF MARYLAND AT BALTIMORE SHALL RECEIVE
24 INDIRECT COST RECOVERIES AS STIPULATED IN GRANTS RECEIVED BY THE NATIONAL
25 STUDY CENTER.

26 ~~(H)~~ (H) THE UNIVERSITY OF MARYLAND SYSTEM MAY NOT TRANSFER FUNDS
27 FOR THE STUDY CENTER TO ANY OTHER PROGRAM OR PURPOSE.

28 ~~13-1D-13, 13-1D-14.~~

29 (A) THE R. R. ADAMS COWLEY SHOCK TRAUMA CENTER IS THE PRIMARY
30 ADULT CLINICAL RESOURCE CENTER FOR THE STATE EMERGENCY MEDICAL
31 SERVICES SYSTEMS.

32 (B) THE CHIEF ADMINISTRATIVE OFFICER OF THE CENTER IS THE DIRECTOR
33 WHO:

34 (1) SHALL BE APPOINTED BY THE BOARD OF DIRECTORS OF THE
35 MEDICAL SYSTEM CORPORATION, SUBJECT TO THE APPROVAL OF THE GOVERNOR OR
36 THE PASSAGE OF 60 DAYS FROM THE DATE OF THE APPOINTMENT, WHICHEVER OCCURS
37 FIRST; AND

38 (2) MAY NOT HOLD CONCURRENTLY THE POSITION OF EXECUTIVE
39 DIRECTOR OF THE INSTITUTE.

40 (C) THE DIRECTOR OF THE CENTER SHALL:

1 (1) REPORT THROUGH THE MEDICAL SYSTEM CORPORATION CHIEF
2 EXECUTIVE OFFICER TO THE BOARD OF DIRECTORS;

3 (2) PROVIDE A MONTHLY REPORT TO THE BOARD OF DIRECTORS AND
4 THE EMS BOARD ON THE OVERALL PROGRESS OF PROGRAMS;

5 (3) RENDER REPORTS TO APPROPRIATE COMMITTEES OF THE BOARD
6 OF DIRECTORS; AND

7 (4) DEVELOP THE BUDGET AND, AFTER APPROVAL OF THE MEDICAL
8 SYSTEM CORPORATION CHIEF EXECUTIVE OFFICER, PRESENT THE BUDGET TO THE
9 EMS BOARD FOR REVIEW AND COMMENT AND THROUGH THE APPROPRIATE
10 COMMITTEES OF THE BOARD OF DIRECTORS FOR APPROVAL BY THE BOARD OF
11 DIRECTORS.

12 (D) THE DIRECTOR OF THE CENTER SHALL:

13 (1) ADVISE AND PROVIDE THE OPPORTUNITY FOR THE EMS BOARD TO
14 COMMENT PRIOR TO THE ADOPTION OF ANY PROPOSED CHANGE IN THE MISSION
15 OF THE CENTER BUDGET, SERVICES, MISSION, OR OTHER POLICIES OF THE CENTER
16 THAT WOULD AFFECT THE ABILITY OF THE CENTER TO CONTINUE TO FULFILL ITS
17 MISSION AS THE STATEWIDE PRIMARY ADULT CLINICAL RESOURCE FOR
18 EMERGENCY MEDICAL SERVICES; AND

19 (2) SUBMIT TO THE EMS BOARD AN ANNUAL REPORT ON THE BUDGET
20 AND ON THE OPERATIONS OF THE CENTER.

21 Article - State Finance and Procurement

22 7-121.

23 (A) The budget books shall contain a section that, by unit of the State government, sets
24 forth, for each program or purpose of that unit:

25 (1) the total number of officers and employees and the number in each job
26 classification:

27 (i) authorized in the State budget for the last full fiscal year and the
28 current fiscal year; and

29 (ii) requested for the next fiscal year;

30 (2) the total amount for salaries of officers and employees and the amount for
31 salaries of each job classification:

32 (i) spent during the last full fiscal year;

33 (ii) authorized in the State budget for the current fiscal year; and

34 (iii) requested for the next fiscal year; and

35 (3) an itemized statement of the expenditures for contractual services, supplies
36 and materials, equipment, land and structures, fixed charges, and other operating expenses:

37 (i) made in the last full fiscal year;

38 (ii) authorized in the State budget for the current fiscal year; and

1 (iii) requested for the next fiscal year.

2 (B) IN ITS ANNUAL SUBMISSION OF THE BUDGET, THE DEPARTMENT OF BUDGET
3 AND FISCAL PLANNING SHALL PROVIDE, FOR INFORMATIONAL PURPOSES, A BUDGET
4 PRESENTATION THAT INCLUDES A DESCRIPTION OF THE PROPOSED EXPENDITURES
5 UNDER THE MARYLAND EMERGENCY MEDICAL SYSTEM OPERATIONS FUND FOR THE:

6 (1) MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS;

7 (2) R ADAMS COWLEY SHOCK TRAUMA CENTER;

8 (3) MARYLAND FIRE AND RESCUE INSTITUTE;

9 (4) AVIATION DIVISION OF THE SPECIAL OPERATIONS BUREAU, MARYLAND
10 STATE POLICE; AND

11 (5) GRANTS UNDER THE STATE FIRE, RESCUE, AND AMBULANCE FUND.

12 SECTION 2. AND BE IT FURTHER ENACTED, That the State Emergency
13 Medical Services Board, in conjunction with the Maryland State Police and other
14 interested parties shall:

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

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

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

21 SECTION 3. AND BE IT FURTHER ENACTED, That the members of the EMS
22 Board as appointed by the Governor in accordance with Section 13-1D-05(c) shall be
23 staggered as required by the terms provided for members of the EMS Board on ~~October~~
24 July 1, 1993. The terms of those members end as follows:

25 (i) ~~one~~ three in 1995;

26 (ii) ~~two~~ four in 1996; and

27 (iii) ~~two~~ four in 1997.

28 SECTION 4. AND BE IT FURTHER ENACTED, That, except as otherwise
29 provided by law, all rules and regulations, proposed rules and regulations, standards and
30 guidelines, protocols, policies, directives, certifications, contracts, property, plans, and all
31 matters pending before the Maryland Institute for Emergency Medical Services Systems
32 as of ~~September~~ June 30, 1993, shall continue in effect until completed, withdrawn,
33 canceled, modified, or otherwise changed pursuant to law.

34 SECTION 5. AND BE IT FURTHER ENACTED, That to the extent that
35 contracts, agreements, grants, or other obligations entered into by the University of
36 Maryland System on behalf of the Maryland Institute for Emergency Medical Services
37 Systems prior to ~~September~~ June 30, 1993, are valid, legal and binding but which under
38 the terms of such obligations are to continue in effect after ~~October~~ July 1, 1993, those
39 obligations are hereby declared to be valid, legal and binding obligations of the Maryland
40 Institute for Emergency Medical Services Systems and not obligations of the University of
41 Maryland System.

HOUSE BILL 1222

20

1 SECTION 6. AND BE IT FURTHER ENACTED, That the University of
2 Maryland at Baltimore; (a) shall continue to provide in fiscal years 1994 and 1995 those
3 administrative, personnel, and support services to the Institute which in fiscal year 1994
4 are not budgeted as direct costs of the Institute; and (b) thereafter shall provide to the
5 Institute administrative, personnel, and support services subject to any compensation plan
6 agreed upon between the University and the Institute; and (c) for fiscal year 1994, may not
7 transfer funds for the Institute to any other program or purpose.

8 SECTION 7. AND BE IT FURTHER ENACTED, That the employees of the Institute
9 shall remain in the University of Maryland System personnel system during fiscal year 1994.
10 Subject to appropriation in the fiscal year 1995 budget, appropriate positions in the State
11 Personnel Management System shall be established for Institute employees effective July 1,
12 1994. Employees transferring from the University of Maryland personnel system to the State
13 Personnel Management System shall transfer to those positions on that date and shall not lose
14 seniority or accrued annual sick or personal leave. Employees transferring from the University
15 of Maryland personnel system to the State Personnel Management System, who are
16 participants in the Optional Retirement Program under Article 73B, Title 11 of the Annotated
17 Code of Maryland at the date of transfer, shall be allowed to continue to be participants after
18 the transfer to the State Personnel System. The power of the Board of Regents to transfer by
19 rule, regulation, or written directive, any staff, functions, or funds of units in the University
20 does not apply to any staff, function, or funds of the Institute.

21 SECTION 8. AND BE IT FURTHER ENACTED, That the Charles McC. Mathias
22 Jr. National Study Center for Trauma and Emergency Medical Services shall remain part of
23 the University of Maryland at Baltimore. The University of Maryland at Baltimore shall
24 continue to be the employer for the personnel of the National Study Center, those health
25 professionals who are required to have a faculty appointment to work at the Center, and any
26 Medical System University Personnel performing work at the Center.

27 SECTION 9. AND BE IT FURTHER ENACTED, That for fiscal year 1995, a lump
28 sum amount shall be included in the budget submitted at the 1994 Session of the General
29 Assembly to provide funds for Maryland Institute for Emergency Medical Services Systems,
30 including the operations of the Emergency Medical Services Board. The lump sum
31 appropriation as enacted in the fiscal year 1995 state budget bill shall be in conformance with
32 the provisions of § 7-207 of the State Finance and Procurement Article.

33 SECTION 7. 10. AND BE IT FURTHER ENACTED, That, subject to § 2-1312
34 of the State Government Article, the EMS Board shall report to the General Assembly on
35 or before January 1, 1995 on the status of the implementation of this Act.

36 SECTION 7. 8. 11. AND BE IT FURTHER ENACTED, That this Act shall
37 take effect October July 1, 1993.