

# HOUSE BILL 265

E4  
HB 556/08 – HGO

9lr1021  
CF SB 289

By: Delegates G. Clagett, Barkley, Boteler, Cane, V. Clagett, Costa, DeBoy, Guzzone, Harrison, Jones, Levy, Love, Mathias, Sossi, and V. Turner  
V. Turner, Bohanan, Branch, Holmes, Malone, Weldon, Benson, Donoghue, Kullen, McDonough, Nathan-Pulliam, Pena-Melnyk, and Riley

Introduced and read first time: January 29, 2009  
Assigned to: Health and Government Operations

Committee Report: Favorable with amendments  
House action: Adopted  
Read second time: March 22, 2009

## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 ~~Public Safety~~ Emergency Medical Services – Emergency Medical Services  
3 Board – Membership and Joint Oversight Committee on Emergency Medical  
4 Services

5 FOR the purpose of altering the membership of the State Emergency Medical Services  
6 Board by increasing the number of members who are from the public at large  
7 and by adding one member who is a Director of Operations who is a helicopter  
8 pilot employed by the Department of State Police within the Aviation Division;  
9 Command; establishing the Joint Oversight Committee on Emergency Medical  
10 Services; providing for the membership, appointment, staff, and duties of the  
11 Committee; requiring the Committee to report to the General Assembly on or  
12 before a certain date each year; providing for the termination of certain  
13 provisions of this Act; and generally relating to emergency medical services, the  
14 State Emergency Medical Services Board, and the Joint Oversight Committee  
15 on Emergency Medical Services.

16 BY repealing and reenacting, with amendments,  
17 Article – Education  
18 Section 13–505  
19 Annotated Code of Maryland  
20 (2008 Replacement Volume)

### 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.



1 BY adding to  
2 Article – State Government  
3 Section 2-10A-13  
4 Annotated Code of Maryland  
5 (2004 Replacement Volume and 2008 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 13-505.

10 (a) (1) The EMS Board consists of [11] **13** members appointed by the  
11 Governor.

12 (2) Of the [11] **13** members:

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

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

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

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

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

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

24 (vii) One shall be a career firefighter, emergency medical  
25 technician, or rescue squad person knowledgeable in the delivery of emergency  
26 medical services;

27 (viii) One shall be a volunteer firefighter, emergency medical  
28 technician, or rescue squad person knowledgeable in the delivery of emergency  
29 medical services;

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

1                   (X)    **ONE SHALL BE A DIRECTOR OF OPERATIONS WHO IS A**  
2 **HELICOPTER PILOT EMPLOYED BY THE DEPARTMENT OF STATE POLICE**  
3 **WITHIN THE AVIATION ~~DIVISION~~ COMMAND; AND**

4                   [(x)] (XI)    [Two] **THREE** shall be from the public at large, one of  
5 whom shall reside in a county with a population of less than 175,000.

6           (b)    (1)    Each appointed member shall have demonstrated interest or  
7 experience in the delivery of emergency medical services.

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

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

13                   (i)    Recommended by the Advisory Council; or

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

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

18                   (i)    A member of the Board of Regents;

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

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

23           (c)    (1)    The term of an appointed member is 4 years.

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

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

28           (d)    Annually, from among the members of the EMS Board:

29                   (1)    The Governor shall appoint a chairperson; and

30                   (2)    The chairperson shall appoint a vice chairperson.



SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article – State Government

2-10A-13.

(A) THERE IS A JOINT OVERSIGHT COMMITTEE ON EMERGENCY MEDICAL SERVICES.

(B) (1) THE COMMITTEE CONSISTS OF 12 MEMBERS.

(2) OF THE 12 MEMBERS:

(I) SIX SHALL BE MEMBERS OF THE SENATE OF MARYLAND, APPOINTED BY THE PRESIDENT OF THE SENATE; AND

(II) SIX SHALL BE MEMBERS OF THE HOUSE OF DELEGATES, APPOINTED BY THE SPEAKER OF THE HOUSE.

(C) FROM AMONG THE MEMBERSHIP OF THE COMMITTEE, THE PRESIDENT OF THE SENATE SHALL APPOINT A SENATOR TO SERVE AS THE SENATE CHAIR OF THE COMMITTEE, AND THE SPEAKER OF THE HOUSE SHALL APPOINT A DELEGATE TO SERVE AS THE HOUSE CHAIR OF THE COMMITTEE.

(D) THE DEPARTMENT OF LEGISLATIVE SERVICES SHALL PROVIDE STAFF FOR THE COMMITTEE.

(E) THE COMMITTEE SHALL PROVIDE LEGISLATIVE OVERSIGHT OF EMERGENCY MEDICAL SERVICES IN THE STATE.

(F) TO CARRY OUT ITS OVERSIGHT MISSION, THE COMMITTEE SHALL:

(1) MONITOR PROCUREMENT OF MARYLAND STATE POLICE MEDEVAC HELICOPTERS;

(2) (I) REVIEW PROTOCOL CHANGES FOR EMERGENCY MEDICAL SERVICES FIELD PROVIDERS; AND

(II) ENSURE THAT TRAINING AND EXAMINATION REQUIREMENTS RELATED TO THE PROTOCOL CHANGES ARE ADEQUATE;

(3) REVIEW EFFORTS BY THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS TO ADDRESS RECOMMENDATIONS

1 OF THE EXPERT PANEL ON HELICOPTER UTILIZATION AND PROTOCOLS  
2 ASSEMBLED BY THE INSTITUTE IN NOVEMBER 2008;

3 (4) MONITOR ONGOING SAFETY IMPROVEMENTS FOR THE  
4 MARYLAND STATE POLICE MEDEVAC HELICOPTERS, INCLUDING:

5 (I) COMPLIANCE WITH 14 C.F.R. PART 135 (FEDERAL  
6 AVIATION ADMINISTRATION);

7 (II) ACCREDITATION BY THE COMMISSION FOR THE  
8 ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS;

9 (III) EQUIPMENT UPGRADES;

10 (IV) THE PHASE IN OF ADDITIONAL CO-PILOTS TO THE  
11 MEDEVAC HELICOPTER FLIGHT CREW; AND

12 (V) IMPROVEMENTS RECOMMENDED BY THE NATIONAL  
13 TRANSPORTATION SAFETY BOARD, INCLUDING FLIGHT RISK EVALUATION AND  
14 FLIGHT FOLLOWING PROCEDURES; AND

15 (5) REVIEW THE FOLLOWING UPDATES, STUDIES, AND REPORTS  
16 REQUESTED IN THE MARCH 2009 REPORT OF THE HOUSE EMERGENCY  
17 MEDICAL SERVICES WORKGROUP:

18 (I) AN UPDATE FROM THE MARYLAND INSTITUTE OF  
19 EMERGENCY MEDICAL SERVICES SYSTEMS AND THE MARYLAND STATE  
20 POLICE OF THE STUDY REPORTED IN FEBRUARY 2009 OF THE APPROPRIATE  
21 NUMBER AND DISTRIBUTION OF MEDEVAC HELICOPTERS AND BASES;

22 (II) A STUDY FROM THE MARYLAND STATE POLICE OF  
23 SERVICE DELIVERY OPTIONS FOR MEDEVAC HELICOPTER MAINTENANCE;

24 (III) A STUDY AND RECOMMENDATIONS FROM THE  
25 MARYLAND HEALTH CARE COMMISSION, IN COOPERATION WITH THE  
26 MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS,  
27 REGARDING THE CONFIGURATION OF THE STATE'S NETWORK OF TRAUMA AND  
28 SPECIALTY REFERRAL CENTERS;

29 (IV) A REPORT FROM THE MARYLAND INSTITUTE ON  
30 EMERGENCY MEDICAL SERVICES SYSTEMS ON AMBULANCE INFORMATION  
31 SYSTEM FEATURES THAT PROMOTE ANALYSIS OF SYSTEM PERFORMANCE; AND

1                   (V)    THE ANNUAL REPORT REQUIRED UNDER § 13-509(B)(4)  
2 OF THE EDUCATION ARTICLE FROM THE EMERGENCY MEDICAL SERVICES  
3 BOARD.

4           (G)    IN COOPERATION WITH THE MARYLAND INSTITUTE OF EMERGENCY  
5 MEDICAL SERVICES SYSTEMS, THE EMERGENCY MEDICAL SERVICES BOARD,  
6 THE STATE EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL, AND THE  
7 MARYLAND STATE POLICE, THE COMMITTEE SHALL:

8                   (1)   EXAMINE THE LONG-TERM VIABILITY OF THE MARYLAND  
9 EMERGENCY MEDICAL SERVICES OPERATING FUND; AND

10                   (2)   DEVELOP A LONG-TERM FINANCING PLAN FOR EMERGENCY  
11 MEDICAL SERVICES.

12           (H)    THE COMMITTEE SHALL REPORT ITS FINDINGS AND  
13 RECOMMENDATIONS, IN ACCORDANCE WITH § 2-1246 OF THE STATE  
14 GOVERNMENT ARTICLE, TO THE GENERAL ASSEMBLY ON OR BEFORE  
15 DECEMBER 1 OF EACH YEAR.

16           SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take  
17 effect October 1, 2009. Section 2 of this Act shall remain effective for a period of 4  
18 years and, at the end of September 30, 2013, with no further action required by the  
19 General Assembly, Section 2 of this Act shall be abrogated and of no further force and  
20 effect.

Approved:

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Governor.

\_\_\_\_\_  
Speaker of the House of Delegates.

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President of the Senate.



Department of Legislative Services  
Maryland General Assembly  
2009 Session

**FISCAL AND POLICY NOTE**  
**Revised**

House Bill 265

(Delegate G. Clagett, *et al.*)

Health and Government Operations

Finance

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**Emergency Medical Services - Emergency Medical Services Board and Joint  
Oversight Committee on Emergency Medical Services**

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This bill establishes a Joint Oversight Committee on Emergency Medical Services (EMS) and increases the membership of the EMS Board to 13 by adding a director of operations who is a helicopter pilot employed by the Department of State Police Aviation Command and an additional member from the public at large.

Provisions relating to the joint oversight committee terminate September 30, 2013.

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**Fiscal Summary**

**State Effect:** The Department of Legislative Services (DLS) can handle the staffing requirement with existing budgeted resources; however, limited staff resources may be diverted from other responsibilities. Any costs associated with additional members of the EMS Board can be handled with existing budgeted resources. Revenues are not affected.

**Local Effect:** None.

**Small Business Effect:** None.

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**Analysis**

**Bill Summary:** The joint oversight committee consists of six members of the Senate, appointed by the President of the Senate, and six members of the House of Delegates, appointed by the Speaker of the House. From among the members, the President has to appoint a Senate chair and the Speaker has to appoint a House chair. The committee will be staffed by DLS.

The joint oversight committee has to (1) monitor helicopter procurement; (2) review protocol changes for EMS field providers and ensure that related training and examination requirements are adequate; (3) review efforts by the Maryland Institute for Emergency Medical Services Systems (MIEMSS) to address recommendations of the Expert Panel to Review Helicopter Utilization in Scene Transport of Trauma Patients; (4) monitor specified ongoing safety improvements for State Medevac helicopters; and (5) review specified updates, studies, and reports requested in the March 2009 report of the House EMS Workgroup.

In cooperation with MIEMSS, the EMS Board, the State EMS Advisory Council, and the Maryland State Police, the joint oversight committee must examine the long-term viability of the Maryland Emergency Medical Services Operating Fund (MEMSOF) and develop a long-term financing plan for EMS. The committee must report its findings and recommendations by December 1 of each year.

#### **Current Law/Background:**

*Maryland State Police Aviation Command:* Since 1970, the Maryland State Police Aviation Command (MSPAC) has operated a system of aircraft to provide emergency medical evacuation (Medevac) services and other flight services to the State's citizens. Special funds from MEMSOF support Medevac and search and rescue functions, while general funds support law enforcement and homeland security functions. For almost 10 years, MSPAC operated with a fleet of 12 helicopters and 2 fixed winged aircraft. As a result of the September 2008 crash of Trooper 2, MSPAC operates with 11 helicopters.

*Recent Developments Regarding Medevac Helicopters:* Following the fatal Medevac crash, MIEMSS convened an Expert Panel to Review Helicopter Utilization in Scene Transport of Trauma Patients in November 2008. The panel noted that, although there are other public agencies providing Medevac services in the United States, Maryland's model is unique as the only statewide and State-provided system. Maryland's system is also the only one to separate a primary scene provider agency, operating at an advanced Medevac configuration, from other agencies that are primarily providing inter-facility transports.

Recommendations issued by the panel indicate that MSPAC should take the necessary steps to achieve accreditation by the Commission on Accreditation of Medical Transport Services (CAMTS). The panel also recommended that all Medevac operations be conducted under Part 135 of Federal Aviation Administration (FAA) regulations – the same standard under which commercial air taxis operate.

CAMTS accreditation is a program of voluntary compliance with standards that demonstrate the ability of providers to deliver service of a specific quality. In order to achieve CAMTS accreditation, MSPAC must be Part 135 certified and operate with two



medical crew members per flight. MSPAC currently operates under Part 91 of FAA regulations and with only one medical care provider per flight. The Part 135 accreditation process is anticipated to take at least one year to complete. CAMTS accreditation cannot begin until Part 135 certification is complete.

As a safety measure, MSPAC recently requested funding from the EMS Board for new equipment (e.g., night vision imaging systems, terrain awareness warning systems, and a flight simulator). Additionally, MSPAC requested funding to begin the initial hiring of Medevac copilots. MSPAC reports that hiring an additional pilot will substantially increase the safety of each Medevac flight.

*Funding for Helicopter Replacement:* The Administration proposes replacing eight helicopters over a five-year timeframe. The fiscal 2010 *Capital Improvement Program* includes \$40.0 million for the purchase of two Medevac helicopters. The Maryland Department of Transportation issued a request for proposals for Maryland State Police helicopters on January 30, 2009. Proposals were due on March 19, 2009, but the submission deadline was extended until mid-April. A contract could be awarded as soon as the summer of 2009.

*House of Delegates Emergency Medical Services Workgroup:* In January 2009, the Speaker of the House of Delegates appointed a 14-member House EMS Workgroup. In its final report, submitted March 10, 2009, the workgroup adopted numerous recommendations regarding the State EMS system and requested several updates, studies, and reports. The workgroup specifically recommended the formation of a Legislative Joint EMS Oversight Committee to continue to monitor and provide input regarding helicopter fleet replacement and implementation of safety upgrades and reforms.

*Emergency Medical Services Board:* The EMS Board consists of 11 members, including (1) the Secretary of Health and Mental Hygiene or a designee; (2) a representative of the University of Maryland, Baltimore; (3) the chairperson of the advisory council; (4) two physicians; (5) a nurse; (6) one career and one volunteer firefighter, EMS, or rescue squad representative; (7) a hospital administrator; and (8) two members from the public at large, one of whom must reside in a county with a population of less than 175,000. Members are appointed by the Governor and must have a demonstrated interest or experience in the delivery of EMS.

The EMS Board governs MIEMSS. Its responsibilities include developing and adopting an EMS plan, adopting regulations for ambulance service licensing, approving EMS provider training courses, examining and certifying EMS personnel, appointing the Provider Review Panel, taking disciplinary action against EMS personnel, administering the Public Access Automated External Defibrillator Program, and with the approval of the Governor, appointing the executive director of MIEMSS, who serves at the pleasure

of the EMS Board. The EMS Board also appoints an advisory committee, which advises and assists the EMS Board in performing its functions.

*Maryland Emergency Medical System Operations Fund:* MEMSOF provides annual State budget support for Maryland's EMS system. The source of revenues for MEMSOF is an \$11 annual surcharge on motor vehicle registrations for certain classes of vehicles, as specified in § 13-954 of the Transportation Article. MEMSOF may be used solely for (1) MSPAC; (2) MIEMSS; (3) the R. Adams Cowley Shock Trauma Center; (4) the Maryland Fire and Rescue Institute; (5) local grants under the Senator William H. Amoss Fire, Rescue, and Ambulance Fund; and (6) the Volunteer Company Assistance Fund.

MEMSOF earns approximately \$53.0 million a year in revenues; the Governor's proposed fiscal 2010 budget includes \$51.5 million in total expenditures from MEMSOF. The Department of Legislative Services forecast projects that, from fiscal 2010 through 2015, MEMSOF revenues will grow by 1.3%, while MEMSOF expenditures increase by 3.1%. Over time, growth in expenditures will outpace growth in revenues. MEMSOF could remain viable until as late as fiscal 2013. However, if Part 135 certification enhancements are implemented, MEMSOF will be viable through fiscal 2012. If Part 135 certification and CAMTS accreditation are implemented, MEMSOF will be viable through fiscal 2011. If all of MIEMSS' expert panel recommendations and MSPAC's requested safety enhancements are made, MEMSOF will be viable only through fiscal 2010.

**Additional Comments:** Senate Bill 1063 of 2009 establishes a similar Joint Emergency Medical Services Oversight Committee.

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### Additional Information

**Prior Introductions:** None.

**Cross File:** SB 289 (Senator DeGrange) - Finance.

**Information Source(s):** Maryland Institute for Emergency Medical Services Systems, Department of State Police, Department of Legislative Services

**Fiscal Note History:** First Reader - February 16, 2009  
mcp/mwc Revised - House Third Reader - March 30, 2009

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