

SENATE BILL 764

E4, P1, P3

9lr1355

By: **Senators Pipkin and Astle**

Introduced and read first time: February 6, 2009

Assigned to: Finance and Budget and Taxation

A BILL ENTITLED

1 AN ACT concerning

2 **Reorganization of State Government – Department of Emergency Services**

3 FOR the purpose of reorganizing State government by establishing a Department of
4 Emergency Services as a principal unit of the Executive Branch; repealing the
5 Maryland Institute for Emergency Medical Services Systems and the State
6 Emergency Medical Services Board; establishing a certain emergency
7 management policy for the State; specifying that the Department is responsible
8 for the coordination of certain emergency services in the State; specifying that
9 the Department includes certain agencies, system plans, programs, and boards;
10 providing for qualifications, appointment, powers, duties, and salary of the
11 Secretary and Deputy Secretary of Emergency Services; specifying that the
12 Attorney General is legal advisor to the Department; providing for certain
13 duties of the Attorney General and certain counsel to the Department;
14 transferring certain funding from the Maryland Institute for Emergency
15 Medical Services Systems to the Department; transferring the Maryland
16 Emergency Management Agency and certain powers, duties, and functions to
17 the Department; establishing the Maryland Emergency Management Agency in
18 the Department; establishing that the Secretary shall appoint the Director of
19 the Maryland Emergency Management Agency and that the Director serves at
20 the pleasure of the Secretary; transferring certain powers, duties, and functions
21 of the Maryland Institute for Emergency Medical Services Systems and the
22 State Emergency Medical Services Board to the Department; requiring the
23 Department to develop, adopt, and maintain the Emergency Medical System
24 plan; specifying certain duties of the Secretary regarding the Emergency
25 Medical System plan; requiring the Secretary to report to the Governor and
26 General Assembly on or before a certain date; authorizing the Department to
27 set and charge certain fees for the designation of trauma and specialty referral
28 centers and pay certain fees to the EMS Trauma and Specialty Referral Centers
29 Designation Fund; establishing the Emergency Medical Service Advisory
30 Council in the Department to advise and assist the Department in performing
31 certain functions; requiring the Secretary to appoint members of the Emergency

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Medical Service Advisory Council subject to the approval of the Governor;
2 establishing the Charles McC. Mathias, Jr., National Study Center in the
3 Department; requiring the Secretary to appoint the Director of the Charles
4 McC. Mathias, Jr., National Study Center and receive certain cost recoveries
5 received by the Study Center; requiring the Director of the Charles McC.
6 Mathias, Jr., National Study Center to work closely with and submit certain
7 budget and research plans to the Secretary; establishing that the R Adams
8 Cowley Shock Trauma Center is a unit of the Department; requiring the
9 Secretary to appoint the Director of the R Adams Cowley Shock Trauma Center
10 subject to the approval of the Governor; requiring the Director of the R Adams
11 Cowley Shock Trauma Center to report to and present the budget to the
12 Secretary; requiring the Department to establish and maintain a certain
13 licensing system for ambulance services; establishing a State Board of
14 Paramedics in the Department; requiring the State Board of Paramedics to
15 license certain emergency medical service providers; providing for the
16 appointment, membership, duties, terms, officers, staffing, and reimbursement
17 for the State Board of Paramedics; establishing certain peer review
18 requirements for certain disciplinary proceedings; establishing a Board of
19 Paramedics Fund to fund certain costs of fulfilling certain duties; requiring the
20 Department to administer the Automated External Defibrillator Program;
21 transferring the Maryland Fire and Rescue Institute from the University of
22 Maryland to the Department; requiring the Director of the Maryland Fire and
23 Rescue Institute to report to the Secretary; establishing the Maryland Fire and
24 Rescue Institute in the Department; requiring the Secretary to collaborate with
25 the Governor's Homeland Security Advisor, the Secretary of Health and Mental
26 Hygiene, and certain other government officials to determine emergency
27 services that are duplicated among those agencies and to submit a report to
28 certain committees of the General Assembly on or before a certain date;
29 substituting references to the Department of Emergency Services for references
30 to the Maryland Institute for Emergency Medical Services Systems in certain
31 provisions; defining certain terms; making certain technical changes; providing
32 for the transfer of certain services, appropriations, funding, and grants on a
33 certain date; providing for the transfer of certain property, records, fixtures,
34 appropriations, credits, assets, liabilities, obligations, rights, and privileges;
35 abolishing the Maryland Institute for Emergency Medical Services Systems and
36 providing that the Department of Emergency Services shall be the successor to
37 the Institute by a certain date; abolishing the Emergency Medical Services
38 Board and the provider review panel to the Board; providing that the State
39 Board of Paramedics shall be the successor to the Emergency Medical Services
40 Board; providing that certain employees transferred to the Department as a
41 result of this Act shall be transferred without diminution of certain rights,
42 benefits, or employment or retirement status; providing for the continuity of
43 certain transactions affected by or flowing from this Act; providing for the
44 continuity of certain laws, rules and regulations, standards and guidelines,
45 policies, orders, and other directives, permits and licenses, applications, forms,
46 plans, memberships, contracts, property, investigations, and administrative and
47 judicial responsibilities; providing for appropriate transitional provisions
48 relating to the continuity of certain boards and other units; providing that the

terms of certain members of the State Emergency Medical Services Board and the provider review panel will expire on a certain date; providing that certain property, records, fixtures, appropriations, credits, assets, liabilities, obligations, rights, and privileges are transferred to the Department of Emergency Services; providing for the continuity of certain persons who are licensed, registered, permitted, and certified under certain departments, offices, and units; providing for the continuity of certain contracts, agreements, grants, or other obligations; providing that the Governor may not appoint a certain individual as Secretary of the Department; requiring the publisher of the Annotated Code of Maryland, in consultation with the Department of Legislative Services, shall correct agency names and titles in the Code to conform to the changes that are made by this Act; making the provisions of this Act severable; and generally relating to the establishment of a Department of Emergency Services.

BY repealing

Article – Education

Section 13–103; and 13–501 through 13–517 and the subtitle “Subtitle 5. Emergency Medical Services”

Annotated Code of Maryland

(2008 Replacement Volume)

BY renumbering

Article – Public Safety

Section 14–101 through 14–115, respectively, and the subtitle “Subtitle 1. Maryland Emergency Management Agency Act”

to be Section 15–301 through 15–316, respectively, and the subtitle “Subtitle 3.

Maryland Emergency Management Agency Act”, respectively

Annotated Code of Maryland

(2003 Volume and 2008 Supplement)

BY adding to

Article – Public Safety

Section 15–101 through 15–206 and 15–401 through 15–1004 to be under the new title “Title 15. Department of Emergency Services”

Annotated Code of Maryland

(2003 Volume and 2008 Supplement)

BY repealing and reenacting, with amendments,

Article – Public Safety

Section 15–301 through 15–305, 15–311, and 15–313

Annotated Code of Maryland

(2003 Volume and 2008 Supplement)

(As enacted by Section 2 of this Act)

BY repealing and reenacting, without amendments,

Article – Public Safety

Section 15–306 through 15–310, 15–312, and 15–314 though 15–316

1 Annotated Code of Maryland
2 (2003 Volume and 2008 Supplement)
3 (As enacted by Section 2 of this Act)

4 BY repealing and reenacting, with amendments,
5 Article – Courts and Judicial Proceedings
6 Section 5–601 and 10–205
7 Annotated Code of Maryland
8 (2006 Replacement Volume and 2008 Supplement)

9 BY repealing and reenacting, with amendments,
10 Article – Education
11 Section 7–425
12 Annotated Code of Maryland
13 (2008 Replacement Volume)

14 BY repealing and reenacting, with amendments,
15 Article – Health – General
16 Section 5–601(i), 5–608(a)(1), 13–203(a)(2)(i)15., 17–601(d) and (e),
17 17–602(c)(5)(iii), 19–130, 19–3A–02(b)(3), and 19–710.1(a)
18 Annotated Code of Maryland
19 (2005 Replacement Volume and 2008 Supplement)

20 BY repealing
21 Article – Health – General
22 Section 17–601(c)
23 Annotated Code of Maryland
24 (2005 Replacement Volume and 2008 Supplement)

25 BY repealing and reenacting, with amendments,
26 Article – Health Occupations
27 Section 14–502 and 14–506
28 Annotated Code of Maryland
29 (2005 Replacement Volume and 2008 Supplement)

30 BY repealing and reenacting, with amendments,
31 Article – Public Safety
32 Section 1–305(b)(2)(iii) and 14–3A–01(e)
33 Annotated Code of Maryland
34 (2003 Volume and 2008 Supplement)

35 BY repealing and reenacting, with amendments,
36 Article – State Finance and Procurement
37 Section 7–121(b)
38 Annotated Code of Maryland
39 (2006 Replacement Volume and 2008 Supplement)

40 BY repealing and reenacting, with amendments,

1 Article – State Government
2 Section 8–201
3 Annotated Code of Maryland
4 (2004 Replacement Volume and 2008 Supplement)

5 BY repealing and reenacting, with amendments,
6 Article – Transportation
7 Section 11–118, 13–955, 16–102(b)(2), and 22–218(c)(3)
8 Annotated Code of Maryland
9 (2006 Replacement Volume and 2008 Supplement)

10 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
11 MARYLAND, That Section(s) 13–103; and 13–501 through 13–517 and the subtitle
12 “Subtitle 5. Emergency Medical Services” of Article – Education of the Annotated Code
13 of Maryland be repealed.

14 SECTION 2. AND BE IT FURTHER ENACTED, That Section(s) 14–101
15 through 14–115, respectively, and the subtitle “Subtitle 1. Maryland Emergency
16 Management Agency Act” of Article – Public Safety of the Annotated Code of
17 Maryland be renumbered to be Section(s) 15–301 through 15–316, respectively, and
18 the subtitle “Subtitle 3. Maryland Emergency Management Agency Act”.

19 SECTION 3. AND BE IT FURTHER ENACTED, That the Laws of Maryland
20 read as follows:

21 **Article – Public Safety**

22 **TITLE 15. DEPARTMENT OF EMERGENCY SERVICES.**

23 **SUBTITLE 1. ESTABLISHMENT OF THE DEPARTMENT OF EMERGENCY**
24 **SERVICES.**

25 **15–101.**

26 (A) IN THIS TITLE THE FOLLOWING WORDS HAVE THE MEANINGS
27 INDICATED.

28 (B) “DEPARTMENT” MEANS THE DEPARTMENT OF EMERGENCY
29 SERVICES.

30 (C) “SECRETARY” MEANS THE SECRETARY OF THE DEPARTMENT OF
31 EMERGENCY SERVICES.

32 **15–102.**

1 IT IS THE POLICY OF THE STATE AND THE PURPOSE OF THIS TITLE TO
2 COORDINATE, TO THE MAXIMUM EXTENT POSSIBLE, ALL EMERGENCY
3 MANAGEMENT FUNCTIONS OF THE STATE WITH THE COMPARABLE FUNCTIONS
4 OF THE FEDERAL GOVERNMENT, OTHER STATES, OTHER LOCALITIES, AND
5 PRIVATE AGENCIES, SO THAT THE MOST EFFECTIVE PREPARATION AND USE
6 MAY BE MADE OF THE RESOURCES AND FACILITIES AVAILABLE FOR DEALING
7 WITH ANY EMERGENCY.

8 **SUBTITLE 2. ORGANIZATION AND ADMINISTRATION OF DEPARTMENT.**

9 **15-201.**

10 (A) THERE IS A DEPARTMENT OF EMERGENCY SERVICES,
11 ESTABLISHED AS A PRINCIPAL DEPARTMENT OF STATE GOVERNMENT.

12 (B) IN ACCORDANCE WITH THIS TITLE, THE DEPARTMENT SHALL BE
13 THE STATE ADMINISTRATIVE AGENCY RESPONSIBLE FOR THE COORDINATION
14 OF ALL EMERGENCY SERVICES IN THE STATE.

15 (C) THE DEPARTMENT INCLUDES:

16 (1) THE MARYLAND EMERGENCY MANAGEMENT AGENCY;

17 (2) THE EMERGENCY MEDICAL SERVICES SYSTEM INCLUDING
18 THE EMERGENCY MEDICAL SERVICES FIELD OPERATIONS;

19 (3) THE CHARLES MCC. MATHIAS, JR., NATIONAL STUDY
20 CENTER;

21 (4) THE R ADAMS COWLEY SHOCK TRAUMA CENTER;

22 (5) A LICENSING PROGRAM FOR AMBULANCE SERVICES;

23 (6) THE STATE BOARD OF PARAMEDICS;

24 (7) THE AUTOMATED EXTERNAL DEFIBRILLATOR PROGRAM;

25 AND

26 (8) THE MARYLAND FIRE AND RESCUE INSTITUTE.

27 **15-202.**

1 (A) THE HEAD OF THE DEPARTMENT IS THE SECRETARY OF
2 EMERGENCY SERVICES, WHO SHALL BE APPOINTED BY THE GOVERNOR WITH
3 THE ADVICE AND CONSENT OF THE SENATE.

4 (B) THE SECRETARY SHALL HAVE EXPERIENCE IN THE MANAGEMENT
5 AND DELIVERY OF EMERGENCY SERVICES.

6 (C) THE SECRETARY SERVES AT THE PLEASURE OF THE GOVERNOR.

7 (D) THE SECRETARY IS ENTITLED TO THE SALARY PROVIDED IN THE
8 STATE BUDGET.

9 (E) THE SECRETARY SHALL ADVISE THE GOVERNOR ON ALL MATTERS
10 ASSIGNED TO THE DEPARTMENT AND IS RESPONSIBLE FOR CARRYING OUT THE
11 GOVERNOR'S POLICIES ON THOSE MATTERS.

12 (F) THE SECRETARY IS RESPONSIBLE FOR THE OPERATION OF THE
13 DEPARTMENT AND MAY ESTABLISH GUIDELINES AND PROCEDURES TO
14 PROMOTE THE ORDERLY AND EFFICIENT ADMINISTRATION OF THE
15 DEPARTMENT.

16 (G) THE SECRETARY MAY ESTABLISH, REORGANIZE, OR ABOLISH AREAS
17 OF RESPONSIBILITY IN THE DEPARTMENT NECESSARY TO FULFILL THE DUTIES
18 ASSIGNED TO THE SECRETARY.

19 (H) ANY FOUNDATION CREATED BY THE SECRETARY SHALL BE
20 SUBJECT TO AUDIT BY THE OFFICE OF LEGISLATIVE AUDITS.

21 15-203.

22 (A) (1) WITH THE APPROVAL OF THE GOVERNOR, THE SECRETARY
23 SHALL APPOINT A DEPUTY SECRETARY.

24 (2) THE DEPUTY SECRETARY:

25 (I) SERVES AT THE PLEASURE OF THE SECRETARY;

26 (II) IS ENTITLED TO THE SALARY PROVIDED IN THE STATE
27 BUDGET; AND

28 (III) HAS THE DUTIES PROVIDED BY LAW OR DELEGATED BY
29 THE SECRETARY.

(3) WHENEVER THE SECRETARY IS ABSENT FROM THE STATE OR INCAPACITATED, THE DEPUTY SECRETARY HAS, UNTIL THE SECRETARY RETURNS OR IS NO LONGER INCAPACITATED, ALL OF THE POWERS AND DUTIES CONFERRED BY LAW ON THE SECRETARY.

(B) THE DEPARTMENT SHALL HAVE THE STAFF AND FUNDS AS PROVIDED IN THE STATE BUDGET.

(C) THE APPOINTMENT OF OR REMOVAL OF STAFF OF ANY UNIT IN THE DEPARTMENT IS SUBJECT TO THE APPROVAL OF THE SECRETARY.

(D) EXCEPT AS PROVIDED IN THIS SECTION OR OTHERWISE BY LAW, THE SECRETARY SHALL APPOINT AND REMOVE ALL OTHER STAFF IN ACCORDANCE WITH THE PROVISIONS OF THE STATE PERSONNEL AND PENSIONS ARTICLE.

15-204.

(A) THE ATTORNEY GENERAL IS LEGAL ADVISER TO THE DEPARTMENT.

(B) AT THE REQUEST OF THE GOVERNOR, THE ATTORNEY GENERAL SHALL ASSIGN TO THE DEPARTMENT THE NUMBER OF ASSISTANT ATTORNEYS GENERAL AUTHORIZED BY LAW TO BE ASSIGNED TO THE DEPARTMENT.

(C) (1) THE ATTORNEY GENERAL SHALL DESIGNATE ONE OF THE ASSISTANT ATTORNEYS GENERAL ASSIGNED TO THE DEPARTMENT AS COUNSEL TO THE DEPARTMENT.

(2) AFTER THE ATTORNEY GENERAL DESIGNATES THE COUNSEL TO THE DEPARTMENT, THE ATTORNEY GENERAL MAY NOT REASSIGN THE COUNSEL WITHOUT CONSULTING THE SECRETARY.

(3) (I) THE COUNSEL MAY HAVE NO OTHER DUTY OTHER THAN TO:

1. GIVE THE LEGAL AID, ADVICE, AND COUNSEL REQUIRED BY THE SECRETARY OR ANY OTHER OFFICIAL OF THE DEPARTMENT;

2. SUPERVISE THE OTHER ASSISTANT ATTORNEYS GENERAL ASSIGNED TO THE DEPARTMENT; AND

3. PERFORM FOR THE DEPARTMENT THE DUTIES THAT THE ATTORNEY GENERAL ASSIGNS.

(II) THE COUNSEL SHALL PERFORM THESE DUTIES
SUBJECT TO THE CONTROL AND SUPERVISION OF THE ATTORNEY GENERAL.

15-205.

FUNDING FOR THE DEPARTMENT SHALL BE FROM:

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

(2) GENERAL FUNDS; AND

(3) FUNDS FROM ANY OTHER SOURCE.

15-206.

(A) IN ADDITION TO THE POWERS SET FORTH ELSEWHERE IN THIS
TITLE, THE SECRETARY MAY:

(1) ADOPT REGULATIONS TO CARRY OUT THE PROVISIONS OF
THIS TITLE;

(2) ESTABLISH THE ORGANIZATION OF THE DEPARTMENT;

(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; AND

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

(B) IN ADDITION TO THE DUTIES SET FORTH ELSEWHERE IN THIS TITLE,
THE SECRETARY SHALL:

(1) BEGINNING WITH FISCAL YEAR 2011:

(I) PREPARE ANNUALLY A BUDGET PROPOSAL THAT INCLUDES THE ESTIMATED INCOME OF THE DEPARTMENT 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, AS PROVIDED UNDER § 13-955 OF THE TRANSPORTATION ARTICLE FOR THE:

1. STATE BOARD OF PARAMEDICS;

2. R ADAMS COWLEY SHOCK TRAUMA CENTER;

3. MARYLAND FIRE AND RESCUE INSTITUTE; AND

4. AVIATION DIVISION OF THE SPECIAL OPERATIONS BUREAU, DEPARTMENT OF STATE POLICE; AND

(2) ON OR BEFORE OCTOBER 1 OF EACH YEAR, SUBMIT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY AN ANNUAL REPORT ON THE OPERATIONS AND ACTIVITIES OF THE DEPARTMENT DURING THE PRECEDING FISCAL YEAR.

(C) THE PROVISIONS OF SUBSECTION (B)(1) 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.

Subtitle 3. Maryland Emergency Management Agency Act.

15-301.

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

(b) "Director" means the Director of MEMA.

(c) "Emergency" means the threat or occurrence of:

(1) a hurricane, tornado, storm, flood, high water, wind-driven water, tidal wave, earthquake, landslide, mudslide, snowstorm, drought, fire, explosion, and any other disaster in any part of the State that requires State assistance to supplement local efforts in order to save lives and protect public health and safety; or

(2) an enemy attack, act of terrorism, or public health catastrophe.

(d) (1) "Emergency management" means the preparation for and carrying out of functions in an emergency in order to save lives and to minimize and repair injury and damage that result from emergencies beyond the capabilities of local authorities.

(2) "Emergency management" does not include the preparation for and carrying out of functions in an emergency for which military forces are primarily responsible.

(e) "Local organization for emergency management" means an organization established by a political subdivision or other local authority under [§ 14-109] § **15-309** of this subtitle.

(f) "MEMA" means the Maryland Emergency Management Agency.

(g) "Political subdivision" means a county or municipal corporation of the State.

15-302.

[(a)] To ensure that the State will be adequately prepared to deal with emergencies that are beyond the capabilities of local authorities, to provide for the common defense, to protect the public peace, health, and safety, and to preserve the lives and property of the people of the State, it is necessary to:

(1) establish a Maryland Emergency Management Agency;

(2) authorize the establishment of local organizations for emergency management in the political subdivisions;

(3) confer on the Governor and on the executive heads or governing bodies of the political subdivisions the emergency powers provided in this subtitle; and

(4) provide for the rendering of mutual aid among the political subdivisions and with other states in carrying out emergency management functions.

[(b)] It is the policy of the State and the purpose of this subtitle to coordinate, to the maximum extent possible, all emergency management functions of the State with the comparable functions of the federal government, other states, other localities, and private agencies, so that the most effective preparation and use may be made of the resources and facilities available for dealing with any emergency.]

15-303.

(a) There is a Maryland Emergency Management Agency in the [Military] Department **OF EMERGENCY SERVICES**.

1 (b) MEMA is a unit of State government.

2 15-304.

3 (a) The [Adjutant General] **SECRETARY** shall appoint the director of MEMA
4 with the approval of the Governor.

5 (b) The Director serves at the pleasure of the [Adjutant General]
6 **SECRETARY**.

7 (c) (1) The Director is in the executive service of the State Personnel
8 Management System and is entitled to the salary provided in the State budget.

9 (2) The Director's employment is not subject to the conditions and
10 limitations of the State Personnel and Pensions Article.

11 (d) (1) The Director is the executive head of MEMA.

12 (2) The Director is responsible to the Governor and the [Adjutant
13 General] **SECRETARY** for carrying out the State emergency management program.

14 (3) If the Governor has formally declared the threat or occurrence of
15 an emergency, the Director shall coordinate the activities of all organizations for
16 emergency management operations in the State.

17 (4) With the approval of the [Adjutant General] **SECRETARY** and in
18 collaboration with other public and private agencies in the State, the Director shall
19 develop or cause to be developed mutual aid agreements for reciprocal emergency aid
20 and assistance in case of emergency of an extreme nature that affects two or more
21 political subdivisions.

22 (5) The Director shall maintain liaison and cooperate with emergency
23 management agencies and organizations of other states and the federal government.

24 (e) Subject to the authority of the [Adjutant General] **SECRETARY**, the
25 Director may employ personnel in accordance with the State budget and subject to the
26 conditions and limitations of the State Personnel and Pensions Article.

27 (f) The Director may make expenditures within the appropriations in the
28 State budget or from other money made available to the Director for purposes of
29 emergency management as necessary to carry out this subtitle.

30 15-305.

31 (a) There is an Emergency Management Advisory Council.

1 (b) The Council consists of the members that the Governor designates,
2 including:

3 (1) fair and reasonable representation for local government;

4 (2) representation for organizations that represent volunteer
5 firefighters and rescue squads; and

6 (3) representation from manufacturing, utilities, and communications
7 industries.

8 (c) A member of the Council:

9 (1) may not receive compensation for service on the Council; but

10 (2) is entitled to reimbursement for expenses under the Standard
11 State Travel Regulations, as provided in the State budget.

12 (d) The Council shall advise the Governor on all matters that relate to
13 emergency management.

14 (e) On or before December 31, [2005] **2009**, and on or before December 1 of
15 each year thereafter, the Council shall submit a report to the Governor and, in
16 accordance with § 2-1246 of the State Government Article, to the General Assembly
17 concerning its activities and recommendations.

18 15-306.

19 (a) (1) The Governor:

20 (i) has control of and is responsible for MEMA; and

21 (ii) is responsible for carrying out this subtitle.

22 (2) In the event of the threat or occurrence of an emergency, the
23 Governor may assume direct operational control over all or part of an emergency
24 management function created or authorized by this subtitle and Subtitles 2 and 4 of
25 this title.

26 (3) The Governor may delegate the powers the Governor sees fit to an
27 individual who is employed:

28 (i) in the Executive Department of State government;

29 (ii) as a secretary of a principal department; or

30 (iii) as the head of an independent State agency.

1 (b) In performing duties under this subtitle, the Governor:

2 (1) may cooperate with the federal government, other states, and
3 private agencies in all matters that relate to the emergency management operations of
4 this State and the United States;

5 (2) may issue orders, rules, and regulations necessary or desirable to:

6 (i) carry out this subtitle;

7 (ii) prepare and revise, as necessary, a comprehensive plan and
8 program for the emergency management operations of this State;

9 (iii) integrate the plan and program of this State with the
10 emergency management operations plans of the federal government and other states;
11 and

12 (iv) coordinate the preparation of plans and programs for
13 emergency management operations by the political subdivisions;

14 (3) may authorize the procurement of supplies and equipment, the
15 institution of training programs including the process for licensing, certifying, or
16 credentialing health care practitioners developed under § 18-903(c) of the Health –
17 General Article, public information programs, and other steps to prepare for an
18 emergency;

19 (4) may authorize studies and surveys of industries, resources, and
20 facilities in the State as necessary or desirable to:

21 (i) ascertain the State's capabilities for emergency management
22 operations; and

23 (ii) prepare plans for the emergency management of resources
24 in accordance with the national plan for emergency preparedness;

25 (5) may appoint, in cooperation with local authorities, directors of local
26 organizations for emergency management, may delegate to the directors any
27 administrative authority vested in the Governor under this subtitle, and may provide
28 for the subdelegation of that authority; and

29 (6) may delegate the Governor's authority under this subsection to an
30 individual who is employed:

31 (i) in the Executive Department of State government;

32 (ii) as a secretary of a principal department; or

33 (iii) as the head of an independent State agency.

1 (c) (1) In addition to emergency prevention measures included in the
2 State, local, and interjurisdictional emergency plans, the Governor shall consider, on a
3 continuing basis, steps that could be taken to prevent or reduce the harmful
4 consequences of potential emergencies.

5 (2) (i) At the direction of the Governor, and in accordance with any
6 other authority and competence they have, State agencies shall study matters related
7 to emergency prevention.

8 (ii) State agencies required to study matters related to
9 emergency prevention include those charged with responsibilities in connection with
10 flood plain management, stream encroachment and flow regulation, weather
11 modification, fire prevention and control, air quality, public works, land use and
12 land-use planning, and construction standards.

13 15-307.

14 (a) (1) If the Governor finds that an emergency has developed or is
15 impending due to any cause, the Governor shall declare a state of emergency by
16 executive order or proclamation.

17 (2) The state of emergency continues until the Governor:

18 (i) finds that the threat or danger has passed or the emergency
19 has been dealt with to the extent that emergency conditions no longer exist; and

20 (ii) terminates the state of emergency by executive order or
21 proclamation.

22 (3) A state of emergency may not continue for longer than 30 days
23 unless the Governor renews the state of emergency.

24 (4) (i) The General Assembly by joint resolution may terminate a
25 state of emergency at any time.

26 (ii) After the General Assembly terminates a state of
27 emergency, the Governor shall issue an executive order or proclamation that
28 terminates the state of emergency.

29 (b) (1) Each executive order or proclamation that declares or terminates a
30 state of emergency shall indicate:

31 (i) the nature of the emergency;

32 (ii) the area threatened; and

1 (iii) the conditions that have brought about the state of
2 emergency or that make possible the termination of the state of emergency.

3 (2) Each executive order or proclamation shall be:

4 (i) disseminated promptly by means calculated to publicize its
5 contents; and

6 (ii) unless prevented or impeded by the circumstances of the
7 emergency, filed promptly with:

8 1. MEMA;

9 2. the State Archives; and

10 3. the chief local records-keeping agency in the area to
11 which the executive order or proclamation applies.

12 (c) (1) After the Governor declares a state of emergency, the Director
13 shall coordinate the activities of the agencies of the State and of those political
14 subdivisions included in the declaration in all actions that serve to prevent or alleviate
15 the ill effects of the imminent or actual emergency.

16 (2) An executive order or proclamation that declares a state of
17 emergency:

18 (i) activates the emergency response and recovery aspects of
19 the State and local emergency plans applicable to the political subdivision or area
20 covered by the declaration; and

21 (ii) is authority for:

22 1. the deployment and use of resources to which the
23 State or local plans apply; and

24 2. the use or distribution of supplies, equipment,
25 materials, and facilities assembled, stockpiled, or arranged to be made available in
26 accordance with this subtitle or any other law that relates to emergencies.

27 (d) (1) After declaring a state of emergency, the Governor, if the Governor
28 finds it necessary in order to protect the public health, welfare, or safety, may:

29 (i) suspend the effect of any statute or rule or regulation of an
30 agency of the State or a political subdivision;

31 (ii) direct and compel the evacuation of all or part of the
32 population from a stricken or threatened area in the State;

(iii) set evacuation routes and the modes of transportation to be used during an emergency;

(iv) direct the control of ingress to and egress from an emergency area, the movement of individuals in the area, and the occupancy of premises in the area;

(v) authorize the use of private property, in which event the owner of the property shall be compensated for its use and for any damage to the property;

(vi) provide for temporary housing; and

(vii) authorize the clearance and removal of debris and wreckage.

(2) The powers of the Governor under this subsection are in addition to any other authority vested in the Governor by law.

15-308.

(a) After a state of emergency is declared in another state and the Governor receives a written request for assistance from the executive authority of that state, the Governor may:

(1) authorize use in the other state of personnel, equipment, supplies, or materials of this State, or of a political subdivision with the consent of the executive officer or governing body of the political subdivision; and

(2) suspend the effect of any statute or rule or regulation of an agency of the State or, after consulting with the executive officer or governing body of a political subdivision, a rule or regulation of an agency of a political subdivision, if the Governor finds that the suspension is necessary to aid the other state with its emergency management functions.

(b) (1) The Governor shall authorize the use of resources or the suspension of the effect of any statute, rule, or regulation under subsection (a) of this section by executive order.

(2) An executive order issued under this section may not continue for longer than 30 days unless the Governor renews the executive order.

(3) Each executive order issued under this section shall indicate:

(i) the nature of the emergency in the other state; and

(ii) any circumstances that make suspension of a statute, rule, or regulation necessary to aid the other state with its emergency management functions.

1 (4) Each executive order shall be:

2 (i) disseminated promptly by means calculated to publicize its
3 contents; and

4 (ii) filed promptly with:

5 1. MEMA;

6 2. the State Archives; and

7 3. each agency of the State or a political subdivision that
8 is authorized by the order to use resources in the other state or responsible for the
9 enforcement of any provisions that are suspended by the executive order.

10 15-309.

11 (a) Each political subdivision shall:

12 (1) establish a local organization for emergency management in
13 accordance with the State emergency management plan and program; and

14 (2) participate in federal programs for emergency management.

15 (b) (1) On recommendation of the mayor, executive, or governing body of
16 the political subdivision, the Governor shall appoint a director of emergency
17 management for each local organization for emergency management.

18 (2) Each director of a local organization for emergency management is
19 directly responsible for the organization, administration, and operation of the local
20 organization for emergency management.

21 (3) Each director of a local organization for emergency management is
22 subject to the direction and control of the mayor, executive, or governing body of the
23 political subdivision, under the general power of the Governor.

24 (c) (1) Subject to the budget of the political subdivision, each local
25 organization for emergency management shall include those programs and positions
26 recommended periodically by MEMA to meet federal and State standards.

27 (2) (i) In a county in which there is a local merit system or
28 classified service for the general employees of the county, the employees and officers of
29 the local organization for emergency management are included in and subject to all
30 rights, duties, privileges, and responsibilities of that system or service.

31 (ii) Subparagraph (i) of this paragraph does not apply to the
32 director of the local organization for emergency management.

(3) (i) If a county does not have a local merit system or classified service, the governing body of the county, or the board of estimates of Baltimore City, may include by regulation the employees and officers of the local organization for emergency management in the classified service of the State Personnel Management System.

(ii) Subparagraph (i) of this paragraph does not apply to the director of the local organization for emergency management.

(iii) 1. Except as otherwise provided by law, during the effective period of the regulation the employees and officers are subject to the rights, duties, privileges, and responsibilities of Division I of the State Personnel and Pensions Article.

2. The governing body of the county or the Mayor of Baltimore is the appointing officer under Division I of the State Personnel and Pensions Article.

(4) Paragraph (3) of this subsection does not remove from the governing body of a county or from the Mayor and City Council of Baltimore the power to establish and regulate the compensation, vacation allowance, or sick leave of all employees and officers of the local organization for emergency management in the county or Baltimore City.

(d) Each political subdivision may make appropriations in the manner provided by law to pay the expenses of its local organization for emergency management.

15-310.

(a) (1) Each county shall:

(i) prepare an Emergency Preparedness Plan for responding to an emergency that involves hazardous materials or controlled hazardous substances, as defined in the Environment Article; and

(ii) review the Plan annually and submit any changes to the Director so that the Director may maintain current and accurate information about the Plan.

(2) Each county shall submit its Emergency Preparedness Plan to the Director on or before October 1, 1998.

(b) (1) A local organization for emergency management shall submit to the Director a radiological emergency response plan if the political subdivision in which the local organization for emergency management is located:

1 (i) falls within the plume or ingestion zone of a commercial
2 nuclear reactor; or

3 (ii) might reasonably be expected to host evacuees from another
4 jurisdiction in a plume or ingestion zone.

5 (2) The radiological emergency response plan shall provide for the
6 evacuation of the residents of the political subdivision as a result of an emergency
7 caused by a dangerous release of radiation.

8 15-311.

9 (a) In this section, "human service facility" means a facility licensed by the
10 State that is:

11 (1) a nursing home, as defined in § 19-1401 of the Health – General
12 Article;

13 (2) an assisted living facility, as defined in § 19-1801 of the Health –
14 General Article;

15 (3) a hospital, as defined in § 19-301 of the Health – General Article;

16 (4) a related institution as defined in § 19-301 of the Health – General
17 Article;

18 (5) a State-operated institution for mental disease;

19 (6) a group home as defined in § 7-101 of the Health – General Article;

20 (7) an alternative living unit as defined in § 7-101 of the Health –
21 General Article; and

22 (8) a State residential center as defined in § 7-101 of the Health –
23 General Article.

24 (b) A human service facility shall develop an emergency plan.

25 (c) An emergency plan shall include procedures that will be followed before,
26 during, and after an emergency to address:

27 (1) the evacuation, transportation, or shelter-in-place of individuals
28 served by the human service facility;

29 (2) the notification to families, staff, and licensing authorities
30 regarding the action that will be taken concerning the safety and well-being of the
31 individuals served by the human service facility;

1 (3) staff coverage, organization, and assignment of responsibilities;
2 and

3 (4) the continuity of operations, including:

4 (i) procuring essential goods, equipment, and services; and

5 (ii) relocation to alternate facilities.

6 (d) (1) On or before November 30, 2007, a State agency that is responsible
7 for the licensing of a human service facility shall adopt regulations governing the
8 development of emergency plans under this section.

9 (2) Regulations adopted under paragraph (1) of this subsection shall
10 be developed in consultation with representatives of:

11 (i) the Maryland Emergency Management Agency;

12 (ii) the [Maryland Institute for Emergency Medical Services
13 Systems] **DEPARTMENT**;

14 (iii) local organizations for emergency management; and

15 (iv) human service facilities.

16 (e) For purposes of coordinating local emergency planning efforts, a human
17 service facility shall provide access to the emergency plans developed under this
18 section to local organizations for emergency management.

19 15-312.

20 (a) Only the principal executive officer of a political subdivision may declare
21 a local state of emergency.

22 (b) (1) Except with the consent of the governing body of the political
23 subdivision, a local state of emergency may not continue or be renewed for longer than
24 7 days.

25 (2) An order or proclamation that declares, continues, or terminates a
26 local state of emergency shall be:

27 (i) given prompt and general publicity; and

28 (ii) filed promptly with the chief local records-keeping agency.

29 (c) Declaration of a local state of emergency:

1 (1) activates the response and recovery aspects of any applicable local
2 state of emergency plan; and

3 (2) authorizes the provision of aid and assistance under the applicable
4 plan.

5 15-313.

6 (a) (1) Expenditures necessitated by emergencies shall first be made
7 using money regularly appropriated to State and local agencies.

8 (2) If the Governor finds that regularly appropriated money is
9 inadequate to cope with an emergency, the Board of Public Works may make
10 contingency money available in accordance with the State budget.

11 (b) The State may:

12 (1) accept any allotment of federal money and commodities and
13 manage and dispose of them in whatever manner may be required by federal law; and

14 (2) take advantage of the federal Disaster Relief Act of 1974 and any
15 amendments or supplements to it, and any other federal law that provides grants and
16 public assistance for the purposes of this subtitle and **TITLE 14**, Subtitles 2 and 4 of
17 this [title] **ARTICLE**.

18 (c) (1) In carrying out this subtitle, the Governor, [Adjutant General]
19 **SECRETARY**, and executive officers or governing bodies of the political subdivisions
20 shall use the services, equipment, supplies, and facilities of existing agencies and units
21 of the State and the political subdivisions to the maximum extent practicable.

22 (2) The officers and personnel of the agencies and units of the State
23 and the political subdivisions shall cooperate with and extend services and facilities to
24 the Governor, [Adjutant General] **SECRETARY**, Director, and the local organizations
25 for emergency management on request.

26 (3) At the direction of the Governor, the Maryland National Guard
27 shall use its services, equipment, supplies, and facilities in life-threatening
28 emergencies that are beyond the capabilities of local authorities.

29 (d) (1) If the federal government, another state, or an agency or officer of
30 the federal government or another state offers to this State or a political subdivision
31 services, equipment, supplies, materials, or money by way of gift, grant, or loan for
32 purposes of emergency management, the State acting through the Governor, or the
33 political subdivision acting with the consent of the Governor and through its executive
34 officer or governing body, may:

35 (i) accept the offer; and

(ii) authorize an officer of this State or the political subdivision to receive the services, equipment, supplies, materials, or money.

(2) If a person offers to the State or a political subdivision aid or assistance, the State or political subdivision may accept the aid and assistance in accordance with paragraph (1) of this subsection.

15-314.

(a) Each emergency management agency established under this subtitle and its officers shall execute and enforce the orders, rules, and regulations made by the Governor under authority of this subtitle.

(b) With respect to the threat or occurrence of an enemy attack, act of terrorism, or public health catastrophe, each law enforcement officer of the State or a political subdivision and each health officer of a political subdivision shall execute and enforce the orders, rules, and regulations made by the Governor under authority of this subtitle.

15-315.

(a) A person may not violate an order, rule, or regulation issued under the authority of this subtitle.

(b) (1) A person who violates this section is guilty of a misdemeanor and on conviction is subject to imprisonment not exceeding 6 months or a fine not exceeding \$1,000 or both.

(2) A person who willfully violates this section is guilty of a misdemeanor and on conviction is subject to imprisonment not exceeding 1 year or a fine not exceeding \$5,000 or both.

15-316.

This subtitle may be cited as the Maryland Emergency Management Agency Act.

SUBTITLE 4. EMERGENCY MEDICAL SYSTEM.

15-401.

IT IS HEREBY FOUND AND DETERMINED THAT:

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

1 (2) THE EMERGENCY MEDICAL SYSTEM HAS SERVED THE
2 CITIZENS OF MARYLAND SINCE THE MID-1960S BY REDUCING MORBIDITY AND
3 MORTALITY FOR THOUSANDS OF SERIOUSLY ILL AND INJURED PATIENTS;

4 (3) THE SUCCESS OF MARYLAND'S EMERGENCY MEDICAL
5 SYSTEM IS DUE LARGELY TO THE HARD WORK AND DEDICATION OF MANY
6 INDIVIDUALS, PARTICULARLY THE THOUSANDS OF CAREER AND VOLUNTEER
7 FIREFIGHTERS, EMERGENCY MEDICAL TECHNICIANS, AND RESCUE SQUAD
8 PERSONNEL;

9 (4) THE EMERGENCY MEDICAL SYSTEM IS A LARGE AND
10 COMPLEX ENTITY INVOLVING NUMEROUS PUBLIC AND PRIVATE INTERESTS AND
11 REQUIRING CLOSE COORDINATION TO OPERATE EFFICIENTLY AND IN THE BEST
12 INTERESTS OF ALL MARYLANDERS; AND

13 (5) THE EMERGENCY MEDICAL SERVICES FIELD OPERATIONS
14 AND THE R ADAMS COWLEY SHOCK TRAUMA CENTER SHALL REMAIN AN
15 INTEGRAL PART OF THE OVERALL EMERGENCY MEDICAL SYSTEM UNDER THE
16 DEPARTMENT.

17 15-402.

18 (A) THE DEPARTMENT SHALL DEVELOP, ADOPT, AND MAINTAIN AN
19 EMERGENCY MEDICAL SYSTEM PLAN TO ENSURE EFFECTIVE COORDINATION
20 AND EVALUATION OF EMERGENCY MEDICAL SERVICES DELIVERED IN THIS
21 STATE.

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

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

25 (II) CRITERIA AND GUIDELINES FOR THE DELIVERY OF
26 EMERGENCY MEDICAL SERVICES INCLUDING PROVISIONS TO ASSURE PROPER
27 MEDICAL DIRECTION OF EMERGENCY MEDICAL SERVICES;

28 (III) A PLAN DESIGNED TO MAINTAIN AND ENHANCE THE
29 COMMUNICATIONS AND TRANSPORTATION SYSTEMS FOR EMERGENCY MEDICAL
30 SERVICES;

31 (IV) PROVISIONS FOR THE EVALUATION OF EMERGENCY
32 MEDICAL SERVICES PERSONNEL TRAINING PROGRAMS;

1 (V) PROVISIONS FOR THE ESTABLISHMENT OF PUBLIC
2 INFORMATION AND EDUCATION PROGRAMS DESIGNED TO ENHANCE THE
3 PUBLIC'S UNDERSTANDING OF THE EMERGENCY MEDICAL SYSTEM;

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

7 (VII) PROVISIONS FOR THE EVALUATION AND MONITORING
8 OF THE EMERGENCY MEDICAL SYSTEM PLAN TO ENSURE COMPLIANCE WITH
9 THIS TITLE BY ALL SEGMENTS OF THE EMERGENCY MEDICAL SYSTEM.

10 (2) SUBJECT TO PARAGRAPH (3) OF THIS SUBSECTION, THE
11 DEPARTMENT SHALL ADOPT REGULATIONS TO IMPLEMENT THE EMERGENCY
12 MEDICAL SYSTEM PLAN REQUIRED UNDER THIS SUBTITLE.

13 (3) PRIOR TO ADOPTING REGULATIONS UNDER THIS SUBTITLE,
14 THE DEPARTMENT SHALL CONSULT WITH AND PROVIDE OPPORTUNITY FOR
15 COMMENT FROM LOCAL JURISDICTIONS, VOLUNTEER AND CAREER FIRE
16 COMPANIES, EMERGENCY MEDICAL TECHNICIANS, RESCUE SQUAD PERSONNEL,
17 AND HOSPITALS AND CONSIDER:

18 (I) THE FISCAL IMPACT OF THE PROPOSED REGULATIONS
19 ON LOCAL JURISDICTIONS, VOLUNTEER AND CAREER FIRE COMPANIES,
20 EMERGENCY MEDICAL TECHNICIANS, RESCUE SQUAD PERSONNEL, AND
21 HOSPITALS; AND

22 (II) THE EFFECT OF THE PROPOSED REGULATIONS ON THE
23 ABILITY OF LOCAL JURISDICTIONS, VOLUNTEER AND CAREER FIRE COMPANIES,
24 EMERGENCY MEDICAL TECHNICIANS, RESCUE SQUAD PERSONNEL, AND
25 HOSPITALS TO CONTINUE TO DELIVER EMERGENCY MEDICAL SERVICES.

26 (C) THE DEPARTMENT SHALL CONSULT WITH THE ADVISORY COUNCIL
27 IN THE DEVELOPMENT OF THE EMERGENCY MEDICAL SYSTEM PLAN.

28 (D) THE DEPARTMENT MAY ADOPT REGULATIONS THAT ASSURE THAT
29 HELICOPTERS TRANSPORTING PATIENTS BETWEEN HOSPITALS OR TO OR FROM
30 SPECIALTY CENTERS NOTIFY THE SYSTEM'S COMMUNICATION CENTER IN THE
31 STATE EMERGENCY MEDICAL COMMUNICATIONS SYSTEM.

32 (E) EACH STATE UNIT SHALL COOPERATE WITH THE DEPARTMENT IN
33 IMPLEMENTING THE STATE EMERGENCY MEDICAL SYSTEM PLAN.

34 15-403.

1 (A) IN ACCORDANCE WITH THE EMERGENCY MEDICAL SYSTEM PLAN
2 AND OTHER RELEVANT POLICIES ADOPTED BY THE DEPARTMENT, THE
3 SECRETARY SHALL:

4 (1) COORDINATE A STATEWIDE SYSTEM OF EMERGENCY MEDICAL
5 SERVICES;

6 (2) COORDINATE THE FIVE EMERGENCY MEDICAL SERVICE
7 REGIONS IN THIS STATE;

8 (3) COORDINATE THE PLANNING AND OPERATION OF
9 EMERGENCY MEDICAL SERVICES WITH THE FEDERAL, STATE, AND COUNTY
10 GOVERNMENTS;

11 (4) COORDINATE THE TRAINING OF ALL PERSONNEL IN THE
12 EMERGENCY MEDICAL SERVICES SYSTEM AND DEVELOP THE NECESSARY
13 STANDARDS FOR CERTIFICATION OR LICENSURE;

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

16 (6) COORDINATE THE DEVELOPMENT OF CENTERS FOR TREATING
17 EMERGENCY INJURIES AND ILLNESSES;

18 (7) COORDINATE THE DEVELOPMENT OF SPECIALTY REFERRAL
19 CENTERS FOR RESUSCITATION, TREATMENT, AND REHABILITATION OF THE
20 CRITICALLY ILL AND INJURED;

21 (8) WORK CLOSELY WITH THE PUBLIC AND PRIVATE AGENCIES,
22 HEALTH CARE INSTITUTIONS AND UNIVERSITIES INVOLVED WITH EMERGENCY
23 MEDICAL SERVICES, AND THE EMERGENCY MEDICAL SERVICES ADVISORY
24 COUNCIL;

25 (9) ADMINISTER STATE AND FEDERAL FUNDS FOR EMERGENCY
26 MEDICAL SERVICES IN THE STATE;

27 (10) COORDINATE WITH THE MARYLAND FIRE AND RESCUE
28 INSTITUTE, WHICH IS RESPONSIBLE FOR BASIC TRAINING FOR EMERGENCY
29 MEDICAL TECHNICIANS;

30 (11) ASSURE CONTINUED IMPROVEMENT OF TRANSPORTATION
31 FOR EMERGENCY, CRITICALLY ILL, AND INJURED PATIENTS BY SUPPORTING
32 THE GOALS OF CAREER AND VOLUNTEER SYSTEMS THROUGHOUT THE STATE;

1 (12) IMPLEMENT ALL PROGRAMMATIC, OPERATIONAL, AND
2 ADMINISTRATIVE COMPONENTS OF THE PLAN;

3 (13) PERIODICALLY PARTICIPATE IN OR CONDUCT ANALYSES AND
4 STUDIES THAT RELATE TO EMERGENCY MEDICAL SERVICES; AND

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

9 (B) ON OR BEFORE OCTOBER 1 OF EACH YEAR, SUBMIT TO THE
10 GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE,
11 THE GENERAL ASSEMBLY AN ANNUAL REPORT FOR THE PRECEDING FISCAL
12 YEAR, ON:

13 (1) THE PATIENTS REFERRED OR TRANSPORTED TO DESIGNATED
14 EMERGENCY MEDICAL FACILITIES, INCLUDING AREA WIDE TRAUMA CENTERS,
15 THE R ADAMS COWLEY SHOCK TRAUMA CENTER, AND SPECIALTY REFERRAL
16 CENTERS, IN ACCORDANCE WITH THE EMERGENCY MEDICAL PROTOCOLS
17 ADOPTED BY THE DEPARTMENT; AND

18 (2) ANY FACT, SUGGESTION, OR POLICY RECOMMENDATION THAT
19 THE SECRETARY CONSIDERS NECESSARY.

20 15-404.

21 (A) THE DEPARTMENT MAY SET AND CHARGE REASONABLE FEES TO BE
22 PAID BY THE APPLICANTS FOR THE DESIGNATION OF TRAUMA AND SPECIALTY
23 REFERRAL CENTERS.

24 (B) (1) THE FEES CHARGED UNDER SUBSECTION (A) OF THIS
25 SECTION SHALL BE SET IN A MANNER THAT WILL PRODUCE FUNDS SUFFICIENT
26 TO COVER THE ACTUAL DOCUMENTED DIRECT COSTS OF MAINTAINING THE
27 DESIGNATION PROGRAM.

28 (2) (I) THE DEPARTMENT SHALL PAY ALL FEES COLLECTED
29 UNDER THIS SECTION INTO THE EMS TRAUMA AND SPECIALTY REFERRAL
30 CENTERS DESIGNATION FUND.

31 (II) THE FUND SHALL BE USED EXCLUSIVELY TO COVER
32 THE ACTUAL DOCUMENTED DIRECT COSTS OF DESIGNATING EMS TRAUMA AND
33 SPECIALTY REFERRAL CENTERS.

1 (III) THE FUND IS A CONTINUING, NONLAPSING FUND, NOT
2 SUBJECT TO § 7-302 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

3 15-405.

4 (A) THERE IS AN EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL
5 IN THE DEPARTMENT TO ADVISE AND ASSIST THE DEPARTMENT IN
6 PERFORMING ITS FUNCTIONS TO CARRY OUT THE EMERGENCY MEDICAL
7 SYSTEM. SEN 1A

8 (B) (1) THE ADVISORY COUNCIL CONSISTS OF 29 MEMBERS.

9 (2) THE MEMBERS SHALL BE APPOINTED BY THE SECRETARY
10 FROM A LIST OF THREE QUALIFIED NOMINEES SUBMITTED TO THE SECRETARY
11 BY THEIR RESPECTIVE ORGANIZATIONS OR ASSOCIATIONS REPRESENTED ON
12 THE ADVISORY COUNCIL.

13 (3) THE APPOINTMENTS TO THE ADVISORY COUNCIL SHALL BE
14 SUBJECT TO THE APPROVAL OF THE GOVERNOR.

15 (4) OF THE 29 MEMBERS:

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

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

20 (III) ONE SHALL BE A REPRESENTATIVE OF THE MARYLAND
21 HOSPITAL ASSOCIATION;

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

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

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

28 (VII) ONE SHALL BE A REPRESENTATIVE OF THE AVIATION
29 DIVISION OF THE DEPARTMENT OF STATE POLICE;

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

3 (IX) FIVE SHALL BE REPRESENTATIVES FROM THE FIVE
4 REGIONAL EMERGENCY MEDICAL SERVICES ADVISORY COUNCILS, ONE FROM
5 EACH COUNCIL;

6 (X) ONE SHALL BE A REPRESENTATIVE OF THE MARYLAND
7 TRAUMA NET;

8 (XI) ONE SHALL BE A REPRESENTATIVE OF A MARYLAND
9 COMMERCIAL AMBULANCE SERVICE;

10 (XII) ONE SHALL BE A REPRESENTATIVE OF THE BOARD OF
11 PHYSICIANS;

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

14 (XIV) ONE SHALL BE A REGIONAL MEDICAL DIRECTOR;

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

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

21 (XVII) ONE SHALL BE A REPRESENTATIVE OF THE VOLUNTEER
22 FIELD PROVIDERS;

23 (XVIII) ONE SHALL BE A REPRESENTATIVE OF THE
24 MARYLAND METROPOLITAN FIRE CHIEFS;

25 (XIX) ONE SHALL BE A REPRESENTATIVE OF THE STATE
26 EMERGENCY NUMBERS BOARD (9-1-1);

27 (XX) ONE SHALL BE THE DIRECTOR OF THE R ADAMS
28 COWLEY SHOCK TRAUMA CENTER;

29 (XXI) ONE SHALL BE THE DIRECTOR OF THE CHARLES MCC.
30 MATHIAS, JR., NATIONAL STUDY CENTER;

(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;

(XXIII) ONE SHALL BE A REPRESENTATIVE OF THE COMMITTEE ON PEDIATRIC EMERGENCY MEDICINE OF THE AMERICAN ACADEMY OF PEDIATRICS, MARYLAND CHAPTER; AND

(XXIV) ONE SHALL BE A REPRESENTATIVE OF THE MARYLAND-DISTRICT OF COLUMBIA SOCIETY OF ANESTHESIOLOGISTS.

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

(6) (I) THE MEMBERS OF THE ADVISORY COUNCIL SHALL ANNUALLY ELECT THE CHAIRPERSON OF THE ADVISORY COUNCIL, WITH THE APPROVAL OF THE GOVERNOR.

(II) EXCEPT AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION, THE GOVERNOR SHALL HAVE 60 DAYS TO APPROVE THE ELECTED CHAIR.

(III) 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.

(C) THE ADVISORY COUNCIL SHALL:

(1) SERVE AS A PRINCIPAL ADVISORY BODY TO THE DEPARTMENT 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 DEPARTMENT;

(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;

1 (4) PROVIDE ASSISTANCE IN THE RESOLUTION OF
2 INTERREGIONAL AND INTERSTATE EMERGENCY MEDICAL SERVICES SYSTEM
3 PROBLEMS AND CONCERNS; AND

4 (5) PERFORM ANY OTHER DUTIES AS MAY BE REQUESTED BY THE
5 SECRETARY OR THE GOVERNOR.

6 (D) THE STAFF FOR THE ADVISORY COUNCIL SHALL BE PROVIDED BY
7 THE DEPARTMENT.

8 SUBTITLE 5. CHARLES MCC. MATHIAS, JR., NATIONAL STUDY CENTER.

9 15-501.

10 IN THIS SUBTITLE, THE WORDS "STUDY CENTER" MEAN THE CHARLES
11 MCC. MATHIAS, JR., NATIONAL STUDY CENTER.

12 15-502.

13 (A) THERE IS A CHARLES MCC. MATHIAS, JR., NATIONAL STUDY
14 CENTER IN THE DEPARTMENT.

15 (B) THE PRIMARY MISSION OF THE STUDY CENTER IS RESEARCH, WITH
16 PARTICULAR EMPHASIS ON ESTABLISHING NATIONAL POLICIES RELATED TO
17 PREVENTION, TREATMENT, ACUTE CARE AND REHABILITATION, TRAUMA AND
18 EMERGENCY MEDICAL CARE DELIVERY SYSTEMS, DISASTER EPIDEMIOLOGY
19 AND MANAGEMENT, INJURY SURVEILLANCE, AND DATA COLLECTION.

20 (C) THE STUDY CENTER SHALL SERVE AS THE PRIMARY RESEARCH
21 CENTER FOR THE STATE EMERGENCY MEDICAL SERVICES SYSTEM.

22 15-503.

23 (A) THE DIRECTOR OF THE STUDY CENTER SHALL WORK CLOSELY
24 WITH THE SECRETARY IN THE DEVELOPMENT OF A RESEARCH PLAN AND THE
25 BUDGET.

26 (B) THE DIRECTOR OF THE STUDY CENTER SHALL SUBMIT THE
27 BUDGET AND RESEARCH PLAN TO THE SECRETARY FOR REVIEW AND COMMENT.

28 (C) THE DIRECTOR OF THE STUDY CENTER SHALL ADVISE AND
29 PROVIDE THE OPPORTUNITY FOR THE SECRETARY TO COMMENT PRIOR TO THE
30 ADOPTION OF ANY PROPOSED CHANGE IN THE BUDGET, MISSION, RESEARCH
31 PLAN, OR OTHER POLICIES OF THE STUDY CENTER THAT WOULD AFFECT THE

1 ABILITY OF THE STUDY CENTER TO CONTINUE TO FULFILL ITS MISSION AS THE
2 PRIMARY RESEARCH CENTER FOR THE STATE EMERGENCY MEDICAL SERVICES
3 SYSTEM.

4 (D) THE DIRECTOR OF THE STUDY CENTER SHALL SUBMIT TO THE
5 SECRETARY AN ANNUAL REPORT ON THE BUDGET AND RESEARCH PLAN.

6 15-504.

7 (A) (1) SUBJECT TO THE APPROVAL OF THE GOVERNOR, THE
8 SECRETARY SHALL APPOINT THE DIRECTOR OF THE STUDY CENTER.

9 (2) THE GOVERNOR SHALL HAVE 60 DAYS TO APPROVE THE
10 APPOINTMENT.

11 (3) IF THE GOVERNOR HAS NOT ACTED WITHIN 60 DAYS OF BEING
12 NOTIFIED OF THE APPOINTED DIRECTOR, THE APPOINTED DIRECTOR SHALL BE
13 DEEMED APPROVED.

14 (B) THE SECRETARY SHALL RECEIVE INDIRECT COST RECOVERIES AS
15 STIPULATED IN GRANTS RECEIVED BY THE STUDY CENTER.

16 (C) THE SECRETARY MAY NOT TRANSFER FUNDS FOR THE STUDY
17 CENTER TO ANY OTHER PROGRAM OR PURPOSE.

18 SUBTITLE 6. R ADAMS COWLEY SHOCK TRAUMA CENTER.

19 15-601.

20 IN THIS SUBTITLE, THE WORD "CENTER" MEANS THE R ADAMS COWLEY
21 SHOCK TRAUMA CENTER.

22 15-602.

23 (A) THE R ADAMS COWLEY SHOCK TRAUMA CENTER IS A UNIT OF THE
24 DEPARTMENT.

25 (B) THE R ADAMS COWLEY SHOCK TRAUMA CENTER IS THE PRIMARY
26 ADULT CLINICAL RESOURCE CENTER FOR THE STATE EMERGENCY MEDICAL
27 SERVICES SYSTEM.

28 15-603.

1 (A) THE CHIEF ADMINISTRATIVE OFFICER OF THE CENTER IS THE
2 DIRECTOR WHO:

3 (1) SHALL BE APPOINTED BY THE SECRETARY, SUBJECT TO THE
4 APPROVAL OF THE GOVERNOR OR THE PASSAGE OF 60 DAYS FROM THE DATE
5 OF THE APPOINTMENT, WHICHEVER OCCURS FIRST; AND

6 (2) MAY NOT HOLD CONCURRENTLY THE POSITION OF
7 SECRETARY.

8 (B) THE DIRECTOR OF THE CENTER SHALL:

9 (1) REPORT TO THE SECRETARY;

10 (2) PROVIDE A MONTHLY REPORT TO THE SECRETARY ON THE
11 OVERALL PROGRESS OF PROGRAMS; AND

12 (3) DEVELOP THE BUDGET AND PRESENT IT TO THE SECRETARY
13 FOR REVIEW AND APPROVAL.

14 (C) THE DIRECTOR OF THE CENTER SHALL:

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

21 (2) SUBMIT TO THE SECRETARY AN ANNUAL REPORT ON THE
22 BUDGET AND ON THE OPERATIONS OF THE CENTER.

23 SUBTITLE 7. AMBULANCE SERVICES.

24 15-701.

25 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
26 INDICATED.

27 (B) (1) "AMBULANCE" MEANS ANY CONVEYANCE DESIGNED AND
28 CONSTRUCTED OR MODIFIED AND EQUIPPED TO BE USED, MAINTAINED, OR
29 OPERATED TO TRANSPORT INDIVIDUALS WHO ARE SICK, INJURED, WOUNDED,
30 OR OTHERWISE INCAPACITATED.

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(2) "AMBULANCE" INCLUDES A CONVEYANCE DESIGNED AND CONSTRUCTED OR MODIFIED AND EQUIPPED FOR AEROMEDICAL TRANSPORT.

(C) (1) "AMBULANCE SERVICE" MEANS ANY INDIVIDUAL, FIRM, PARTNERSHIP, CORPORATION, ASSOCIATION, OR ORGANIZATION ENGAGED IN THE BUSINESS OF TRANSPORTING BY AMBULANCE INDIVIDUALS WHO ARE SICK, INJURED, WOUNDED, OR OTHERWISE INCAPACITATED.

(2) "AMBULANCE SERVICE" DOES NOT INCLUDE THE TRANSPORTING OF INDIVIDUALS IN AN AMBULANCE OWNED, OPERATED, OR UNDER THE JURISDICTION OF A UNIT OF STATE GOVERNMENT, A POLITICAL SUBDIVISION OF THE STATE, OR A VOLUNTEER FIRE COMPANY OR VOLUNTEER RESCUE SQUAD.

(D) "FUND" MEANS THE COMMERCIAL AMBULANCE SERVICE FUND.

(E) "LICENSE" MEANS A LICENSE ISSUED BY THE DEPARTMENT TO OPERATE AN AMBULANCE SERVICE IN THE STATE.

15-702.

UNLESS ISSUED A LICENSE UNDER THIS SUBTITLE, AN INDIVIDUAL, FIRM, PARTNERSHIP, CORPORATION, ASSOCIATION, OR ORGANIZATION MAY NOT OPERATE AN AMBULANCE SERVICE IN THE STATE.

15-703.

(A) (1) THE DEPARTMENT, IN CONSULTATION WITH REPRESENTATIVES OF THE AMBULANCE SERVICE INDUSTRY IN MARYLAND, SHALL ADOPT REGULATIONS NECESSARY TO ESTABLISH AND MAINTAIN A PERIODIC LICENSING SYSTEM FOR AMBULANCE SERVICES IN THE STATE.

(2) THE REGULATIONS SHALL, AT A MINIMUM, REQUIRE:

(I) EACH AMBULANCE OPERATED BY THE AMBULANCE SERVICE TO BE EQUIPPED WITH ADEQUATE EQUIPMENT AND SUPPLIES TO:

1. CARE FOR THE PATIENTS BEING TRANSPORTED;
AND

2. COMMUNICATE WITH THE DISPATCHER;

(II) 1. AT LEAST ONE INDIVIDUAL, IN ADDITION TO THE DRIVER, IN ATTENDANCE DURING TRANSPORT WHO IS CERTIFIED OR LICENSED

1 UNDER SUBTITLE 8 OF THIS TITLE FOR THE APPROPRIATE LEVEL FOR THE
2 CARE TO BE RENDERED; OR

3 2. PERSONNEL EQUIVALENT OR SUPERIOR TO THE
4 REQUIREMENTS OF ITEM 1 OF THIS ITEM AS DEMONSTRATED TO THE
5 DEPARTMENT INCLUDING:

6 A. LICENSED PHYSICIANS;

7 B. LICENSED NURSES; OR

8 C. LICENSED RESPIRATORY THERAPISTS; AND

9 (III) EACH AMBULANCE OPERATED BY THE AMBULANCE
10 SERVICE BE INSPECTED:

11 1. FOR AN AMBULANCE INTENDED FOR USE ON A
12 ROADWAY, ONCE EVERY 12 MONTHS BY AN INSPECTION STATION LICENSED
13 UNDER § 23-103 OF THE TRANSPORTATION ARTICLE AND BE ISSUED AN
14 INSPECTION CERTIFICATE BY THE INSPECTION STATION; OR

15 2. FOR ANY OTHER TYPE OF AMBULANCE, UNDER
16 ALL APPLICABLE STATE AND FEDERAL INSPECTION REQUIREMENTS FOR THE
17 TYPE OF AMBULANCE.

18 (B) TO QUALIFY FOR AN AMBULANCE SERVICE LICENSE, AN APPLICANT
19 SHALL:

20 (1) PAY THE DEPARTMENT AN APPLICATION FEE ESTABLISHED
21 UNDER THIS SUBTITLE;

22 (2) MAINTAIN COMMERCIAL GENERAL LIABILITY INSURANCE FOR
23 AT LEAST \$1,000,000 IN COVERAGE IN AN INSURANCE POLICY ISSUED BY AN
24 INSURER ACCEPTABLE TO THE MARYLAND INSURANCE COMMISSIONER TO
25 WRITE SUCH POLICIES IN THE STATE;

26 (3) PROVIDE THE DEPARTMENT A CERTIFICATE OF INSURANCE
27 THAT AT A MINIMUM:

28 (I) INDICATES THAT THE INSURANCE REQUIRED UNDER
29 THIS SUBSECTION IS IN EFFECT WHEN THE APPLICATION IS SUBMITTED; AND

30 (II) LISTS THE DEPARTMENT AS AN ADDITIONAL PARTY
31 ENTITLED TO NOTIFICATION AT LEAST 10 DAYS BEFORE ANY:

1 1. NONRENEWAL OR CANCELLATION OF A POLICY
2 REQUIRED BY THIS SUBSECTION; OR

3 2. SUBSTANTIVE CHANGE IS MADE IN THE
4 COVERAGE OR LEVEL OF INSURANCE UNDER A POLICY REQUIRED BY THIS
5 SUBSECTION; AND

6 (4) MEET THE REQUIREMENTS OF THIS SUBTITLE AND ALL
7 REGULATIONS UNDER THIS SUBTITLE.

8 15-704.

9 (A) THERE IS A COMMERCIAL AMBULANCE SERVICE FUND WITHIN THE
10 DEPARTMENT.

11 (B) (1) THE DEPARTMENT SHALL SET REASONABLE FEES FOR THE
12 LICENSING AND LICENSE RENEWAL OF AMBULANCE SERVICES.

13 (2) THE FEES CHARGED BY THE DEPARTMENT SHALL BE SET IN A
14 MANNER THAT WILL PRODUCE FUNDS SUFFICIENT TO COVER THE ACTUAL
15 DIRECT AND INDIRECT COSTS OF MAINTAINING THE LICENSING PROGRAM
16 UNDER THIS SUBTITLE.

17 (3) THE TOTAL REASONABLE COST OF MAINTAINING THE
18 LICENSING PROGRAM MAY NOT BE MORE THAN THE REVENUES GENERATED BY
19 THE FEES FOR THE LICENSING AND LICENSE RENEWAL FOR AMBULANCE
20 SERVICES.

21 (C) (1) THE DEPARTMENT SHALL PAY ALL FUNDS COLLECTED
22 UNDER THIS SECTION TO THE COMPTROLLER OF THE STATE.

23 (2) THE COMPTROLLER SHALL DISTRIBUTE THE FEES TO THE
24 FUND.

25 (D) (1) THE FUND SHALL BE USED TO COVER THE ACTUAL
26 DOCUMENTED DIRECT AND INDIRECT COSTS OF FULFILLING THE STATUTORY
27 AND REGULATORY DUTIES OF THE DEPARTMENT AS PROVIDED BY THE
28 PROVISIONS OF THIS SUBTITLE.

29 (2) THE FUND IS A CONTINUING, NONLAPSING FUND, NOT
30 SUBJECT TO § 7-302 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

1 (3) ANY UNSPENT PORTIONS OF THE FUND MAY NOT BE
2 TRANSFERRED OR REVERT TO THE GENERAL FUND OF THE STATE, BUT SHALL
3 REMAIN IN THE FUND TO BE USED FOR THE PURPOSES SPECIFIED IN THIS
4 SUBTITLE.

5 (E) (1) A DESIGNEE OF THE DEPARTMENT SHALL ADMINISTER THE
6 FUND.

7 (2) MONEY IN THE FUND MAY BE EXPENDED ONLY FOR ANY
8 LAWFUL PURPOSE AUTHORIZED UNDER THE PROVISIONS OF THIS SECTION.

9 (F) THE LEGISLATIVE AUDITOR SHALL AUDIT THE ACCOUNTS AND
10 TRANSACTIONS OF THE FUND AS PROVIDED IN § 2-1220 OF THE STATE
11 GOVERNMENT ARTICLE.

12 15-705.

13 THE DEPARTMENT MAY INSPECT THE OPERATING BASE, EQUIPMENT,
14 SUPPLIES, AND COMPANY PROCEDURES NECESSARY TO ENSURE COMPLIANCE
15 WITH THE REQUIREMENTS OF THIS SUBTITLE AND ALL REGULATIONS ADOPTED
16 BY THE DEPARTMENT UNDER THIS SUBTITLE.

17 15-706.

18 (A) SUBJECT TO THE HEARING PROVISIONS OF SUBSECTION (B) OF THIS
19 SECTION, THE DEPARTMENT MAY DENY AN APPLICATION FOR AN AMBULANCE
20 SERVICE LICENSE OR SUSPEND OR REVOKE A LICENSE IF THE APPLICANT OR
21 LICENSEE VIOLATES ANY PROVISION OF THIS SUBTITLE OR ANY REGULATION
22 ADOPTED BY THE DEPARTMENT UNDER THIS SUBTITLE.

23 (B) BEFORE THE DEPARTMENT TAKES ANY FINAL ACTION UNDER
24 SUBSECTION (A) OF THIS SECTION, THE DEPARTMENT SHALL GIVE THE PERSON
25 AGAINST WHOM THE ACTION IS CONTEMPLATED AN OPPORTUNITY FOR A
26 HEARING UNDER THE PROVISIONS OF § 10-226 OF THE STATE GOVERNMENT
27 ARTICLE.

28 15-707.

29 THE DEPARTMENT MAY WAIVE THE REQUIREMENTS OF THIS SUBTITLE
30 FOR ANY AMBULANCE SERVICE:

31 (1) LICENSED IN ANOTHER STATE IF THE AMBULANCE SERVICE
32 PROVIDES ADEQUATE EVIDENCE THAT THE AMBULANCE SERVICE IS LICENSED

1 IN THE OTHER STATE AFTER MEETING REQUIREMENTS THAT ARE AT LEAST AS
2 STRINGENT AS THE LICENSING REQUIREMENTS OF THIS STATE; OR

3 (2) THAT TRANSPORTS PATIENTS INTO THIS STATE ONLY ON AN
4 OCCASIONAL BASIS AS DETERMINED BY THE DEPARTMENT.

5 15-708.

6 A PERSON WHO VIOLATES ANY PROVISION OF THIS SUBTITLE OR ANY
7 REGULATION ADOPTED BY THE DEPARTMENT UNDER THIS SUBTITLE IS GUILTY
8 OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE NOT
9 EXCEEDING \$1,000.

10 15-709.

11 THIS SUBTITLE PREEMPTS THE AUTHORITY OF A COUNTY OR MUNICIPAL
12 CORPORATION TO REGULATE ANY AMBULANCE SERVICE WITH A BASE OF
13 OPERATION LOCATED OUTSIDE THE COUNTY OR MUNICIPAL CORPORATION
14 THAT IS LICENSED UNDER THIS SUBTITLE.

15 SUBTITLE 8. STATE BOARD OF PARAMEDICS.

16 15-801.

17 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
18 INDICATED.

19 (B) "BOARD" MEANS THE STATE BOARD OF PARAMEDICS.

20 (C) "CARDIAC RESCUE TECHNICIAN (CRT)" MEANS AN INDIVIDUAL
21 WHO HAS:

22 (1) COMPLETED A CARDIAC RESCUE TECHNICIAN COURSE
23 APPROVED BY THE BOARD;

24 (2) DEMONSTRATED COMPETENCE IN MEDICAL PROTOCOLS
25 WITHIN THIS STATE AS DETERMINED BY THE BOARD; AND

26 (3) BEEN EXAMINED BY THE BOARD AND LICENSED AS A CRT BY
27 THE BOARD.

28 (D) "CERTIFICATE" MEANS A CERTIFICATE ISSUED BY THE BOARD TO
29 PROVIDE EMERGENCY MEDICAL SERVICES IN THE STATE, EXCEPT WHERE THE
30 CONTEXT REQUIRES OTHERWISE.

1 (E) **"EMERGENCY MEDICAL DISPATCHER (EMD)" MEANS AN**
2 **INDIVIDUAL WHO HAS:**

3 (1) **COMPLETED AN EMERGENCY MEDICAL DISPATCHER COURSE**
4 **APPROVED BY THE BOARD OR ITS EQUIVALENT AS DETERMINED BY THE**
5 **BOARD;**

6 (2) **DEMONSTRATED COMPETENCE IN MEDICAL PROTOCOLS AS**
7 **DETERMINED BY THE BOARD; AND**

8 (3) **BEEN EXAMINED BY THE BOARD OR HAS BEEN RECOGNIZED**
9 **AS AN EMERGENCY MEDICAL DISPATCHER BY AN EMERGENCY MEDICAL**
10 **DISPATCHER PROGRAM APPROVED BY THE BOARD AND LICENSED AS AN**
11 **EMERGENCY MEDICAL DISPATCHER BY THE BOARD.**

12 (F) **"EMERGENCY MEDICAL SERVICES (EMS)" MEANS:**

13 (1) **MEDICAL SERVICES PROVIDED PREHOSPITAL TO PREVENT**
14 **IMMINENT DEATH OR AGGRAVATION OF ILLNESS OR INJURY WHETHER OR NOT**
15 **TRANSPORT TO A HOSPITAL OR APPROPRIATE FACILITY OCCURS;**

16 (2) **TRANSPORT FROM THE SCENE OF A MEDICAL EMERGENCY TO**
17 **A HOSPITAL OR APPROPRIATE FACILITY WHETHER OR NOT MEDICAL SERVICES**
18 **ARE PROVIDED;**

19 (3) **MEDICAL INTERFACILITY TRANSPORT SERVICES TO AN**
20 **APPROPRIATE FACILITY; OR**

21 (4) **MEDICAL INTERFACILITY CRITICAL CARE TRANSPORT TO AN**
22 **APPROPRIATE FACILITY.**

23 (G) **"EMERGENCY MEDICAL SERVICES PROVIDER" MEANS AN**
24 **INDIVIDUAL LICENSED OR CERTIFIED BY THE BOARD AS:**

25 (1) **A CARDIAC RESCUE TECHNICIAN;**

26 (2) **AN EMERGENCY MEDICAL DISPATCHER;**

27 (3) **AN EMERGENCY MEDICAL TECHNICIAN-BASIC;**

28 (4) **AN EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC; OR**

29 (5) **A FIRST RESPONDER.**

1 (H) "EMERGENCY MEDICAL TECHNICIAN-BASIC (EMT-B)" MEANS AN
2 INDIVIDUAL WHO HAS:

3 (1) COMPLETED AN EMERGENCY MEDICAL TECHNICIAN-BASIC
4 COURSE APPROVED BY THE BOARD;

5 (2) DEMONSTRATED COMPETENCE IN MEDICAL PROTOCOLS AS
6 DETERMINED BY THE BOARD; AND

7 (3) BEEN EXAMINED BY THE BOARD AND CERTIFIED AS AN
8 EMT-B BY THE BOARD.

9 (I) "EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC (EMT-P)"
10 MEANS AN INDIVIDUAL WHO HAS:

11 (1) COMPLETED AN EMERGENCY MEDICAL
12 TECHNICIAN-PARAMEDIC COURSE APPROVED BY THE BOARD;

13 (2) BEEN TESTED AND REGISTERED BY THE NATIONAL REGISTRY
14 OF EMERGENCY MEDICAL TECHNICIANS, INC. AS AN EMERGENCY MEDICAL
15 TECHNICIAN-PARAMEDIC;

16 (3) DEMONSTRATED COMPETENCE IN MEDICAL PROTOCOLS
17 WITHIN THIS STATE AS DETERMINED BY THE BOARD; AND

18 (4) BEEN LICENSED AS AN EMT-P BY THE BOARD.

19 (J) "FIRST RESPONDER" MEANS AN INDIVIDUAL WHO HAS:

20 (1) COMPLETED A FIRST RESPONDER COURSE APPROVED BY THE
21 BOARD; AND

22 (2) BEEN EXAMINED BY THE BOARD AND CERTIFIED AS A FIRST
23 RESPONDER BY THE BOARD.

24 (K) "LICENSE" MEANS A LICENSE ISSUED BY THE BOARD TO PROVIDE
25 EMERGENCY MEDICAL SERVICES IN THE STATE, UNLESS THE CONTEXT
26 REQUIRES OTHERWISE.

27 (L) (1) "MEDICAL DIRECTION" MEANS THE WRITTEN OR ORAL
28 INSTRUCTION BY A LICENSED PHYSICIAN TO PERFORM SPECIFIED MEDICAL
29 PROCEDURES OR ADMINISTER SPECIFIED MEDICATIONS OR INTRAVENOUS
30 SOLUTIONS.

(2) "MEDICAL DIRECTION" INCLUDES THE ACTIVITIES OF A LICENSED PHYSICIAN IN THE STATE SERVING AS A MEDICAL DIRECTOR FOR AN AGENCY PROVIDING EMERGENCY MEDICAL SERVICES INCLUDING QUALITY ASSURANCE, PLANNING, AND EDUCATION.

(M) "NATIONAL REGISTRY" MEANS THE NONPROPRIETARY, NONGOVERNMENTAL AGENCY THAT PROVIDES STANDARDIZED NATIONAL TESTING AND REGISTRATION FOR EMERGENCY MEDICAL TECHNICIANS BASED ON NATIONAL TRAINING STANDARDS.

(N) "PUBLIC SAFETY PERSONNEL" MEANS:

(1) ANY CAREER OR VOLUNTEER MEMBER OF A FIRE, RESCUE OR EMS DEPARTMENT, COMPANY, SQUAD, OR AUXILIARY;

(2) ANY LAW ENFORCEMENT OFFICER; OR

(3) THE STATE FIRE MARSHAL OR A SWORN MEMBER OF THE STATE FIRE MARSHAL'S OFFICE.

15-802.

THERE IS A STATE BOARD OF PARAMEDICS IN THE DEPARTMENT. ??

15-803.

(A) THE BOARD CONSISTS OF THE FOLLOWING 11 MEMBERS APPROVED BY THE GOVERNOR:

(1) EIGHT SHALL BE LICENSED OR CERTIFIED EMERGENCY MEDICAL SERVICE PROVIDERS WHO ARE ACTIVELY PROVIDING EMERGENCY MEDICAL SERVICES AT THE TIME OF THE APPOINTMENT, INCLUDING:

(I) THREE OF A GOVERNMENTAL FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES COMPANY;

(II) THREE OF A VOLUNTEER FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES COMPANY;

(III) ONE EMPLOYEE OF A COMMERCIAL AMBULANCE SERVICE; AND

(IV) ONE EMERGENCY MEDICAL DISPATCHER;

1 (2) ONE SHALL BE A PHYSICIAN APPOINTED FROM A LIST OF
2 NAMES SUBMITTED FROM THE BOARD OF PHYSICIANS;

3 (3) ONE SHALL BE A MEDICAL DIRECTOR WITH EMERGENCY
4 MEDICAL SERVICES EXPERIENCE; AND

5 (4) ONE SHALL BE A REPRESENTATIVE OF THE MEDICAL AND
6 CHIRURGICAL FACULTY OF THE STATE OF MARYLAND WHO HAS EMERGENCY
7 MEDICAL SERVICES EXPERIENCE.

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

11 (2) IN APPOINTING MEMBERS TO THE BOARD, THE GOVERNOR
12 SHALL TAKE INTO CONSIDERATION THE FIVE EMERGENCY MEDICAL SERVICE
13 REGIONS OF THE STATE TO ASSURE A GEOGRAPHIC BALANCE IN THE BOARD'S
14 MEMBERSHIP.

15 (3) IN APPOINTING MEMBERS TO THE BOARD, THE GOVERNOR
16 SHALL TAKE INTO CONSIDERATION THE INDIVIDUALS:

17 (I) RECOMMENDED BY THE EMERGENCY MEDICAL
18 SERVICES ADVISORY COUNCIL; OR

19 (II) RECOMMENDED BY ANY STATEWIDE ORGANIZATION OR
20 ASSOCIATION WHICH IS INTERESTED AND INVOLVED IN THE DELIVERY OF
21 EMERGENCY MEDICAL SERVICES.

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

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

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

28 (D) ANNUALLY, THE BOARD SHALL FROM AMONG THE MEMBERS OF
29 THE BOARD:

30 (1) APPOINT A CHAIR; AND

1 (2) APPOINT ANY OTHER OFFICERS THAT THE BOARD CONSIDERS
2 NECESSARY.

3 15-804.

4 (A) (1) THE SECRETARY MAY EMPLOY A STAFF FOR THE BOARD IN
5 ACCORDANCE WITH THE STATE BUDGET.

6 (2) THE SECRETARY MAY DESIGNATE ONE OF THE STAFF AS AN
7 ADMINISTRATIVE DIRECTOR.

8 (B) STAFF OF THE BOARD ARE IN THE EXECUTIVE SERVICE,
9 MANAGEMENT SERVICE, OR ARE SPECIAL APPOINTMENTS IN THE STATE
10 PERSONNEL MANAGEMENT SYSTEM.

11 (C) THE SECRETARY SHALL DETERMINE THE APPROPRIATE JOB
12 CLASSIFICATIONS AND GRADES FOR ALL STAFF.

13 (D) TO PROVIDE ADEQUATE ASSISTANCE IN THE INVESTIGATION,
14 DEVELOPMENT, AND PROSECUTION OF CASES REFERRED TO THE BOARD, THE
15 BOARD SHALL BE ASSIGNED A SUFFICIENT NUMBER OF:

16 (1) ASSISTANT ATTORNEYS GENERAL BY THE ATTORNEY
17 GENERAL; AND

18 (2) INVESTIGATORS AND HEARING OFFICERS BY THE SECRETARY.

19 15-805.

20 (A) (1) A MAJORITY OF THE FULLY AUTHORIZED MEMBERSHIP OF
21 THE BOARD IS A QUORUM.

22 (2) THE BOARD MAY ADOPT ANY RULES OR PROCEDURES
23 NECESSARY TO ENSURE THE ORDERLY CONDUCT OF BUSINESS.

24 (B) THE BOARD SHALL MEET:

25 (1) AT THE TIMES AND PLACES THAT IT DETERMINES; AND

26 (2) AS REQUESTED BY THE SECRETARY.

27 (C) EACH MEMBER OF THE BOARD IS ENTITLED TO REIMBURSEMENT
28 FOR EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS AS
29 PROVIDED IN THE STATE BUDGET.

1 **15-806.**

2 (A) THE BOARD MAY ADOPT RULES, REGULATIONS, PROTOCOLS,
3 ORDERS, AND STANDARDS TO CARRY OUT THE PROVISIONS OF THIS SUBTITLE.

4 (B) ANY REGULATIONS OF THE BOARD RELATING TO THE PRACTICE OF
5 MEDICINE SHALL BE ADOPTED JOINTLY WITH THE BOARD OF PHYSICIANS.

6 (C) ANY REGULATIONS OF THE BOARD RELATING TO THE PRACTICE OF
7 NURSING SHALL BE ADOPTED IN COLLABORATION WITH THE BOARD OF
8 NURSING.

9 **15-807.**

10 (A) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE, AN
11 INDIVIDUAL MAY NOT PROVIDE EMERGENCY MEDICAL SERVICES IN THE STATE
12 UNLESS ISSUED A LICENSE OR CERTIFICATE BY THE BOARD UNDER THIS
13 SUBTITLE.

14 (B) THIS SUBTITLE DOES NOT APPLY TO:

15 (1) AN INDIVIDUAL WHO:

16 (I) HAS COMPLETED AN EMERGENCY MEDICAL SERVICES
17 COURSE OR ITS EQUIVALENT AS DETERMINED BY THE BOARD;

18 (II) IS AUTHORIZED TO PROVIDE EMERGENCY MEDICAL
19 SERVICES BY ANY STATE ADJOINING THIS STATE;

20 (III) IS CALLED ON BY A PUBLIC SAFETY AGENCY PROVIDING
21 EMERGENCY MEDICAL SERVICES TO RENDER EMERGENCY MEDICAL SERVICES
22 IN THIS STATE OR TO TRANSPORT EMERGENCY PATIENTS FROM THE ADJOINING
23 STATE TO A HEALTH CARE FACILITY IN THIS STATE;

24 (IV) IS PROVIDING EMERGENCY MEDICAL SERVICES WITHIN
25 THE SCOPE OF THE LICENSE OR CERTIFICATE ISSUED TO THE INDIVIDUAL BY
26 THE OTHER STATE; AND

27 (V) IS NOT AFFILIATED WITH AN EMERGENCY MEDICAL
28 SERVICE IN THIS STATE OR IS NOT ENGAGED IN PROVIDING EMERGENCY
29 MEDICAL SERVICES IN THIS STATE ON A REGULAR BASIS;

1 (2) AN INDIVIDUAL WHO IS ENROLLED IN AN EMERGENCY
2 MEDICAL SERVICES PROVIDER TRAINING PROGRAM THAT MEETS THE
3 STANDARDS SET BY THE BOARD IN THE COURSE OF THAT TRAINING;

4 (3) AN INDIVIDUAL WHO IS NOT ENGAGED IN PROVIDING
5 EMERGENCY MEDICAL SERVICES ON A REGULAR BASIS WHO PROVIDES
6 EMERGENCY MEDICAL SERVICES AT THE SCENE OF A MEDICAL EMERGENCY IN
7 RARE INSTANCES;

8 (4) AN INDIVIDUAL WHO IS A MEMBER OF A VOLUNTEER FIRE OR
9 RESCUE COMPANY AND SOLELY ENGAGED IN DRIVING THE EMERGENCY
10 VEHICLE;

11 (5) AN INDIVIDUAL WHO ASSISTS AN EMERGENCY MEDICAL
12 SERVICES PROVIDER BUT DOES NOT DIRECTLY PROVIDE EMERGENCY MEDICAL
13 SERVICES; OR

14 (6) AN INDIVIDUAL WHO HAS AMERICAN RED CROSS FIRST AID
15 TRAINING OR ITS EQUIVALENT AND WHO PROVIDES SERVICES WITHIN THE
16 SCOPE OF THAT TRAINING, DOES NOT RESPOND TO EMERGENCY CALLS, AND
17 DOES NOT TRANSPORT PATIENTS.

18 (C) THIS SECTION DOES NOT LIMIT THE RIGHT OF AN INDIVIDUAL TO
19 PRACTICE A HEALTH OCCUPATION THAT THE INDIVIDUAL IS AUTHORIZED TO
20 PRACTICE UNDER THE HEALTH OCCUPATIONS ARTICLE.

21 (D) AN INDIVIDUAL WHO VIOLATES ANY PROVISION OF THIS SECTION IS
22 GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE NOT
23 EXCEEDING \$1,000 OR IMPRISONMENT NOT EXCEEDING 1 YEAR OR BOTH.

24 15-808.

25 (A) TO APPLY FOR A LICENSE OR CERTIFICATE, AN INDIVIDUAL SHALL:

26 (1) SUBMIT AN APPLICATION ON THE FORM THAT THE BOARD
27 REQUIRES; AND

28 (2) PAY TO THE BOARD ANY APPLICATION FEE SET BY THE
29 BOARD UNDER § 15-817 OF THIS SUBTITLE.

30 (B) THE BOARD MAY NOT CHARGE A LICENSING, CERTIFYING, TESTING,
31 OR RETESTING FEE TO ANY INDIVIDUAL WHO IS A MEMBER OR EMPLOYEE OF
32 ANY GOVERNMENTAL OR VOLUNTEER FIRE, RESCUE, OR EMERGENCY MEDICAL
33 SERVICES COMPANY AT THE DATE OF APPLICATION.

1 (C) THE BOARD SHALL PROVIDE FOR THE TERM AND RENEWAL OF
2 LICENSES OR CERTIFICATES ISSUED UNDER THIS SUBTITLE.

3 15-809.

4 (A) SUBJECT TO THE REGULATIONS, PROTOCOLS, ORDERS, AND
5 STANDARDS OF THE BOARD AND SUBJECT TO MEDICAL DIRECTION, WHILE
6 PROVIDING EMERGENCY MEDICAL SERVICES:

7 (1) A CARDIAC RESCUE TECHNICIAN, AN EMERGENCY MEDICAL
8 TECHNICIAN-B, OR AN EMERGENCY MEDICAL TECHNICIAN-P MAY:

9 (I) PERFORM SPECIFIED MEDICAL PROCEDURES AS
10 AUTHORIZED BY THE BOARD;

11 (II) ADMINISTER SPECIFIED MEDICATIONS OR
12 INTRAVENOUS SOLUTIONS; AND

13 (III) PROVIDE EMERGENCY MEDICAL TRANSPORT;

14 (2) AN EMERGENCY MEDICAL DISPATCHER MAY:

15 (I) PERFORM MEDICAL INTERROGATION IN ORDER TO
16 DETERMINE THE TYPE AND LEVEL OF RESPONSE REQUIRED AT THE SCENE OF A
17 MEDICAL EMERGENCY; AND

18 (II) PROVIDE PREARRIVAL INSTRUCTIONS INCLUDING
19 INSTRUCTIONS IN CARDIOPULMONARY RESUSCITATION; AND

20 (3) A FIRST RESPONDER:

21 (I) MAY PERFORM SPECIFIED MEDICAL PROCEDURES AS
22 DEFINED BY THE BOARD; AND

23 (II) MAY NOT BE THE PRIMARY EMERGENCY MEDICAL
24 SERVICES PROVIDER DURING EMERGENCY MEDICAL TRANSPORT.

25 (B) PARTICIPATION IN EMERGENCY MEDICAL DISPATCH PROGRAMS BY
26 JURISDICTIONS IS TOTALLY VOLUNTARY.

27 15-810.

1 SUBJECT TO THE REGULATIONS, PROTOCOLS, ORDERS, AND STANDARDS
2 OF THE BOARD, AN EMT-P MAY ADMINISTER INFLUENZA AND HEPATITIS B
3 IMMUNIZATIONS AND TUBERCULOSIS SKIN TESTING, IN A NONEMERGENCY
4 ENVIRONMENT, TO PUBLIC SAFETY PERSONNEL WITHIN THE JURISDICTION OF
5 THE EMT-P, IF THE SERVICES ARE:

6 (1) AUTHORIZED BY A WRITTEN AGREEMENT BETWEEN THE
7 PROVIDER'S JURISDICTIONAL EMS OPERATIONAL PROGRAM MEDICAL
8 DIRECTOR AND THE COUNTY OR CITY HEALTH DEPARTMENT IN WHOSE
9 JURISDICTION THE SERVICES ARE PERFORMED, WHICH SHALL INCLUDE
10 PROVISIONS FOR DOCUMENTATION, REFERRAL AND FOLLOW-UP, AND STORAGE
11 AND INVENTORY OF MEDICINE;

12 (2) UNDER THE DIRECTION OF THE JURISDICTIONAL EMS
13 OPERATIONAL PROGRAM MEDICAL DIRECTOR; AND

14 (3) APPROVED BY THE DEPARTMENT.

15 15-811.

16 (A) (1) (I) IN ACCORDANCE WITH SUBSECTION (B) OF THIS
17 SECTION, THE BOARD SHALL ENTER INTO A WRITTEN CONTRACT WITH AN
18 ENTITY OR INDIVIDUAL FOR CONFIDENTIAL PEER REVIEW OF ALLEGATIONS
19 BASED ON § 15-812 OF THIS SUBTITLE.

20 (II) THE BOARD SHALL OBTAIN TWO PEER REVIEW
21 REPORTS FOR EACH ALLEGATION IT REFERS FOR PEER REVIEW.

22 (2) A PEER REVIEWER SHALL:

23 (I) BE BOARD CERTIFIED;

24 (II) HAVE SPECIAL QUALIFICATIONS TO JUDGE THE MATTER
25 AT HAND;

26 (III) HAVE RECEIVED A SPECIFIED AMOUNT OF EMERGENCY
27 MEDICAL SERVICE EXPERIENCE AND TRAINING;

28 (IV) HAVE NO FORMAL ACTIONS AGAINST THE PEER
29 REVIEWER'S OWN CERTIFICATE;

30 (V) RECEIVE TRAINING IN PEER REVIEW;

(VI) HAVE A STANDARD FORMAT FOR PEER REVIEW REPORTS; AND

(VII) TO THE EXTENT PRACTICABLE, BE CERTIFIED AND ENGAGED IN THE PRACTICE OF EMERGENCY MEDICAL SERVICES IN THE STATE.

(3) THE BOARD MAY CONSULT WITH THE APPROPRIATE EMERGENCY MEDICAL SERVICE PROVIDER SOCIETIES IN THE STATE TO OBTAIN A LIST OF EMERGENCY MEDICAL SERVICE PROVIDERS QUALIFIED TO PROVIDE PEER REVIEW SERVICES.

(4) FOR PURPOSES OF PEER REVIEW, THE BOARD MAY USE SOLE SOURCE PROCUREMENT UNDER § 13-107 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

(5) THE HEARING OF CHARGES MAY NOT BE STAYED OR CHALLENGED BECAUSE OF THE SELECTION OF PEER REVIEWERS UNDER THIS SUBSECTION BEFORE THE FILING OF CHARGES.

(B) (1) THE ENTITY OR INDIVIDUAL PEER REVIEWER WITH WHICH THE BOARD CONTRACTS UNDER SUBSECTION (A) OF THIS SECTION SHALL HAVE 90 DAYS FOR COMPLETION OF PEER REVIEW.

(2) THE ENTITY OR INDIVIDUAL PEER REVIEWER MAY APPLY TO THE BOARD FOR AN EXTENSION OF UP TO 30 DAYS TO THE TIME LIMIT IMPOSED UNDER PARAGRAPH (1) OF THIS SUBSECTION.

(3) IF AN EXTENSION IS NOT GRANTED, AND 90 DAYS HAVE ELAPSED, THE BOARD MAY CONTRACT WITH ANY OTHER ENTITY OR INDIVIDUAL WHO MEETS THE REQUIREMENTS OF SUBSECTION (A)(2) OF THIS SECTION FOR THE SERVICES OF PEER REVIEW.

(4) IF AN EXTENSION HAS BEEN GRANTED, AND 120 DAYS HAVE ELAPSED, THE BOARD MAY CONTRACT WITH ANY OTHER ENTITY OR INDIVIDUAL WHO MEETS THE REQUIREMENTS OF SUBSECTION (A)(2) OF THIS SECTION FOR THE SERVICES OF PEER REVIEW.

15-812.

(A) SUBJECT TO THE HEARING PROVISIONS OF § 15-813 OF THIS SUBTITLE AND AS A RESULT OF ANY CONDUCT OF AN EMERGENCY MEDICAL SERVICES PROVIDER OR AN APPLICANT FOR A LICENSE OR CERTIFICATE UNDER THIS SUBTITLE THAT IS PROHIBITED UNDER THE PROVISIONS OF THIS

1 SUBTITLE OR ANY REGULATIONS ADOPTED UNDER THIS SUBTITLE, THE BOARD
2 MAY:

3 (1) REPRIMAND OR PLACE AN EMERGENCY MEDICAL SERVICES
4 PROVIDER ON PROBATION;

5 (2) SUSPEND OR REVOKE THE LICENSE OR CERTIFICATE OF AN
6 EMERGENCY MEDICAL SERVICES PROVIDER;

7 (3) DENY A LICENSE OR CERTIFICATE TO AN APPLICANT; OR

8 (4) REFUSE TO RENEW AN APPLICANT'S LICENSE OR
9 CERTIFICATE.

10 (B) ON THE APPLICATION OF AN INDIVIDUAL WHOSE LICENSE OR
11 CERTIFICATE HAS BEEN SUSPENDED OR REVOKED, THE BOARD MAY REINSTATE
12 A SUSPENDED OR REVOKED LICENSE OR CERTIFICATE.

13 (C) (1) UNLESS THE BOARD AGREES TO ACCEPT THE SURRENDER OF
14 A LICENSE OR CERTIFICATE, A HOLDER OF A LICENSE OR CERTIFICATE MAY NOT
15 SURRENDER THE LICENSE OR CERTIFICATE.

16 (2) A LICENSE OR CERTIFICATE MAY NOT LAPSE BY OPERATION
17 OF LAW WHILE THE HOLDER OF THE LICENSE OR CERTIFICATE IS UNDER
18 INVESTIGATION OR WHILE CHARGES ARE PENDING AGAINST THE HOLDER OF
19 THE LICENSE OR CERTIFICATE.

20 (D) THE BOARD MAY SET CONDITIONS ON ITS AGREEMENT WITH THE
21 HOLDER OF THE LICENSE OR CERTIFICATE UNDER INVESTIGATION OR AGAINST
22 WHOM CHARGES ARE PENDING TO ACCEPT SURRENDER OF THE LICENSE OR
23 CERTIFICATE.

24 15-813.

25 (A) THE BOARD MAY TAKE ACTION UNDER § 15-812 OF THIS SUBTITLE
26 ONLY AFTER:

27 (1) RECEIVING A PEER REVIEW REPORT IN ACCORDANCE WITH §
28 15-811 OF THIS SUBTITLE; AND

29 (2) AFTER THE INDIVIDUAL AGAINST WHOM THE ACTION IS
30 CONTEMPLATED HAS HAD AN OPPORTUNITY FOR A HEARING IN ACCORDANCE
31 WITH THE PROVISIONS OF TITLE 10, SUBTITLE 2 OF THE STATE GOVERNMENT
32 ARTICLE.

1 (B) THE INDIVIDUAL MAY BE REPRESENTED AT THE HEARING BY
2 COUNSEL.

3 (C) ANY PERSON AGGRIEVED BY A DECISION OF THE BOARD MAY TAKE
4 ANY FURTHER APPEAL ALLOWED UNDER TITLE 10, SUBTITLE 2 OF THE STATE
5 GOVERNMENT ARTICLE.

6 15-814.

7 (A) THE BOARD SHALL REFER TO THE BOARD OF NURSING ANY
8 COMPLAINT ABOUT AN EMERGENCY MEDICAL SERVICES PROVIDER WHO, IN
9 ADDITION TO BEING LICENSED OR CERTIFIED BY THE BOARD, IS LICENSED AS A
10 REGISTERED NURSE OR LICENSED PRACTICAL NURSE BY THE BOARD OF
11 NURSING.

12 (B) THE BOARD OF NURSING MAY INVESTIGATE AND DISCIPLINE A
13 REGISTERED NURSE OR LICENSED PRACTICAL NURSE FOR A VIOLATION OF THIS
14 SUBTITLE AND A VIOLATION OF TITLE 8 OF THE HEALTH OCCUPATIONS
15 ARTICLE.

16 (C) THE BOARD OF NURSING SHALL CONDUCT ANY HEARING
17 REQUIRED BY THIS SUBTITLE IN ACCORDANCE WITH § 8-317 OF THE HEALTH
18 OCCUPATIONS ARTICLE.

19 (D) THE BOARD SHALL COMPLY WITH ANY RECOMMENDATION OR
20 ORDER ISSUED BY THE BOARD OF NURSING REGARDING THE ISSUANCE OF A
21 LICENSE OR CERTIFICATE BY THE BOARD TO AN INDIVIDUAL WHO IS LICENSED
22 AS A REGISTERED NURSE OR LICENSED PRACTICAL NURSE.

23 15-815.

24 (A) THE BOARD MAY, OVER THE SIGNATURE OF THE SECRETARY, THE
25 CHAIRMAN OR ADMINISTRATIVE DIRECTOR OF THE BOARD, OR THE CHAIRMAN
26 OF THE PROVIDER REVIEW PANEL, ISSUE SUBPOENAS AND ADMINISTER OATHS
27 IN CONNECTION WITH ANY INVESTIGATION UNDER THIS SUBTITLE AND ANY
28 HEARINGS OR PROCEEDINGS BEFORE IT.

29 (B) IF, WITHOUT LAWFUL EXCUSE, A PERSON DISOBEYS A SUBPOENA OF
30 THE BOARD OR AN ORDER BY THE BOARD TO TAKE AN OATH OR TO TESTIFY OR
31 ANSWER A QUESTION, A COURT OF COMPETENT JURISDICTION MAY PUNISH THE
32 PERSON FOR CONTEMPT.

1 (C) IF, AFTER DUE NOTICE, THE INDIVIDUAL AGAINST WHOM AN ACTION
2 IS CONTEMPLATED FAILS OR REFUSES TO APPEAR, THE BOARD MAY HEAR AND
3 DETERMINE THE MATTER.

4 (D) IF THE ENTRY IS NECESSARY TO CARRY OUT A DUTY UNDER THIS
5 SUBTITLE, ANY DULY AUTHORIZED AGENT OR INVESTIGATOR OF THE BOARD
6 MAY ENTER AT ANY REASONABLE HOUR A PLACE OF BUSINESS OF A LICENSED
7 OR CERTIFIED EMERGENCY MEDICAL SERVICES PROVIDER OR PUBLIC
8 PREMISES.

9 (E) THE BOARD MAY ISSUE A CEASE AND DESIST ORDER OR OBTAIN
10 INJUNCTIVE RELIEF IF A PERSON PROVIDES EMERGENCY MEDICAL SERVICES
11 WITHOUT A LICENSE OR CERTIFICATE.

12 15-816.

13 (A) A PERSON WHO VIOLATES ANY PROVISION OF THIS SECTION IS
14 GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE NOT
15 EXCEEDING \$1,000 OR IMPRISONMENT NOT EXCEEDING 1 YEAR OR BOTH.

16 (B) UNLESS LICENSED OR CERTIFIED TO PROVIDE EMERGENCY
17 MEDICAL SERVICES UNDER THIS SUBTITLE, A PERSON MAY NOT REPRESENT TO
18 THE PUBLIC THAT THE PERSON IS AUTHORIZED TO PROVIDE EMERGENCY
19 MEDICAL SERVICES IN THIS STATE.

20 (C) UNLESS LICENSED OR CERTIFIED TO PROVIDE EMERGENCY
21 MEDICAL SERVICES UNDER THIS SUBTITLE, A PERSON MAY NOT USE THE TERMS
22 "CARDIAC RESCUE TECHNICIAN", "CRT", "EMERGENCY MEDICAL
23 DISPATCHER", "EMD", "EMERGENCY MEDICAL TECHNICIAN", "EMT-B",
24 "EMT-P", "PARAMEDIC", OR "FIRST RESPONDER" OR ANY OTHER WORDS,
25 LETTERS, OR SYMBOLS WITH THE INTENT TO REPRESENT THAT THE PERSON IS
26 AUTHORIZED TO PROVIDE EMERGENCY MEDICAL SERVICES.

27 15-817.

28 (A) THERE IS A BOARD OF PARAMEDICS FUND.

29 (B) EXCEPT AS PROVIDED IN SUBSECTION (C) OF THIS SECTION, THE
30 BOARD MAY SET REASONABLE FEES FOR THE INITIAL ISSUANCE OF LICENSES
31 OR CERTIFICATES AND ITS OTHER SERVICES.

32 (C) (1) THE BOARD MAY NOT CHARGE AN INITIAL LICENSING FEE, AN
33 INITIAL CERTIFYING FEE, A FEE FOR THE RENEWAL OF A LICENSE, A FEE FOR
34 THE RENEWAL OF A CERTIFICATE, A TESTING FEE, OR A RETESTING FEE TO AN

1 INDIVIDUAL WHO IS A MEMBER OR EMPLOYEE OF ANY GOVERNMENTAL OR
2 VOLUNTEER FIRE OR RESCUE COMPANY AT THE TIME OF THAT INDIVIDUAL'S
3 APPLICATION.

4 (2) THE BOARD SHALL PAY ALL FEES COLLECTED UNDER THE
5 PROVISIONS OF THIS SECTION TO THE COMPTROLLER OF THE STATE.

6 (3) THE COMPTROLLER OF THE STATE SHALL DISTRIBUTE THE
7 FEES TO THE FUND.

8 (D) THE FUND SHALL BE USED EXCLUSIVELY TO FUND THE ACTUAL
9 DOCUMENTED DIRECT AND INDIRECT COSTS OF FULFILLING THE STATUTORY
10 AND REGULATORY DUTIES OF THE BOARD AS PROVIDED BY THE PROVISIONS OF
11 THIS SUBTITLE.

12 (E) (1) THE FUND IS A CONTINUING, NONLAPSING FUND AND IS NOT
13 SUBJECT TO § 7-302 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

14 (2) ANY UNSPENT PORTION OF THE FUND MAY NOT BE
15 TRANSFERRED OR REVERT TO THE GENERAL FUND OF THE STATE BUT SHALL
16 REMAIN IN FUND TO BE USED FOR THE PURPOSES SPECIFIED IN THIS SECTION.

17 15-818.

18 THE BOARD MAY DELEGATE TO THE OFFICE OF ADMINISTRATIVE
19 HEARINGS THE AUTHORITY TO HEAR CONTESTED CASES AND ISSUE
20 RECOMMENDATIONS.

21 SUBTITLE 9. AUTOMATED EXTERNAL DEFIBRILLATOR PROGRAM.

22 15-901.

23 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
24 INDICATED.

25 (B) "AUTOMATED EXTERNAL DEFIBRILLATOR (AED)" MEANS A
26 MEDICAL HEART MONITOR AND DEFIBRILLATOR DEVICE THAT:

27 (1) IS CLEARED FOR MARKET BY THE FEDERAL FOOD AND DRUG
28 ADMINISTRATION;

29 (2) RECOGNIZES THE PRESENCE OR ABSENCE OF VENTRICULAR
30 FIBRILLATION OR RAPID VENTRICULAR TACHYCARDIA;

1 (3) DETERMINES, WITHOUT INTERVENTION BY AN OPERATOR,
2 WHETHER DEFIBRILLATION SHOULD BE PERFORMED;

3 (4) ON DETERMINING THAT DEFIBRILLATION SHOULD BE
4 PERFORMED, AUTOMATICALLY CHARGES; AND

5 (5) (I) REQUIRES OPERATOR INTERVENTION TO DELIVER THE
6 ELECTRICAL IMPULSE; OR

7 (II) AUTOMATICALLY CONTINUES WITH DELIVERY OF
8 ELECTRICAL IMPULSE.

9 (C) "CERTIFICATE" MEANS A CERTIFICATE ISSUED BY THE
10 DEPARTMENT TO A REGISTERED FACILITY.

11 (D) "FACILITY" MEANS AN AGENCY, ASSOCIATION, CORPORATION,
12 FIRM, PARTNERSHIP, OR OTHER ENTITY.

13 (E) "JURISDICTIONAL EMERGENCY MEDICAL SERVICES OPERATIONAL
14 PROGRAM" MEANS THE INSTITUTION, AGENCY, CORPORATION, OR OTHER
15 ENTITY THAT HAS BEEN APPROVED BY THE DEPARTMENT TO PROVIDE
16 OVERSIGHT OF EMERGENCY MEDICAL SERVICES FOR EACH OF THE LOCAL
17 GOVERNMENT AND STATE AND FEDERAL EMERGENCY MEDICAL SERVICES
18 PROGRAMS.

19 (F) "PROGRAM" MEANS THE PUBLIC ACCESS AUTOMATED EXTERNAL
20 DEFIBRILLATOR PROGRAM.

21 (G) "REGIONAL ADMINISTRATOR" MEANS THE INDIVIDUAL EMPLOYED
22 BY THE DEPARTMENT AS REGIONAL ADMINISTRATOR IN EACH EMS REGION.

23 (H) "REGIONAL COUNCIL" MEANS AN EMS ADVISORY BODY AS
24 CREATED BY THE CODE OF MARYLAND REGULATIONS 30.05.

25 (I) "REGIONAL COUNCIL AED COMMITTEE" MEANS A COMMITTEE
26 APPOINTED BY THE REGIONAL COUNCIL CONSISTING OF:

27 (1) THE REGIONAL MEDICAL DIRECTOR;

28 (2) THE REGIONAL ADMINISTRATOR; AND

29 (3) THREE OR MORE INDIVIDUALS WITH KNOWLEDGE OF AND
30 EXPERTISE IN AEDs.

1 (J) "REGISTERED FACILITY" MEANS AN ORGANIZATION, BUSINESS
2 ASSOCIATION, AGENCY, OR OTHER ENTITY THAT MEETS THE REQUIREMENTS OF
3 THE DEPARTMENT FOR REGISTERING WITH THE PROGRAM.

4 15-902.

5 (A) THERE IS A PUBLIC ACCESS AUTOMATED EXTERNAL
6 DEFIBRILLATOR PROGRAM IN THE DEPARTMENT.

7 (B) THE PURPOSE OF THE PROGRAM IS TO COORDINATE AN EFFECTIVE
8 STATEWIDE PUBLIC ACCESS DEFIBRILLATION PROGRAM.

9 (C) THE PROGRAM SHALL BE ADMINISTERED BY THE DEPARTMENT.

10 15-903.

11 THE DEPARTMENT MAY:

12 (1) ADOPT REGULATIONS FOR THE ADMINISTRATION OF THE
13 PROGRAM;

14 (2) ISSUE AND RENEW CERTIFICATES TO FACILITIES THAT MEET
15 THE REQUIREMENTS OF THIS SUBTITLE;

16 (3) DENY, SUSPEND, REVOKE, OR REFUSE TO RENEW THE
17 CERTIFICATE OF A REGISTERED FACILITY FOR FAILURE TO MEET THE
18 REQUIREMENTS OF THIS SUBTITLE;

19 (4) APPROVE EDUCATIONAL AND TRAINING PROGRAMS
20 REQUIRED UNDER THIS SUBTITLE THAT:

21 (I) ARE CONDUCTED BY ANY PRIVATE OR PUBLIC ENTITY;

22 (II) INCLUDE TRAINING IN CARDIOPULMONARY
23 RESUSCITATION AND AUTOMATED EXTERNAL DEFIBRILLATION; AND

24 (III) MAY INCLUDE COURSES FROM NATIONALLY
25 RECOGNIZED ENTITIES SUCH AS THE AMERICAN HEART ASSOCIATION, THE
26 AMERICAN RED CROSS, AND THE NATIONAL SAFETY COUNCIL; AND

27 (5) APPROVE THE PROTOCOL FOR THE USE OF AN AED.

28 15-904.

1 (A) EACH FACILITY THAT DESIRES TO MAKE AUTOMATED EXTERNAL
2 DEFIBRILLATION AVAILABLE SHALL POSSESS A VALID CERTIFICATE FROM THE
3 DEPARTMENT.

4 (B) THIS SECTION DOES NOT APPLY TO:

5 (1) A JURISDICTIONAL EMERGENCY MEDICAL SERVICES
6 OPERATIONAL PROGRAM;

7 (2) A LICENSED COMMERCIAL AMBULANCE SERVICE;

8 (3) A HEALTH CARE FACILITY AS DEFINED IN § 19-114 OF THE
9 HEALTH - GENERAL ARTICLE; OR

10 (4) A PLACE OF BUSINESS FOR HEALTH CARE PRACTITIONERS
11 WHO ARE LICENSED AS DENTISTS UNDER TITLE 4 OF THE HEALTH
12 OCCUPATIONS ARTICLE OR AS PHYSICIANS UNDER TITLE 14 OF THE HEALTH
13 OCCUPATIONS ARTICLE AND ARE AUTHORIZED TO USE AN AED IN
14 ACCORDANCE WITH THAT LICENSE.

15 15-905.

16 (A) TO QUALIFY FOR A CERTIFICATE A FACILITY SHALL:

17 (1) COMPLY WITH THE WRITTEN PROTOCOL APPROVED BY THE
18 DEPARTMENT FOR THE USE OF AN AED WHICH INCLUDES NOTIFICATION OF
19 THE EMERGENCY MEDICAL SERVICES SYSTEM THROUGH THE USE OF THE 911
20 UNIVERSAL EMERGENCY ACCESS NUMBER AS SOON AS POSSIBLE ON THE USE OF
21 AN AED;

22 (2) HAVE ESTABLISHED AUTOMATED EXTERNAL DEFIBRILLATOR
23 MAINTENANCE, PLACEMENT, OPERATION, REPORTING, AND QUALITY
24 IMPROVEMENT PROCEDURES AS REQUIRED BY THE DEPARTMENT;

25 (3) MAINTAIN EACH AED AND ALL RELATED EQUIPMENT AND
26 SUPPLIES IN ACCORDANCE WITH THE STANDARDS ESTABLISHED BY THE DEVICE
27 MANUFACTURER AND THE FEDERAL FOOD AND DRUG ADMINISTRATION; AND

28 (4) ENSURE THAT EACH INDIVIDUAL WHO IS EXPECTED TO
29 OPERATE AN AED FOR THE REGISTERED FACILITY HAS SUCCESSFULLY
30 COMPLETED AN EDUCATIONAL TRAINING COURSE AND REFRESHER TRAINING
31 AS REQUIRED BY THE DEPARTMENT.

1 (B) A REGISTERED FACILITY SHALL REPORT THE USE OF AN AED TO
2 THE DEPARTMENT FOR REVIEW BY THE REGIONAL COUNCIL AED COMMITTEE.

3 (C) A FACILITY THAT DESIRES TO ESTABLISH OR RENEW A CERTIFICATE
4 SHALL:

5 (1) SUBMIT AN APPLICATION ON THE FORM THAT THE
6 DEPARTMENT REQUIRES; AND

7 (2) MEET THE REQUIREMENTS UNDER THIS SUBTITLE.
8 15-906.

9 (A) (1) THE DEPARTMENT SHALL ISSUE A NEW OR A RENEWED
10 CERTIFICATE TO A FACILITY THAT MEETS THE REQUIREMENTS OF THIS
11 SUBTITLE.

12 (2) EACH CERTIFICATE SHALL INCLUDE:

13 (I) THE TYPE OF CERTIFICATE;

14 (II) THE FULL NAME AND ADDRESS OF THE FACILITY;

15 (III) A UNIQUE IDENTIFICATION NUMBER; AND

16 (IV) THE DATES OF ISSUANCE AND EXPIRATION OF THE
17 CERTIFICATE.

18 (3) A CERTIFICATE IS VALID FOR 3 YEARS.

19 (B) THE DEPARTMENT MAY ISSUE A CEASE AND DESIST ORDER OR
20 OBTAIN INJUNCTIVE RELIEF IF A FACILITY MAKES AUTOMATED EXTERNAL
21 DEFIBRILLATION AVAILABLE IN VIOLATION OF THIS SECTION.

22 15-907.

23 (A) IN ADDITION TO ANY OTHER IMMUNITIES AVAILABLE UNDER
24 STATUTORY OR COMMON LAW, A REGISTERED FACILITY IS NOT CIVILLY LIABLE
25 FOR ANY ACT OR OMISSION IN THE PROVISION OF AUTOMATED EXTERNAL
26 DEFIBRILLATION IF THE REGISTERED FACILITY:

27 (1) HAS SATISFIED THE REQUIREMENTS FOR MAKING
28 AUTOMATED EXTERNAL DEFIBRILLATION AVAILABLE UNDER THIS SECTION;
29 AND

1 (2) POSSESSES A VALID CERTIFICATE AT THE TIME OF THE ACT
2 OR OMISSION.

3 (B) IN ADDITION TO ANY OTHER IMMUNITIES AVAILABLE UNDER
4 STATUTORY OR COMMON LAW, A MEMBER OF THE REGIONAL COUNCIL AED
5 COMMITTEE IS NOT CIVILLY LIABLE FOR ANY ACT OR OMISSION IN THE
6 PROVISION OF AUTOMATED EXTERNAL DEFIBRILLATION.

7 (C) IN ADDITION TO ANY OTHER IMMUNITIES AVAILABLE UNDER
8 STATUTORY OR COMMON LAW, AN INDIVIDUAL IS NOT CIVILLY LIABLE FOR ANY
9 ACT OR OMISSION IF:

10 (1) THE INDIVIDUAL IS ACTING IN GOOD FAITH WHILE
11 RENDERING AUTOMATED EXTERNAL DEFIBRILLATION TO A PERSON WHO IS A
12 VICTIM OR REASONABLY BELIEVED BY THE INDIVIDUAL TO BE A VICTIM OF A
13 SUDDEN CARDIAC ARREST;

14 (2) THE ASSISTANCE OR AID IS PROVIDED IN A REASONABLY
15 PRUDENT MANNER; AND

16 (3) THE AUTOMATED EXTERNAL DEFIBRILLATION IS PROVIDED
17 WITHOUT FEE OR OTHER COMPENSATION.

18 (D) THE IMMUNITIES IN THIS SECTION ARE NOT AVAILABLE IF THE
19 CONDUCT OF THE REGISTERED FACILITY OR AN INDIVIDUAL AMOUNTS TO
20 GROSS NEGLIGENCE, WILLFUL OR WANTON MISCONDUCT, OR INTENTIONALLY
21 TORTIOUS CONDUCT.

22 (E) THIS SECTION DOES NOT AFFECT, AND MAY NOT BE CONSTRUED AS
23 AFFECTING, ANY IMMUNITIES FROM CIVIL OR CRIMINAL LIABILITY OR
24 DEFENSES ESTABLISHED BY ANY OTHER PROVISION OF THE CODE OR BY
25 COMMON LAW TO WHICH A REGISTERED FACILITY, A MEMBER OF THE REGIONAL
26 COUNCIL AED COMMITTEE, OR AN INDIVIDUAL MAY BE ENTITLED.

27 15-908.

28 A REGISTERED FACILITY AGGRIEVED BY A DECISION OF THE
29 DEPARTMENT UNDER THIS SUBTITLE SHALL BE AFFORDED AN OPPORTUNITY
30 FOR A HEARING IN ACCORDANCE WITH TITLE 10, SUBTITLE 2 OF THE STATE
31 GOVERNMENT ARTICLE.

32 SUBTITLE 10. MARYLAND FIRE AND RESCUE INSTITUTE.

33 15-1001.

1 **THERE IS A MARYLAND FIRE AND RESCUE INSTITUTE IN THE**
2 **DEPARTMENT OF EMERGENCY SERVICES.**

3 **15-1002.**

4 **(A) THE HEAD OF THE INSTITUTE IS THE DIRECTOR.**

5 **(B) THE DIRECTOR:**

6 **(1) SHALL REPORT DIRECTLY TO THE SECRETARY; AND**

7 **(2) MAY ADOPT RULES AND REGULATIONS NECESSARY TO CARRY**
8 **OUT THIS SECTION.**

9 **15-1003.**

10 **THE INSTITUTE SHALL:**

11 **(1) PROVIDE CLASSROOM EDUCATION AND TRAINING FOR**
12 **CAREER AND VOLUNTEER FIRE AND RESCUE PERSONNEL, BOTH AT THE**
13 **INSTITUTE AND THROUGHOUT THIS STATE;**

14 **(2) COOPERATE WITH OTHER AGENCIES THAT PROVIDE TRAINING**
15 **FOR FIRE AND RESCUE PERSONNEL;**

16 **(3) TRAIN INSTRUCTORS;**

17 **(4) PREPARE OR ADOPT MATERIALS FOR TRAINING FIRE AND**
18 **RESCUE PERSONNEL;**

19 **(5) DEVELOP NEW FIRE AND RESCUE TRAINING TECHNIQUES;**

20 **(6) DEVELOP AND IMPLEMENT SPECIALIZED COURSES IN FIRE**
21 **FIGHTING, INCLUDING INDUSTRIAL FIRE FIGHTING;**

22 **(7) MAINTAIN STATISTICS AND RECORDS ON FIRE AND RESCUE**
23 **EDUCATION, TRAINING, AND RELATED MATTERS;**

24 **(8) DEVELOP PROGRAMS TO INFORM THE PUBLIC ABOUT THE**
25 **TASKS PERFORMED BY FIRE AND RESCUE PERSONNEL;**

26 **(9) ESTABLISH GUIDELINES FOR INSTRUCTIONAL MATERIAL TO**
27 **SCHOOL SYSTEMS IN THE STATE CONCERNING FIRE AND RESCUE EDUCATION;**

1 (10) PROVIDE DISASTER TRAINING FOR FIRE AND RESCUE
2 PERSONNEL; AND

3 (11) PROVIDE BASIC TRAINING FOR RESCUE PERSONNEL AND
4 EMERGENCY MEDICAL TECHNICIANS.

5 15-1004.

6 THE INSTITUTE SHALL HAVE THE FUNDS PROVIDED IN THE STATE
7 BUDGET.

8 Article - Courts and Judicial Proceedings

9 5-601.

10 [(a) In this section, "the Maryland Institute for Emergency Medical Services
11 Systems" means the agency described in § 13-503 of the Education Article.]

12 [(b)] No action may be brought against a person, firm, or corporation who
13 furnishes confidential records, reports, statements, notes, or other information to one
14 of the following agencies or their authorized agents, for purposes of research and
15 study:

16 (1) The Medical and Chirurgical Faculty or its allied committees;

17 (2) An "in-hospital" staff committee;

18 (3) A nationally organized medical society or research group;

19 (4) The State Department of Health and Mental Hygiene; or

20 (5) [The Maryland Institute for Emergency Medical Services Systems]
21 **THE DEPARTMENT OF EMERGENCY SERVICES.**

22 10-205.

23 [(a) In this section, "the Maryland Institute for Emergency Medical Services
24 Systems" means the State agency described in § 13-503 of the Education Article.]

25 [(b)](A) Records, reports, statements, notes, or information assembled or
26 obtained by the State Department of Health and Mental Hygiene, **THE DEPARTMENT**
27 **OF EMERGENCY SERVICES**, the Maryland Commission to Study Problems of Drug
28 Addiction, the Medical and Chirurgical Faculty or its allied medical societies, [the
29 Maryland Institute for Emergency Medical Services Systems,] an in-hospital staff
30 committee, or a national organized medical society or research group that are declared

1 confidential by § 4-102 of the Health – General Article or § 14-506 of the Health
2 Occupations Article, are not admissible in evidence in any proceeding.

3 [(c)](B) An employee or agent of any of the organizations listed in
4 subsection [(b)] (A) of this section may not be compelled to divulge any such record,
5 report, statement, note, or information in this connection.

6 **Article – Education**

7 7-425.

8 (a) (1) Each county board shall develop and implement an automated
9 external defibrillator program that meets the requirements of [§ 13-517 of this article]
10 **TITLE 15, SUBTITLE 9 OF THE PUBLIC SAFETY ARTICLE** for each high school in
11 the county.

12 (2) The program required under paragraph (1) of this subsection shall
13 include provisions that:

14 (i) Ensure that an automated external defibrillator is provided
15 on site; and

16 (ii) An individual trained in the operation and use of an
17 automated external defibrillator is present at all school-sponsored athletic events.

18 (b) The Department, in consultation with the Department of Health and
19 Mental Hygiene, **THE DEPARTMENT OF EMERGENCY SERVICES, AND** the
20 Maryland State School Health Council, [and the Maryland Institute for Emergency
21 Medical Services Systems,] shall adopt regulations that:

22 (1) Establish guidelines for periodic inspections and annual
23 maintenance of the automated external defibrillators; and

24 (2) Assist county boards in carrying out the provisions of this section.

25 **Article – Health – General**

26 5-601.

27 (i) “Emergency medical services ‘do not resuscitate order’” means a
28 physician’s or nurse practitioner’s written order in a form established by protocol
29 issued by the [Maryland Institute for Emergency Medical Services] **DEPARTMENT OF**
30 **EMERGENCY SERVICES** in conjunction with the State Board of Physicians which, in
31 the event of a cardiac or respiratory arrest of a particular patient, authorizes certified
32 or licensed emergency medical services personnel to withhold or withdraw
33 cardiopulmonary resuscitation including cardiac compression, endotracheal

1 intubation, other advanced airway management techniques, artificial ventilation,
2 defibrillation, and other related life-sustaining procedures.

3 5-608.

4 (a) (1) Certified or licensed emergency medical services personnel shall be
5 directed by protocol to follow emergency medical services "do not resuscitate orders"
6 pertaining to adult patients in the outpatient setting in accordance with protocols
7 established by the [Maryland Institute for Emergency Medical Services Systems]
8 **DEPARTMENT OF EMERGENCY SERVICES** in conjunction with the State Board of
9 Physicians.

10 13-203.

11 (a) (2) Of the 24 Advisory Council members:

12 (i) Except as provided in paragraph (4) of this subsection, 1
13 member shall be appointed from a list of qualified individuals submitted to the
14 Governor by each of the following organizations:

15 15. The [Maryland Institute for Emergency Medical
16 Services Systems] **DEPARTMENT OF EMERGENCY SERVICES**;

17 17-601.

18 [(c) "Maryland Institute for Emergency Medical Services Systems" means the
19 unit described in § 13-503 of the Education Article.]

20 [(d)](C) "Person" includes State and federal units of government.

21 [(e)](D) "Program" means the Biological Agents Registry Program.

22 17-602.

23 (c) The Department shall adopt regulations for the implementation of the
24 Program that:

25 (5) Provide for the release of information in the Biological Agents
26 Registry to:

27 (iii) The [Maryland Institute for Emergency Medical Services
28 Systems] **DEPARTMENT OF EMERGENCY SERVICES** for the purposes of providing
29 certain specified information to:

30 1. A police officer, as defined in § 3-201(e) of the Public
31 Safety Article, responding to an emergency; and

2. A fire, rescue, or emergency medical services entity, as defined in § 7-101 of the Public Safety Article, performing emergency services, responding to a fire or other emergency, or dispatched on a call for emergency services; 19-130.

(a) (1) In this section the following words have the meanings indicated.

(2) "Fund" means the Maryland Trauma Physician Services Fund.

(3) "Maryland Trauma Specialty Referral Centers" means:

(i) The Johns Hopkins Health System Burn Program;

(ii) The Eye Trauma Center at the Wilmer Eye Institute at The Johns Hopkins Hospital; and

(iii) The Curtis National Hand Center at Union Memorial Hospital.

(4) "Rehabilitation hospital" means a facility classified as a special rehabilitation hospital as described in § 19-307 of this title that is affiliated with a trauma center by common ownership.

(5) (i) "Trauma center" means a facility designated by the [Maryland Institute for Emergency Medical Services Systems] **DEPARTMENT OF EMERGENCY SERVICES** as:

1. The State primary adult resource center;

2. A Level I trauma center;

3. A Level II trauma center;

4. A Level III trauma center;

5. A pediatric trauma center; or

6. The Maryland Trauma Specialty Referral Centers.

(ii) "Trauma center" includes an out-of-state pediatric trauma center that has entered into an agreement with the [Maryland Institute for Emergency Medical Services Systems] **DEPARTMENT OF EMERGENCY SERVICES**.

(6) "Trauma physician" means a physician who provides care in a trauma center or in a rehabilitation hospital to trauma patients on the State trauma

1 registry as defined by the [Maryland Institute for Emergency Medical Services
2 Systems] **DEPARTMENT OF EMERGENCY SERVICES.**

3 (7) "Uncompensated care" means care provided by a trauma physician
4 to a trauma patient on the State trauma registry who:

5 (i) Has no health insurance, including Medicare Part B
6 coverage;

7 (ii) Is not eligible for medical assistance coverage; and

8 (iii) Has not paid the trauma physician for care provided by the
9 trauma physician, after documented attempts by the trauma physician to collect
10 payment.

11 (b) (1) There is a Maryland Trauma Physician Services Fund.

12 (2) The purpose of the Fund is to subsidize the documented costs:

13 (i) Of uncompensated care incurred by a trauma physician in
14 providing trauma care to a trauma patient on the State trauma registry;

15 (ii) Of undercompensated care incurred by a trauma physician
16 in providing trauma care to an enrollee of the Maryland Medical Assistance Program
17 who is a trauma patient on the State trauma registry;

18 (iii) Incurred by a trauma center to maintain trauma physicians
19 on-call as required by the [Maryland Institute for Emergency Medical Services
20 Systems] **DEPARTMENT OF EMERGENCY SERVICES**; and

21 (iv) Incurred by the Commission and the Health Services Cost
22 Review Commission to administer the Fund and audit reimbursement requests to
23 assure appropriate payments are made from the Fund.

24 (3) The Commission and the Health Services Cost Review Commission
25 shall administer the Fund.

26 (4) The Fund is a special, nonlapsing fund that is not subject to §
27 7-302 of the State Finance and Procurement Article.

28 (5) Interest on and other income from the Fund shall be separately
29 accounted for and credited to the Fund, and are not subject to § 6-226(a) of the State
30 Finance and Procurement Article.

31 (c) The Fund consists of motor vehicle registration surcharges paid into the
32 Fund in accordance with § 13-954(b)(2) of the Transportation Article.

(d) (1) Disbursements from the Fund shall be made in accordance with a methodology established jointly by the Commission and the Health Services Cost Review Commission to calculate costs incurred by trauma physicians and trauma centers that are eligible to receive reimbursement under subsection (b) of this section.

(2) The Fund shall transfer to the Department of Health and Mental Hygiene an amount sufficient to fully cover the State's share of expenditures for the costs of undercompensated care incurred by a trauma physician in providing trauma care to an enrollee of the Maryland Medical Assistance Program who is a trauma patient on the State trauma registry.

(3) The methodology developed under paragraph (1) of this subsection shall:

(i) Take into account:

1. The amount of uncompensated care provided by trauma physicians;

2. The amount of undercompensated care attributable to the treatment of Medicaid enrollees in trauma centers;

3. The cost of maintaining trauma physicians on-call;

4. The number of patients served by trauma physicians in trauma centers;

5. The number of Maryland residents served by trauma physicians in trauma centers; and

6. The extent to which trauma-related costs are otherwise subsidized by hospitals, the federal government, and other sources; and

(ii) Include an incentive to encourage hospitals to continue to subsidize trauma-related costs not otherwise included in hospital rates.

(4) The methodology developed under paragraph (1) of this subsection shall use the following parameters to determine the amount of reimbursement made to trauma physicians and trauma centers from the Fund:

(i) 1. The cost incurred by a Level II trauma center to maintain trauma surgeons, orthopedic surgeons, and neurosurgeons on-call shall be reimbursed:

A. At a rate of up to 30% of the reasonable cost equivalents hourly rate for the specialty, inflated to the current year by the physician compensation component of the Medicare economic index as designated by the Centers for Medicare and Medicaid Services; and

1 B. For the minimum number of trauma physicians
2 required to be on-call, as specified by the [Maryland Institute for Emergency Medical
3 Services Systems] **DEPARTMENT OF EMERGENCY SERVICES** in its criteria for Level
4 II trauma centers;

5 2. The cost incurred by a Level III trauma center to
6 maintain trauma surgeons, orthopedic surgeons, neurosurgeons, and anesthesiologists
7 on-call shall be reimbursed:

8 A. At a rate of up to 35% of the reasonable cost
9 equivalents hourly rate for the specialty, inflated to the current year by the physician
10 compensation component of the Medicare economic index as designated by the Centers
11 for Medicare and Medicaid Services; and

12 B. For the minimum number of trauma physicians
13 required to be on-call, as specified by the [Maryland Institute for Emergency Medical
14 Services Systems] **DEPARTMENT OF EMERGENCY SERVICES** in its criteria for Level
15 III trauma centers;

16 3. The cost incurred by a Level I trauma center or
17 pediatric trauma center to maintain trauma surgeons, orthopedic surgeons, and
18 neurosurgeons on-call when a post-graduate resident is attending in the trauma
19 center shall be reimbursed:

20 A. At a rate of up to 30% of the reasonable cost
21 equivalents hourly rate for the specialty, inflated to the current year by the physician
22 compensation component of the Medicare economic index as designated by the Centers
23 for Medicare and Medicaid Services; and

24 B. When a post-graduate resident is permitted to be in
25 the trauma center, as specified by the [Maryland Institute for Emergency Medical
26 Services Systems] **DEPARTMENT OF EMERGENCY SERVICES** in its criteria for Level
27 I trauma centers or pediatric trauma centers;

28 4. The cost incurred by a Maryland Trauma Specialty
29 Referral Center to maintain trauma surgeons on-call in the specialty of the Center
30 when a post-graduate resident is attending in the Center shall be reimbursed:

31 A. At a rate of up to 30% of the reasonable cost
32 equivalents hourly rate for the specialty, inflated to the current year by the physician
33 compensation component of the Medicare economic index as designated by the Centers
34 for Medicare and Medicaid Services; and

35 B. When a post-graduate resident is permitted to be in
36 the Center, as specified by the [Maryland Institute for Emergency Medical Services

1 Systems] **DEPARTMENT OF EMERGENCY SERVICES** in its criteria for a Maryland
2 Trauma Specialty Referral Center; and

3 5. A. A Level II trauma center is eligible for a
4 maximum of 24,500 hours of trauma on-call per year;

5 B. A Level III trauma center is eligible for a maximum of
6 35,040 hours of trauma on-call per year;

7 C. A Level I trauma center shall be eligible for a
8 maximum of 4,380 hours of trauma on-call per year;

9 D. A pediatric trauma center shall be eligible for a
10 maximum of 4,380 hours of trauma on-call per year; and

11 E. A Maryland Trauma Specialty Referral Center shall
12 be eligible for a maximum of 2,190 hours of trauma on-call per year;

13 (ii) The cost of undercompensated care incurred by a trauma
14 physician in providing trauma care to enrollees of the Maryland Medical Assistance
15 Program who are trauma patients on the State trauma registry shall be reimbursed at
16 a rate of up to 100% of the Medicare payment for the service, minus any amount paid
17 by the Maryland Medical Assistance Program;

18 (iii) The cost of uncompensated care incurred by a trauma
19 physician in providing trauma care to trauma patients on the State trauma registry
20 shall be reimbursed at a rate of 100% of the Medicare payment for the service, minus
21 any recoveries made by the trauma physician for the care;

22 (iv) The Commission, in consultation with the Health Services
23 Cost Review Commission, may establish a payment rate for uncompensated care
24 incurred by a trauma physician in providing trauma care to trauma patients on the
25 State trauma registry that is above 100% of the Medicare payment for the service if:

26 1. The Commission determines that increasing the
27 payment rate above 100% of the Medicare payment for the service will address an
28 unmet need in the State trauma system; and

29 2. The Commission reports on its intention to increase
30 the payment rate to the Senate Finance Committee and the House Health and
31 Government Operations Committee, in accordance with § 2-1246 of the State
32 Government Article, at least 60 days before any adjustment to the rate; and

33 (v) The total reimbursement to emergency physicians from the
34 Fund may not exceed \$300,000 annually.

35 (5) In order to receive reimbursement, a trauma physician in the case
36 of costs of uncompensated care under subsection (b)(2)(i) of this section, or a trauma

1 center in the case of on-call costs under subsection (b)(2)(iii) of this section, shall apply
2 to the Fund on a form and in a manner approved by the Commission and the Health
3 Services Cost Review Commission.

4 (6) (i) The Commission and the Health Services Cost Review
5 Commission shall adopt regulations that specify the information that trauma
6 physicians and trauma centers must submit to receive money from the Fund.

7 (ii) The information required shall include:

8 1. The name and federal tax identification number of the
9 trauma physician rendering the service;

10 2. The date of the service;

11 3. Appropriate codes describing the service;

12 4. Any amount recovered for the service rendered;

13 5. The name of the trauma patient;

14 6. The patient's trauma registry number; and

15 7. Any other information the Commission and the
16 Health Services Cost Review Commission consider necessary to disburse money from
17 the Fund.

18 (iii) It is the intent of the General Assembly that trauma
19 physicians and trauma centers shall cooperate with the Commission and the Health
20 Services Cost Review Commission by providing information required under this
21 paragraph in a timely and complete manner.

22 (e) (1) Except as provided in paragraph (2) of this subsection and
23 notwithstanding any other provision of law, expenditures from the Fund for costs
24 incurred in any fiscal year may not exceed revenues of the Fund in that fiscal year.

25 (2) (i) The Commission, in consultation with the Health Services
26 Cost Review Commission and the [Maryland Institute for Emergency Medical Services
27 Systems,] **DEPARTMENT OF EMERGENCY SERVICES**, shall develop a process for the
28 award of grants to Level II and Level III trauma centers in the State to be used for
29 equipment primarily used in the delivery of trauma care.

30 (ii) 1. The Commission shall issue grants under this
31 paragraph from any balance carried over to the Fund from prior fiscal years.

32 2. The total amount of grants awarded under this
33 paragraph in a fiscal year may not exceed 10% of the balance remaining in the Fund

1 at the end of the fiscal year immediately prior to the fiscal year in which grants are
2 awarded.

3 (iii) The process developed by the Commission for the award of
4 grants under this paragraph shall include:

5 1. Grant applications and review and selection criteria
6 for the award of grants;

7 2. Review by the Commission, if necessary, for any
8 project that exceeds certificate of need thresholds; and

9 3. Any other procedure determined necessary by the
10 Commission.

11 (iv) Before awarding grants under this subsection in a fiscal
12 year, the Commission shall report to the Senate Finance Committee and the House
13 Health and Government Operations Committee, in accordance with § 2-1246 of the
14 State Government Article, on the process that the Commission has developed for
15 awarding grants in that fiscal year.

16 (f) On or before November 1 of each year, the Commission and the Health
17 Services Cost Review Commission shall report to the General Assembly, in accordance
18 with § 2-1246 of the State Government Article, on:

19 (1) The amount of money in the Fund on the last day of the previous
20 fiscal year;

21 (2) The amount of money applied for by trauma physicians and
22 trauma centers during the previous fiscal year;

23 (3) The amount of money distributed in the form of trauma physician
24 and trauma center reimbursements during the previous fiscal year;

25 (4) Any recommendations for altering the manner in which trauma
26 physicians and trauma centers are reimbursed from the Fund;

27 (5) The costs incurred in administering the Fund during the previous
28 fiscal year; and

29 (6) The amount that each hospital that participates in the Maryland
30 trauma system and that has a trauma center contributes toward the subsidization of
31 trauma-related costs for its trauma center.

32 19-3A-02.

33 (b) The regulations shall require the freestanding medical facility to:

(3) Comply with all [Maryland Institute for Emergency Medical Services Systems] **DEPARTMENT OF EMERGENCY SERVICES** emergency transport protocols established for the freestanding medical facility;

19-710.1.

(a) (1) In this section the following words have the meanings indicated.

(2) "Enrollee" means a subscriber or member of the health maintenance organization.

(3) "Adjunct claims documentation" means an abstract of an enrollee's medical record which describes and summarizes the diagnosis and treatment of, and services rendered to, the enrollee, including, in the case of trauma rendered in a trauma center, an operative report, a discharge summary, a Maryland Ambulance Information Systems form, or a medical record.

[(4) "Institute" means the Maryland Institute for Emergency Medical Services Systems.]

[(5)](4) (i) "Trauma center" means a primary adult resource center, level I trauma center, level II trauma center, level III trauma center, or pediatric trauma center that has been designated by the [institute] **DEPARTMENT OF EMERGENCY SERVICES** to provide care to trauma patients.

(ii) "Trauma center" includes an out-of-state pediatric facility that has entered into an agreement with the [institute] **DEPARTMENT OF EMERGENCY SERVICES** to provide care to trauma patients.

(6) "Trauma patient" means a patient that is evaluated or treated in a trauma center and is entered into the State trauma registry as a trauma patient.

(7) "Trauma physician" means a licensed physician who has been credentialed or designated by a trauma center to provide care to a trauma patient at a trauma center.

Article - Health Occupations

14-502.

[(a) In this section, "the Maryland Institute for Emergency Medical Services Systems" means the State agency described in § 13-503 of the Education Article.]

[(b)](A) This section applies to:

(1) The Faculty;

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- 1 (2) A component medical society of the Faculty;
- 2 (3) A committee of the Faculty or of a component medical society of the
3 Faculty;
- 4 (4) A committee appointed by or established in the [Maryland
5 Institute for Emergency Medical Services Systems] **DEPARTMENT OF EMERGENCY**
6 **SERVICES**;
- 7 (5) A hospital, related institution, or other health care facility staff
8 committee;
- 9 (6) A hospital, related institution, or other health care facility
10 credentials committee or its equivalent;
- 11 (7) The chief executive officer of a hospital, related institution, or
12 other health care facility;
- 13 (8) The dean of any medical school in this State;
- 14 (9) A member of the Board;
- 15 (10) A casualty insurer writing medical professional liability insurance
16 in this State;
- 17 (11) A utilization committee of:
 - 18 (i) A nonprofit health service plan; or
 - 19 (ii) A health insurer doing business in this State;
- 20 (12) The chief executive officer of an alternative health system;
- 21 (13) The medical director of an alternative health system;
- 22 (14) A medical review committee appointed by or established in an
23 alternative health system; and
- 24 (15) A physician.

25 [(c)](B) A person described in subsection [(b)] (A) of this section shall have
26 the immunity from liability described under § 5-638 of the Courts and Judicial
27 Proceedings Article for giving information to any hospital, hospital medical staff,
28 related institution, or other health care facility, alternative health system,
29 professional society, medical school, or professional licensing board.

(a) [In this section, “the Maryland Institute for Emergency Medical Services Systems” means the State agency described in § 13–503 of the Education Article.

(b)] The following records and other information are confidential records:

(1) Any record and other information obtained by the Faculty, a component society of the Faculty, the [Maryland Institute for Emergency Medical Services Systems,] **DEPARTMENT OF EMERGENCY SERVICES**, a hospital staff committee, or a national medical society or group organized for research, if that record or information identifies any person; and

(2) Any record of a proceeding or transaction before the entity or individual that contracts with the Board or one of its committees that relates to any investigation or report under § 14–401 of this title as to an allegation of grounds for disciplinary or other action.

[(c)](B) Access to and use of any confidential record described in subsection (b) of this section is regulated by §§ 5–601 and 10–205(b) of the Courts Article.

[(d)](C) This section does not restrict the publication of any statistics or other information that does not disclose the identity of any person.

Article – Public Safety

1–305.

(b) (2) Of the 17 members:

(iii) one member shall represent the [Maryland Institute for Emergency Medical Services Systems] **DEPARTMENT OF EMERGENCY SERVICES**;

14–3A–01.

(e) “Health care provider” means:

(1) a health care facility as defined in § 19–114(e)(1) of the Health – General Article;

(2) a health care practitioner as defined in § 19–114(f) of the Health – General Article; and

(3) an individual licensed or certified as an emergency medical services provider under [§ 13–516 of the Education Article] **TITLE 15, SUBTITLE 8 OF THIS ARTICLE.**

Article – State Finance and Procurement

1 7-121.

2 (b) In its annual submission of the proposed budget, the Department of
3 Budget and Management shall provide, for informational purposes, a budget
4 presentation that includes a description of the proposed expenditures under the
5 Maryland Emergency Medical System Operations Fund for the:

6 (1) [Maryland Institute for Emergency Medical Services Systems]
7 **THE DEPARTMENT OF EMERGENCY SERVICES;**

8 (2) R Adams Cowley Shock Trauma Center;

9 (3) Maryland Fire and Rescue Institute;

10 (4) Aviation Division of the Special Operations Bureau, Department of
11 State Police; and

12 (5) grants under the Senator William H. Amoss Fire, Rescue, and
13 Ambulance Fund.

14 **Article - State Government**

15 8-201.

16 (a) The Executive Branch of the State government shall have not more than
17 21 principal departments, each of which shall embrace a broad, functional area of that
18 Branch.

19 (b) The principal departments of the Executive Branch of the State
20 government are:

21 (1) Aging;

22 (2) Agriculture;

23 (3) Budget and Management;

24 (4) Business and Economic Development;

25 (5) Disabilities;

26 (6) **EMERGENCY SERVICES;**

27 [(6)](7) the Environment;

28 [(7)](8) General Services;

1 ~~[(8)]~~**(9)** Health and Mental Hygiene;
2 ~~[(9)]~~**(10)** Housing and Community Development;
3 ~~[(10)]~~**(11)** Human Resources;
4 ~~[(11)]~~**(12)** Information Technology;
5 ~~[(12)]~~**(13)** Juvenile Services;
6 ~~[(13)]~~**(14)** Labor, Licensing, and Regulation;
7 ~~[(14)]~~**(15)** Natural Resources;
8 ~~[(15)]~~**(16)** Planning;
9 ~~[(16)]~~**(17)** Public Safety and Correctional Services;
10 ~~[(17)]~~**(18)** State Police;
11 ~~[(18)]~~**(19)** Transportation; and
12 ~~[(19)]~~**(20)** Veterans Affairs.

13 **Article – Transportation**

14 11–118.

15 “Emergency vehicle” means any of the following vehicles that are designated by
16 the Administration as entitled to the exemptions and privileges set forth in the
17 Maryland Vehicle Law for emergency vehicles:

- 18 (1) Vehicles of federal, State, or local law enforcement agencies;
- 19 (2) Vehicles of volunteer fire companies, rescue squads, fire
20 departments, the [Maryland Institute for Emergency Medical Services Systems, and
21 the Maryland Fire and Rescue Institute] **DEPARTMENT OF EMERGENCY SERVICES**;
- 22 (3) State vehicles used in response to oil or hazardous materials spills;
- 23 (4) State vehicles designated for emergency use by the Commissioner
24 of Correction;
- 25 (5) Ambulances; and

1 (6) Special vehicles funded or provided by federal, State, or local
2 government and used for emergency or rescue purposes in this State.

3 13-955.

4 (a) In this section, "Fund" means the Maryland Emergency Medical System
5 Operations Fund.

6 (b) (1) There is a Maryland Emergency Medical System Operations Fund.

7 (2) The Fund is a continuing, nonlapsing fund which is not subject to §
8 7-302 of the State Finance and Procurement Article.

9 (3) Interest and earnings on the Fund shall be separately accounted
10 for and credited to the Fund, and are not subject to § 6-226(a) of the State Finance
11 and Procurement Article.

12 (c) The Fund consists of:

13 (1) Registration surcharges collected under § 13-954 of this subtitle;
14 and

15 (2) All funds, including charges for accident scene transports and
16 interhospital transfers of patients, generated by an entity specified in subsection (e) of
17 this section that is a unit of State government.

18 (d) Expenditures from the Fund shall be made pursuant to an appropriation
19 approved by the General Assembly in the annual State budget or by the budget
20 amendment procedure provided under § 7-209 of the State Finance and Procurement
21 Article, provided that any budget amendment shall be submitted to and approved by
22 the Legislative Policy Committee prior to the expenditure or obligation of funds.

23 (e) The money in the Fund shall be used solely for:

24 (1) Medically oriented functions of the Department of State Police,
25 Special Operations Bureau, Aviation Division;

26 (2) The [Maryland Institute for Emergency Medical Services Systems]
27 **DEPARTMENT OF EMERGENCY SERVICES;**

28 (3) The R Adams Cowley Shock Trauma Center at the University of
29 Maryland Medical System;

30 (4) The Maryland Fire and Rescue Institute;

(5) The provision of grants under the Senator William H. Amoss Fire, Rescue, and Ambulance Fund in accordance with the provisions of Title 8, Subtitle 1 of the Public Safety Article; and

(6) The Volunteer Company Assistance Fund in accordance with the provisions of Title 8, Subtitle 2 of the Public Safety Article.

16-102.

(b) (2) The Administration shall adopt the regulations required under this subsection in consultation with:

(i) The Maryland Firemen's Association;

(ii) The Maryland Fire Chief's Association;

(iii) The Professional Firefighters Association of Maryland;

(iv) The Metropolitan Fire Chief's Council; and

(v) The Maryland Fire and Rescue Institute of the [University of Maryland] **DEPARTMENT OF EMERGENCY SERVICES.**

22-218.

(c) (3) (i) Vehicles of city, county, State, or federal fire departments or duly constituted volunteer fire departments or rescue squads, or the [Maryland Institute for Emergency Medical Services System] **DEPARTMENT OF EMERGENCY SERVICES**, may be equipped with or display red and/or white lights or signal devices.

(ii) In each volunteer fire company, no more than five of the following officers may have their privately owned vehicles equipped with red lights or signal devices which may be displayed only while on route to or at the scene of an emergency:

1. The fire chief or the highest ranking fireline officer;

2. One or more of the assistant chiefs or deputy chiefs, whichever rank is second in command; and

3. The emergency medical services commander.

(iii) 1. The fire police of each volunteer fire company may have their privately owned vehicles equipped with red lights or signal devices designed to emit an oscillating, rotating, blinking, or other type of emission of light.

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2. The lights or signal devices may be flashed or oscillated or otherwise used only while the vehicle is at the scene of an accident, flood, or other emergency to which the volunteer fire company is responding.

SECTION 4. AND BE IT FURTHER ENACTED, That the Secretary of Emergency Services shall:

(a) Collaborate with the Governor's Homeland Security Advisor, the Secretary of Health and Human Services, and any other government official the Secretary of Emergency Services decides is relevant to determine what emergency services and responsibilities are duplicated among the Governor's Office of Homeland Security, the Office of Preparedness and Response in the Department of Health and Mental Hygiene, and the Department; and

(b) On or before October 1, 2010, report to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2-1246 of the State Government Article, on the determinations made under paragraph (1) of this section and suggestions on how to organize the emergency services and responsibilities, including which emergency services and responsibilities should be transferred to the Department of Emergency Services.

SECTION 5. AND BE IT FURTHER ENACTED, That:

(a) The responsibility for carrying out the State's emergency medical services and emergency management services shall be transferred to the Department of Emergency Services on October 1, 2009.

(b) (1) All appropriations, including State and federal funds, held by the agencies and units of the State to carry out the functions, programs, and services transferred under this Act shall be transferred to the Department of Emergency Services on October 1, 2009.

(2) Funding for the services and programs under the Department of Emergency Services shall be provided for the new Department in the fiscal 2011 State budget.

(3) Federal fund grants directed to the State through other State agencies shall be transferred to the Department of Emergency Services on October 1, 2010.

(c) On October 1, 2009, all of the functions, powers, duties, books and records (including electronic records), real and personal property, equipment, fixtures, assets, liabilities, obligations, credits, rights, and privileges of the agencies, units, and entities that are transferred under this Act shall be transferred to the Department of Emergency Services.

SECTION 6. AND BE IT FURTHER ENACTED, That:

1 (a) As of October 1, 2009, the Maryland Institute for Emergency Medical
2 Services Systems (Institute) is hereby abolished and the Department of Emergency
3 Services created under this Act shall be the successor of the Institute.

4 (b) As of October 1, 2009, the State Emergency Medical Services (EMS)
5 Board and the provider review panel to the Board are hereby abolished and the State
6 Board of Paramedics created under this Act as part of the Department of Emergency
7 Services shall be the successor of the EMS Board in regards to licensing emergency
8 medical services providers.

9 SECTION 7. AND BE IT FURTHER ENACTED, That all employees who are
10 transferred to the Department of Emergency Services as a result of this Act shall be
11 transferred without diminution of their rights, benefits, employment, or retirement
12 status.

13 SECTION 8. AND BE IT FURTHER ENACTED, That, except as expressly
14 provided to the contrary in this Act, any transaction affected by or flowing from any
15 statute added, amended, repealed, or transferred under this Act and validly entered
16 into before the effective date of this Act, and every right, duty, or interest flowing from
17 it remains valid after the effective date of this Act and may be terminated, completed,
18 consummated, or enforced under the law.

19 SECTION 9. AND BE IT FURTHER ENACTED, That, except as otherwise
20 provided by law, all existing laws, regulations, proposed regulations, standards and
21 guidelines, policies, orders and other directives, forms, plans, memberships, contracts,
22 property, investigations, administrative and judicial responsibilities, rights to sue and
23 be sued, and all other duties and responsibilities associated with the functions of the
24 agencies and units that are the subject of this Act prior to the effective date of this Act
25 shall continue in effect under and, as appropriate, are legal and binding on the
26 Department of Emergency Services until completed, withdrawn, canceled, modified, or
27 otherwise changed under the law.

28 SECTION 10. AND BE IT FURTHER ENACTED, That:

29 (1) Except as provided in paragraph (2) of this section, nothing in this
30 Act shall affect the terms of office of a member of any division, board, council,
31 commission, authority, office, unit, or other entity that is transferred by this Act to the
32 Department of Emergency Services. An individual who is a member of any such entity
33 on the effective date of this Act shall remain a member for the balance of the term to
34 which the member is appointed, unless the member sooner dies, resigns, or is removed
35 under appropriate provisions of law.

36 (2) The terms of each member of the State Emergency Medical
37 Services Board and the provider review panel to the Board shall expire on September
38 30, 2009, and on October 1, 2009, all of the functions, powers, duties, books and
39 records (including electronic records), real and personal property, equipment, fixtures,
40 assets, liabilities, obligations, credits, rights, and privileges of the Board, that concern

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1 the licensing of emergency medical care providers under the provisions of Section 3 of
2 this Act shall be transferred to the Board of Paramedics.

3 SECTION 11. AND BE IT FURTHER ENACTED, That any person licensed,
4 registered, permitted, or certified under any department, agency, office, or unit
5 transferred by this Act is considered for all purposes to be licensed, registered,
6 permitted, or certified for the duration of the term for which the license, registration,
7 permit, or certification was issued, and may renew that authorization in accordance
8 with the appropriate renewal provisions provided under this Act. Any person that was
9 originally licensed, registered, permitted, or certified under a provision of law that has
10 been repealed by this Act as obsolete or inconsistent continues to meet the
11 requirements of the license, registration, permit, or certification to the same extent as
12 though that provision had not been repealed.

13 SECTION 12. AND BE IT FURTHER ENACTED, That the individual serving
14 as Director of the Maryland Institute for Emergency Medical Services Systems on
15 January 1, 2009, may not be appointed by the Governor as Secretary of the
16 Department of Emergency Services.

17 SECTION 13. AND BE IT FURTHER ENACTED, That the publisher of the
18 Annotated Code of Maryland, in consultation with and subject to the approval of the
19 Department of Legislative Services, shall correct, with no further action required by
20 the General Assembly, cross-references and terminology rendered incorrect by this
21 Act or by any other Act of the General Assembly of 2009 that affects provisions
22 enacted by this Act. The publisher shall adequately describe any such correction in an
23 editor's note following the section affected.

24 SECTION 14. AND BE IT FURTHER ENACTED, That if any provision of this
25 Act or the application thereof to any person or circumstance is held invalid for any
26 reason in a court of competent jurisdiction, the invalidity does not affect other
27 provisions or any application of this Act which can be given effect without the invalid
28 provision or application, and for this purpose the provisions of this Act are declared
29 severable.

30 SECTION 15. AND BE IT FURTHER ENACTED, That this Act shall take
31 effect October 1, 2009.

SB 764 Senators Pipkin and Astle

**REORGANIZATION OF STATE GOVERNMENT – DEPARTMENT OF
EMERGENCY SERVICES**

Reorganizing State government by establishing a Department of Emergency Services as a principal unit of the Executive Branch; repealing the Maryland Institute for Emergency Medical Services Systems and the State Emergency Medical Services Board; specifying that the Department is responsible for the coordination of all emergency services in the State; transferring the Maryland Emergency Management Agency and specified powers, duties, and functions to the Department; etc.

EFFECTIVE OCTOBER 1, 2009

ED, PS, SF, CJ, HG, HO, SG, and TR - Various Sections - repealed, added, and amended

Assigned to: Finance and Budget and Taxation