

**D53T00**  
**Maryland Institute for Emergency Medical Services Systems**

***Operating Budget Data***

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(\$ in Thousands)

	<b><u>FY 02</u></b> <b><u>Actual</u></b>	<b><u>FY 03</u></b> <b><u>Approp.</u></b>	<b><u>FY 04</u></b> <b><u>Allowance</u></b>	<b><u>FY 03 - 04</u></b> <b><u>Change</u></b>	<b><u>FY 03 - 04</u></b> <b><u>% Change</u></b>
Special Funds	\$10,102	\$10,106	\$10,560	\$454	4.5%
Contingent & Back of Bill Reductions	0	-6	-29	-23	
<b>Adjusted Special Funds</b>	<b>\$10,102</b>	<b>\$10,100</b>	<b>\$10,531</b>	<b>\$431</b>	<b>4.3%</b>
Federal Funds	\$205	\$100	\$100	\$0	0.0%
<b>Adjusted Grand Total</b>	<b>\$10,307</b>	<b>\$10,200</b>	<b>\$10,631</b>	<b>\$431</b>	<b>4.2%</b>

- The comparison between the fiscal 2003 working appropriation and the fiscal 2004 allowance accounts for contingent and back and bill reductions.
- Special funds increase by \$431,034 and federal funds do not change.
- The special fund includes a \$200,000 increase for the expansion of centralized communications systems in western Maryland.

***Personnel Data***

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	<b><u>FY 02</u></b> <b><u>Actual</u></b>	<b><u>FY 03</u></b> <b><u>Working</u></b>	<b><u>FY 04</u></b> <b><u>Allowance</u></b>	<b><u>Change</u></b>
Regular Positions	95.10	93.10	93.10	0.00
Contractual FTEs	9.10	9.50	9.10	-0.40
<b>Total Personnel</b>	<b>104.20</b>	<b>102.60</b>	<b>102.20</b>	<b>-0.40</b>

***Vacancy Data: Regular Positions***

Budgeted Turnover: FY 04	1.86	2.00%
Positions Vacant as of 12/31/02	3.00	3.22%

- Total personnel costs increase by \$163,676 from the fiscal 2003 working appropriation to the fiscal 2004 allowance. The personnel change occurs with increases for turnover expectancy, health insurance, and retirement. The change also includes decreases for salary funding, workers' compensation, and other adjustments.

Note: Numbers may not sum to total due to rounding.

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- The budgeted turnover rate for fiscal 2004 is 2.0%, or 1.86 positions.
- As of December 31, 2002, the vacancy rate at the Maryland Institute for Emergency Medical Services Systems (MIEMSS) was 3.22%, or 3 positions.

## *Analysis in Brief*

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### Issues

***Emergency Medical Services (EMS) Board Submits Interfacility Transport Report:*** During the 2002 legislative session, the budget committees requested a plan setting forth the development of a system that provides for the interfacility transfer of patients by private helicopter. The Department of State Police (DSP) considers interfacility transfers to be a secondary mission for the department. However, because it is the staff in the sending and receiving hospitals that make the decision on whether to call a private helicopter or a DSP helicopter to perform the interfacility transfer, there is concern that the State Police are being called even when other “appropriate service” is available. **The Department of Legislative Services (DLS) recommends that the EMS Board, in conjunction with DSP and representatives from private helicopters, prepare a policy governing the types of emergent situations where it would be appropriate for a DSP helicopter to perform an interfacility transfer.**

***Consolidation of the 9-1-1 Emergency Number System and the Maryland Institute for Emergency Medical Services Systems:*** The 9-1-1 Emergency Number System and the Emergency Number Systems Board (ENSB) could be consolidated with MIEMSS and the EMS Board. The goal and function of the 9-1-1 System and ENSB is more closely aligned with MIEMSS and the EMS Board. **DLS recommends that consideration be given to consolidating the functions of the 9-1-1 Emergency Number System and ENSB with MIEMSS and the EMS Board under one governing board.**

### Recommended Actions

1. Adopt narrative requesting the Emergency Medical Services Board, the Department of State Police, and representatives from private helicopter companies to develop a policy governing interfacility transfers.

## **Updates**

***Expansion of Centralized Emergency Medical System Communications System:*** MIEMSS is in the process of developing a centralized EMS communications system throughout the State. Centralized EMS communications are in place in the Baltimore metropolitan area, the Washington metropolitan area, and southern Maryland. MIEMSS recently expanded the capability to the upper Eastern Shore counties (Caroline, Dorchester, Kent, Queen Anne’s, Talbot) and Frederick County. MIEMSS expects to complete St. Mary’s county by the end of fiscal 2003. \$200,000 is included in the fiscal 2004 allowance for expansion to western Maryland (Allegany, Garrett, and Washington counties).

***DSP to Begin Replacing Helicopters in Fiscal 2007:*** In December 2002, the EMS Board submitted a report as required by the 2002 *Joint Chairmen’s Report* reviewing the type and purchase price of replacement helicopters to be procured when the need arises. The Helicopter Replacement Committee of the EMS Board advises that DSP should replace its current fleet of helicopters beginning in fiscal 2007 based on the longer life of properly maintained aircraft. In addition, the Helicopter Replacement Committee recommends that helicopters be replaced between 18 to 28 years of age.

**D53T00**  
**Maryland Institute for Emergency Medical Services Systems**

***Operating Budget Analysis***

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**Program Description**

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) was established as a State agency under legislation that became effective July 1, 1993. MIEMSS had been in existence for 20 years prior to that – first under the Department of Health and Mental Hygiene, and then the University of Maryland at Baltimore.

Under the 1993 law, MIEMSS became a State agency under the direction of an Emergency Medical Services (EMS) Board appointed by and directly responsible to the Governor. The EMS Board is tasked with developing, adopting, and monitoring a statewide plan to ensure effective coordination and evaluation of emergency medical services. As structured, the EMS law established a system that encourages statewide participation and feedback through membership on the EMS Board and its advisory body, the Statewide EMS Advisory Council (SEMSAC). The EMS Board appoints the executive director of MIEMSS, who serves as the administrative head of the State's emergency medical services and of the operations of MIEMSS. Funding for MIEMSS comes primarily from the Maryland Emergency Medical System Operations Fund (MEMSOF), created by the 1992 General Assembly. Support for the fund is from a surcharge on motor vehicle registrations, which was increased from \$8 to \$11 through enactment of Chapter 33, Acts of 2001.

The MIEMSS mission addresses the need for:

- providing high quality medical care to individuals receiving emergency medical service; and
- maintaining a well-functioning emergency medical services system.

**Performance Analysis: Managing for Results**

MIEMSS strives to provide high quality medical care to individuals receiving emergency medical services and to maintain a well-functioning emergency medical services system. MIEMSS consistently contributes to maintaining trauma patient care performance above the national norm at a 95% or higher statistical level of confidence. MIEMSS has achieved a 98% completion rate for ensuring that EMS personnel in the field maintain contact with the hospital base station and relay the incident location. MIEMSS has maintained at least an 85% rate for seriously injured patients transported to a designated trauma center in Maryland.

**Exhibit 1** shows selected Managing for Results (MFR) performance measurement data for MIEMSS. It should be noted that MFR goals, objectives, and performance measures are not always easily quantified when discussing MIEMSS.

**Exhibit 1**

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**Program Measurement Data  
Maryland Institute for Emergency Medical Services Systems  
Fiscal 2001 through 2004**

	<u>FY 01 Actual</u>	<u>FY 02 Actual</u>	<u>FY 03 Est.</u>	<u>FY 04 Est.</u>	<u>Annual Change FY 01-02</u>	<u>Annual Change FY 01 - 04</u>
Greater than or equal to a 95% statistical level of confidence that Maryland performs above the national norm in trauma patient care	Yes	Yes	Yes	Yes	n/a	n/a
Percent EMS radio communications successfully completed with base station	98%	98%	98%	98%	0%	0%
Percent seriously injured patients transported to designated trauma centers	86%	86%	87%	88%	0%	0.8%

Source: Maryland Institute for Emergency Medical Services Systems

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**Impact of Cost Containment Fiscal 2003**

Fiscal 2003 cost containment reflects the reversion of \$5,892 in appropriations to support free transit ridership for State employees, contingent upon enactment of a provision in the Budget Reconciliation and Financing Act (BRFA) of 2003.

**Governor's Proposed Budget**

The comparison between the fiscal 2003 working appropriation and the fiscal 2004 allowance accounts for contingent and back of bill reductions. The fiscal 2004 allowance for MIEMSS is \$10,631,005. This represents an increase of \$431,034 (4.2%) over the fiscal 2003 working appropriation. Special funds increase by \$431,034 and federal funds do not change.

Total personnel expenses account for an increase of \$163,676. The personnel expenses increase includes increases of \$87,315 for turnover expectancy, \$167,508 for health insurance, and \$13,840 for retirement. The change also includes decreases of \$104,987 for salary funding, workers' compensation, and other adjustments. Nonpersonnel changes include a \$200,000 increase for the expansion of centralized communications systems in western Maryland, a \$17,000 increase for student epidemiologists supporting research and evaluation, and a \$16,000 increase for instructional supplies.

### *D53T00 - Maryland Institute Emergency Medical Services Systems*

The following special fund revenues of \$10,559,637 are included in the fiscal 2004 allowance:

- \$10,145,637 from the MEMSOF;
- \$220,000 in anticipated revenues derived from the collection of commercial ambulance licensing and inspection fees; and
- \$194,000 from a reimbursement for the cost of hospital designation, an educational support program, block grant funds from the Department of Health and Mental Hygiene, and anticipated revenue from the agency's sale of educational and promotional material.

The federal fund allowance for fiscal 2004 is \$100,000, the same amount appropriated for fiscal 2003. The entire federal fund allowance is through a federal grant from the Department of Health and Human Services to support MIEMSS' EMS for Children (EMS-C) program. This program is responsible for the development, coordination, and review of statewide guidelines, educational programs, and resources for pediatric care. These funds are used primarily to support part-time grant interns as well as educational and instructional materials and supplies.

**Exhibit 2** shows the distribution of funds. The fiscal 2003 working appropriation and the fiscal 2004 allowance are adjusted to include contingent and back of bill reductions.

#### **Impact of Cost Containment Fiscal 2004**

The fiscal 2004 allowance reflects the elimination of the \$28,632 appropriation for matching employee deferred compensation contributions up to \$600, contingent upon enactment of a provision in the BRFA of 2003.

**Exhibit 2**

**Governor's Proposed Budget  
Maryland Institute for Emergency Medical Services Systems  
(\$ in Thousands)**

	<u>FY 02</u> <u>Actual</u>	<u>FY 03</u> <u>Approp.</u>	<u>FY 04</u> <u>Allowance</u>	<u>FY 03 - 04</u> <u>Change</u>	<u>FY 03 - 04</u> <u>% Change</u>
Special Funds	\$10,102	\$10,106	\$10,560	\$454	4.5%
Contingent & Back of Bill Reductions	0	-6	-29	-23	
<b>Adjusted Special Funds</b>	<b>\$10,102</b>	<b>\$10,100</b>	<b>\$10,531</b>	<b>\$431</b>	<b>4.3%</b>
Federal Funds	\$205	\$100	\$100	\$0	0.0%
<b>Adjusted Grand Total</b>	<b>\$10,307</b>	<b>\$10,200</b>	<b>\$10,631</b>	<b>\$431</b>	<b>4.2%</b>

**Where It Goes:**

**Personnel Expenses**

Health insurance .....	\$168
Turnover expectancy .....	87
Retirement .....	14
Reduction in workers' compensation, and other adjustments.....	-105

**Other Changes**

Funding for the expansion of centralized communications systems in western Maryland.....	200
Increase for travel, conferences, seminars.....	27
Increase in funding for students supporting research and evaluation.....	17
Increase for postage and telephone .....	8
Increase in utilities.....	5
Miscellaneous adjustments.....	10

**Total** **\$431**

Note: Numbers may not sum to total due to rounding.

## *Issues*

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### **1. EMS Board Submits Interfacility Transport Report**

During the 2002 legislative session, the budget committees requested a plan setting forth the development of a system that provides for the interfacility transfer of patients by private helicopter. The plan was to also discuss cost efficiencies and the extent that interfacility transfers are covered by private insurance.

Currently the Department of State Police (DSP) mission with respect to its Aviation Division activities states:

“The secondary role of the Maryland State Police (MSP) helicopters, when no other appropriate service is available, will include the interhospital transport of patients whose transfer to another facility is deemed medically necessary and whose time out of a hospital may negatively impact their ultimate outcome.”

DSP considers interfacility transfers to be a secondary mission for the department. However, because it is the staff in the sending and receiving hospitals that make the decision on whether to call a private helicopter or a State Police helicopter to perform the interfacility transfer, there is concern that the State Police are being called even when other “appropriate service” is available.

MIEMSS is charged with overseeing and coordinating “all components of the statewide EMS system...” Aiding hospitals in making the choice between a private company and DSP for an interfacility transfer is part of this charge. MIEMSS and DSP should work together to ensure that in certain emergent situations, the closest helicopter, public or private, should be called.

**The Department of Legislative Services (DLS) recommends that the EMS Board, in conjunction with DSP and representatives from private helicopter companies, prepare a policy addressing the specific instances when a DSP helicopter should perform an interfacility transfer. The policy should include recommendations on how to educate hospitals on the availability of private helicopter companies providing interfacility transfers. The policy should also include recommendations on how to fund such an educational campaign.**

**Exhibit 3** provides data on the number of interfacility transfers DSP conducted in calendar 2001 and 2002. The issue of interfacility transfers is also discussed in the DSP budget analysis, W10A00.

**Exhibit 3**

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**Number of Aviation Division Helicopter Flights  
Calendar 2001 and 2002**

<u>Incident</u>	<u>2001</u>	<u>% of Total</u>	<u>2002</u>	<u>% of Total</u>
EMS				
Interhospital	343	4.3%	263	3.3%
All Other EMS Flights	6,290	80.0%	6,503	80.6%
<b>EMS Total</b>	<b>6,633</b>	<b>84.3%</b>	<b>6,766</b>	<b>83.9%</b>
Search and Rescue	377	4.8%	439	5.4%
Law Enforcement	854	10.9%	866	10.7%
<b>Total Flights</b>	<b>7,864</b>	<b>100.0%</b>	<b>8,071</b>	<b>100.0%</b>

Source: Department of State Police

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**2. Consolidation of the 9-1-1 Emergency Number System and the Maryland Institute for Emergency Medical Services Systems**

The 9-1-1 Emergency Number System (9-1-1 System) is part of the Department of Public Safety and Correctional Services (DPSCS). The primary function of DPSCS is to ensure public safety through incarcerating and supervising offenders. DPSCS also provides support services to law enforcement in the apprehension of offenders. The 9-1-1 System does not logically fall within the function of DPSCS.

The 9-1-1 System is governed by the Emergency Number Systems Board (ENSB). ENSB coordinates installation and enhancement of county 9-1-1 systems. The goal and function of the 9-1-1 System and ENSB is more closely aligned with MIEMSS and the Emergency Medical Services Board (EMS Board). The 9-1-1 System is more focused on providing the infrastructure and capacity for emergency personnel in local jurisdictions than detecting and monitoring offenders. MIEMSS has an established relationship and presence in the local jurisdictions.

Administrative costs associated with the 9-1-1 System are approximately \$300,000. The administrative costs are paid for by a 10 cents per month assessment on local telephone service providers. All revenue above administrative costs go into the 9-1-1 Trust Fund to reimburse the subdivisions for the costs of 9-1-1 system enhancements. Although savings from consolidation are modest, the 9-1-1 System is a more logical fit for MIEMSS and the EMS Board. A consolidated approach would result in better prioritization of funding for emergency systems' needs. Additional information and recommendations regarding this issue are discussed in the DPSCS, Office of the Secretary analysis, Q00A00.

**DLS recommends that consideration be given to consolidating the functions of the 9-1-1 Emergency Number System and ENSB with MIEMSS and the EMS Board under one governing board. This recommendation could be implemented by amending the BRFA of 2003.**

## ***Recommended Actions***

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1. Adopt the following narrative:

**Policy Governing Interfacility Transfers:** The Emergency Medical Services Board (EMS Board), in conjunction with the Department of State Police (DSP) and representatives of private helicopter companies, shall develop a policy governing the types of emergent situations where it would be appropriate for a DSP helicopter to perform an interfacility transfer. The committees believe that hospitals making decisions on whether to call a private or DSP helicopter should ensure the opportunity for private companies to provide interfacility transfers. The committees recognize that certain emergent situations will occur when the closest helicopter, public or private, should be called. The EMS Board, DSP, and representatives from private helicopter companies shall submit a copy of the policy governing the use of private versus public helicopters for interfacility transfers to the committees by December 1, 2003. The policy shall include recommendations on how to educate hospitals on the availability of private helicopter companies providing interfacility transfers. The policy shall also include recommendations on how to fund such an education campaign.

<b>Information Request</b>	<b>Authors</b>	<b>Due Date</b>
Policy Governing Interfacility Transfers	The EMS Board, DSP, and representatives from private helicopter companies	December 1, 2003

## Updates

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### 1. Expansion of Centralized Emergency Medical System Communications System

MIEMSS is in the process of expanding its centralized emergency medical system communications system. Centralized EMS communications speeds responsiveness, improves triaging and treatment on the scene, and ensures that the patient(s) go to a facility with bed space available that is appropriate for the injuries sustained. In jurisdictions without dedicated, centralized EMS communications, communications operators are responsible for fire and police dispatch in addition to EMS. Fire and police often assume a higher response priority, leaving EMS communications stations unstaffed. Additionally, centralized communications bring new equipment to rural jurisdictions with older equipment.

Before the expansion of the centralized communications system, only the Baltimore and Washington metropolitan areas and southern Maryland had centralized systems. Since MIEMSS began to expand the communications capabilities throughout the State in fiscal 2002, two regions have been completed. The Upper Eastern Shore area (Talbot, Queen Anne's, Kent, Caroline, Dorchester counties) and Frederick County are completed. St. Mary's County is expected to be completed by the end of fiscal 2003 or the first month of fiscal 2004. MIEMSS' fiscal 2004 allowance includes \$200,000 for the expansion of centralized communications to western Maryland (Allegany, Garrett, Washington counties). \$200,000 in funds for fiscal 2003 for the expansion of centralized communication to Maryland was deferred pending an upgrade to the communications system in that area.

#### Exhibit 4

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#### Cost of Expansion of Centralized EMS Communications Fiscal 2002 through 2007

<u>Counties</u>	<u>Start Date</u>	<u>Completion Date</u>	<u>One-time Costs to State</u>	<u>Ongoing Costs</u>
Caroline, Dorchester, Kent, Queen Anne's, Talbot (Upper Eastern Shore)	FY 02	Completed	\$135,000	\$45,000
Frederick	FY 02	Completed	Cost within FY 02 budget	
St. Mary's	FY 02	End of FY 03	Cost within FY 02 budget	
Allegany, Garrett, Washington (Western MD)	FY 04	FY 06	\$600,000 (over 3 fiscal years)	\$50,000
Somerset, Wicomico, Worcester (Lower Eastern Shore)	FY 06	FY 07	\$200,000 (over 1 fiscal year)	\$50,000

Source: Maryland Institute for Emergency Medical Services Systems

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## **2. DSP to Begin Replacing Helicopters in Fiscal 2007**

In December 2002, the EMS Board submitted a report as required by the 2002 *Joint Chairmen's Report* reviewing the type and purchase price of replacement helicopters to be procured when the need arises.

The Helicopter Replacement Committee of the EMS Board advises that DSP should replace its current fleet of helicopters beginning in fiscal 2007 based on the longer life of properly maintained aircraft. In addition, the Helicopter Replacement Committee recommends that helicopters be replaced between 18 through 28 years of age. **Exhibit 5** provides information on the suggested replacement schedule and the type of aircraft currently owned by the State Police. Spreading the helicopter replacements over the years is designed to reduce the financial impact.

### **Exhibit 5**

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#### **Helicopter Age and Replacement Schedule Fiscal Years**

	<u>Acquisition Date</u>	<u>Retrofit Date</u>	<u>Target Replacement</u>	<u>Age at Replacement</u>
1.	April 1989	No	2007	18
2.	April 1989	No	2008	19
3.	September 1989	No	2009	20
4.	September 1989	December 2001	2017	28
5.	November 1989	November 2000	2013	24
6.	November 1989	April 2002	2018	28
7.	July 1990	August 2001	2014	24
8.	August 1990	March 2001	2015	25
9.	September 1990	October 2001	2016	26
10.	September 1994	No	2019	25
11.	October 1994	No	2020	26
12.	April 1999	No	2024	25

Source: Maryland State Police Helicopter Replacement Update, December 2002

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The Helicopter Replacement Committee identified three helicopter manufacturers and analyzed each for its suitability as a MedEvac and law enforcement helicopter. Each helicopter and its base price in calendar 2002 are provided below. The report indicates that DSP, due to the current relationship DSP has with the manufacturer, would prefer the Eurocopter.

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<b><u>Potential Replacement</u></b>	<b><u>2002 Base Price</u></b>
Bell Helicopter Textron Model 412	\$5.8 million
Sikorsky Model S-76C	\$6.5 million
Eurocopter (Dauphin) AS365N	\$5.7 million

The helicopter replacement issue is also discussed in the Maryland State Police analysis, W10A00.

## *Current and Prior Year Budgets*

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**Current and Prior Year Budgets**  
**Maryland Institute for Emergency Medical Services Systems**  
(\$ in Thousands)

	<b><u>General Fund</u></b>	<b><u>Special Fund</u></b>	<b><u>Federal Fund</u></b>	<b><u>Reimb. Fund</u></b>	<b><u>Total</u></b>
<b>Fiscal 2002</b>					
Legislative Appropriation	\$0	\$9,993	\$100	\$0	\$10,093
Deficiency Appropriation	0	0	0	0	0
Budget Amendments	0	190	200	0	390
Reversions and Cancellations	0	-82	-95	0	-177
<b>Actual Expenditures</b>	<b>\$0</b>	<b>\$10,102</b>	<b>\$205</b>	<b>\$0</b>	<b>\$10,307</b>
<b>Fiscal 2003</b>					
Legislative Appropriation	\$0	\$10,106	\$100	\$0	\$10,206
Budget Amendments	0	-6	0	0	-6
<b>Working Appropriation</b>	<b>\$0</b>	<b>\$10,100</b>	<b>\$100</b>	<b>\$0</b>	<b>\$10,200</b>

Note: Numbers may not sum to total due to rounding.

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**Fiscal 2002**

Fiscal 2002 expenditures at MIEMSS totaled \$10.3 million, which is \$213,000 more than the legislative appropriation. The \$213,000 increase occurred with a \$108,000 increase in special funds earned and unbudgeted and a \$105,000 unanticipated increase in federal funds.

The special fund increased by \$190,000 with two budget amendments: (1) an increase of \$100,000 in special funds due to additional funds received for miscellaneous services and sales provided to the EMS community and (2) an increase of \$90,000 in special funds due to additional funds collected from increased commercial ambulance licensing and inspections. The special fund also decreased by \$82,000 with cancellations. The net special fund change for fiscal 2002 was an increase of \$108,000.

An amendment for Emergency Medical Services for Children increased federal funds \$200,000; however, there was \$95,000 in cancellations. The net federal fund change for fiscal 2002 was an increase of \$105,000.

**Fiscal 2003**

In fiscal 2003, the working appropriation of \$10,199,971 reflects a planned reversion of \$5,892 in transit subsidy funding for State employees.

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Appendix 2

**Object/Fund Difference Report  
Maryland Institute Emergency Medical Services Systems**

<u>Object/Fund</u>	<u>FY 02 Actual</u>	<u>FY 03 Working Appropriation</u>	<u>FY 04 Allowance</u>	<u>FY 03 - FY 04 Amount Change</u>	<u>Percent Change</u>
<b>Positions</b>					
01 Regular	95.10	93.10	93.10	0	0%
02 Contractual	9.10	9.50	9.10	-0.40	-4.2%
<b>Total Positions</b>	<b>104.20</b>	<b>102.60</b>	<b>102.20</b>	<b>-0.40</b>	<b>-0.4%</b>
<b>Objects</b>					
01 Salaries and Wages	\$ 6,055,536	\$ 6,026,652	\$ 6,213,068	\$ 186,416	3.1%
02 Technical & Spec Fees	446,286	354,139	365,967	11,828	3.3%
03 Communication	1,015,688	1,086,576	1,293,101	206,525	19.0%
04 Travel	101,365	74,000	101,000	27,000	36.5%
06 Fuel & Utilities	18,879	16,000	20,200	4,200	26.3%
07 Motor Vehicles	100,786	170,411	165,886	-4,525	-2.7%
08 Contractual Services	1,152,289	1,124,082	1,117,700	-6,382	-0.6%
09 Supplies & Materials	270,302	245,500	269,000	23,500	9.6%
10 Equip - Replacement	43,564	38,000	39,000	1,000	2.6%
11 Equip - Additional	127,292	74,500	80,750	6,250	8.4%
12 Grants, Subsidies, Contr	910,490	930,000	930,000	0	0%
13 Fixed Charges	64,294	66,003	63,965	-2,038	-3.1%
<b>Total Objects</b>	<b>\$ 10,306,771</b>	<b>\$ 10,205,863</b>	<b>\$ 10,659,637</b>	<b>\$ 453,774</b>	<b>4.4%</b>
<b>Funds</b>					
03 Special Fund	\$ 10,101,671	\$ 10,105,863	\$ 10,559,637	\$ 453,774	4.5%
05 Federal Fund	205,100	100,000	100,000	0	0%
<b>Total Funds</b>	<b>\$ 10,306,771</b>	<b>\$ 10,205,863</b>	<b>\$ 10,659,637</b>	<b>\$ 453,774</b>	<b>4.4%</b>

Note: Fiscal 2003 appropriations and fiscal 2004 allowance do not include cost containment and contingent reductions.

**Fiscal Summary**  
**Maryland Institute Emergency Medical Services Systems**

<u>Unit/Program</u>	<u>FY 02</u>	<u>FY 03</u>	<u>FY 03</u>	<u>FY 02 - FY 03</u>	<u>FY 04</u>	<u>FY 03 - FY 04</u>
	<u>Actual</u>	<u>Legislative</u>	<u>Working</u>	<u>% Change</u>	<u>Allowance</u>	<u>% Change</u>
1100 Unknown Title	\$ 10,306,771	\$ 10,205,863	\$ 10,205,863	-1.0%	\$ 10,659,637	4.4%
<b>Total Expenditures</b>	<b>\$ 10,306,771</b>	<b>\$ 10,205,863</b>	<b>\$ 10,205,863</b>	<b>-1.0%</b>	<b>\$ 10,659,637</b>	<b>4.4%</b>
Special Fund	\$ 10,101,671	\$ 10,105,863	\$ 10,105,863	0%	\$ 10,559,637	4.5%
Federal Fund	205,100	100,000	100,000	-51.2%	100,000	0%
<b>Total Appropriations</b>	<b>\$ 10,306,771</b>	<b>\$ 10,205,863</b>	<b>\$ 10,205,863</b>	<b>-1.0%</b>	<b>\$ 10,659,637</b>	<b>4.4%</b>

Note: Fiscal 2003 appropriations and fiscal 2004 allowance do not include cost containment and contingent reductions.