

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

***Operating Budget Data***

(\$ in Thousands)

	<b><u>FY 04</u></b> <b><u>Actual</u></b>	<b><u>FY 05</u></b> <b><u>Working</u></b>	<b><u>FY 06</u></b> <b><u>Allowance</u></b>	<b><u>FY 05-06</u></b> <b><u>Change</u></b>	<b><u>% Change</u></b> <b><u>Prior Year</u></b>
Special Fund	\$10,801	\$10,628	\$10,772	\$144	1.4%
Federal Fund	341	300	350	50	16.6%
Reimbursable Fund	<u>192</u>	<u>0</u>	<u>0</u>	<u>0</u>	
<b>Total Funds</b>	<b>\$11,335</b>	<b>\$10,928</b>	<b>\$11,122</b>	<b>\$194</b>	<b>1.8%</b>
Contingent & Back of Bill Reductions			-34	-34	
<b>Adjusted Total</b>	<b>\$11,335</b>	<b>\$10,928</b>	<b>\$11,088</b>	<b>\$160</b>	<b>1.5%</b>

- The special fund change in the fiscal 2006 allowance is mainly due to the net effect of adding increments less savings accrued from the strategic budgeting initiative.
- The fiscal 2006 allowance includes a \$45,000 bioterrorism grant in federal funds for a weapons of mass destruction (WMD) planner/writer.

***Personnel Data***

	<b><u>FY 04</u></b> <b><u>Actual</u></b>	<b><u>FY 05</u></b> <b><u>Working</u></b>	<b><u>FY 06</u></b> <b><u>Allowance</u></b>	<b><u>FY 05-06</u></b> <b><u>Change</u></b>
Regular Positions	92.60	91.60	91.60	0.00
Contractual FTEs	<u>11.70</u>	<u>9.50</u>	<u>9.90</u>	<u>0.40</u>
<b>Total Personnel</b>	<b>104.30</b>	<b>101.10</b>	<b>101.50</b>	<b>0.40</b>

***Vacancy Data: Regular Positions***

Turnover, Excluding New Positions	2.83	3.09%
Positions Vacant as of 12/31/04	4.00	4.37%

- The Maryland Institute for Emergency Medical Services Systems (MIEMSS) added a 0.4 full-time equivalent contractual with the fiscal 2006 allowance. This change is due to small adjustments in the areas of secretarial support, training, WMD planning, and communications.

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

For further information contact: Gregory W. Potts

Phone: (410) 946-5530

## *Analysis in Brief*

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### Recommended Actions

	<u>Funds</u>
1. Reduce funds for contractual computer maintenance services.	\$20,000
2. Reduce funds for contractual services providing computer software licenses.	20,000
3. Delete funds for laundry service.	1,500
<b>Total Reductions</b>	<b>\$41,500</b>

### Issues

***Emergency Medical Response System Committee Final Report:*** Chapter 385, Acts of 2003 created a joint legislative committee to study and make recommendations about the structure and funding of the State's emergency medical response system. The committee consisted of four members of the Senate of Maryland, appointed by the President, and four members of the House of Delegates, appointed by the Speaker of the House. The committee submitted an interim report in December 2003 and a final report in January 2005. The final report includes a brief summary of the five meetings held during the 2004 interim and recommendations on the State's emergency medical response system. **The Department of Legislative Services recommends that MIEMSS comment on the committee recommendation to use general obligation bonds to finance the replacement of Maryland State Police helicopters.**

### Updates

***Expansion of Centralized Emergency Medical Services (EMS) Communications System:*** MIEMSS is in the process of expanding its centralized EMS communications system. Centralized EMS communication 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. The fiscal 2006 allowance includes \$200,000 for the expansion of centralized communications to Western Maryland (Allegany, Garrett, and Washington counties). MIEMSS plans to request \$200,000 in fiscal 2007 to complete the lower Eastern Shore.

## 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 (DHMH), 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 State EMS Advisory Council. 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, 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 is to provide the resources, leadership, and oversight necessary for Maryland's EMS system to function optimally and to provide effective care to patients by reducing preventable deaths, disability, and discomfort. The MIEMSS mission addresses the need to:

- provide high quality medical care to individuals receiving emergency medical services; and
- maintain 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. One of MIEMSS' objectives is to help Maryland maintain trauma patient care performance above the national norm at a 95% or higher statistical level of confidence. MIEMSS manages the Maryland Trauma Registry (MTR), which details prehospital, emergency department care, inpatient care, and discharge information on all patients taken to a designated Maryland trauma center. Performance from the MTR is compared against the national norm for trauma patient care performance through a series of standardized Trauma and Injury Severity Scores analyses. MIEMSS has achieved its goal of exceeding the national norm from fiscal 2003 to 2006 at a 95% or higher statistical level of confidence.

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Another MIEMSS objective is to maintain an overall inpatient complication rate of 10% or less for Maryland trauma centers by fiscal 2006. The measure is based on all nine adult and two pediatric designated trauma centers in Maryland. The complication definition is based on recommendations from the American College of Surgeons. MIEMSS achieved a 12.3% rate in fiscal 2003 and estimates reducing the rate to 10.0% by fiscal 2006.

A final MIEMSS objective is to achieve 20% witnessed sudden cardiac resuscitation upon arrival at the emergency room (ER) in 70% of jurisdictions. The definition of “witnessed” is a patient who was witnessed to have an event – that is when the clock starts for EMS intervention and appraisal. The goal is for EMS personnel to do all they can until the patient is delivered to the ER. The MIEMSS objective is for EMS personnel to resuscitate at least 20% of witnessed patients before arriving at the ER. MIEMSS advises that achieving around 20% witnessed resuscitation is good performance on a national level. MIEMSS did not achieve a 20% level in 70% of all jurisdictions in fiscal 2003 but estimates increasing the rate to 75% by fiscal 2006. Data is not yet available for fiscal 2004. **Exhibit 1** provides performance measures for three MIEMSS objectives.

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**Exhibit 1**  
**Program Measurement Data**  
**Maryland Institute for Emergency Medical Services Systems**  
**Fiscal 2003 – 2006**

	<u>Actual</u> <u>2003</u>	<u>Actual</u> <u>2004</u>	<u>Est.</u> <u>2005</u>	<u>Est.</u> <u>2006</u>	<u>Ann. Ch.</u> <u>03-06</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	
Statewide trauma center complication rate	12.3%	*	10.0%	10.0%	-6.7%
Percent jurisdictions achieving 20% witnessed resuscitation	65.0%	**	70.0%	75.0%	4.9%

\* Based on results of last year’s data (an overall increase of 0.4% in trauma center complication), the Trauma Quality Improvement Center worked to re-establish uniform complication definition and collection process during fiscal 2004. Baseline data will be presented in the fiscal 2007 Managing for Results.

\*\* Presently waiting for the 2004 patient records to be completed and verified.

Source: Maryland Institute for Emergency Medical Services Systems

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**The Department of Legislative Services (DLS) recommends that MIEMSS consider revising the performance measure regarding percent jurisdictions achieving 20% witnessed resuscitation. This measure is somewhat confusing, and there are likely other measures that could provide a clearer representation of MIEMSS performance. DLS recommends a performance measure related to the “Golden Hour” (the hour immediately following a serious injury) or SYSCOM (systems communication).**

## Governor's Proposed Budget

The adjusted fiscal 2006 allowance for MIEMSS is \$11,088,102. This represents an increase of \$160,121 (1.5%) from the fiscal 2005 working appropriation. This includes a \$52,310 increase in personnel expenses mainly due to increments. Other changes include a \$140,000 increase in contractual services for software licenses, data processing, and computer maintenance; the elimination of \$95,000 for a grant to the Environmental Health and Safety (EHS) School at the University of Maryland, Baltimore; and the addition of a \$45,000 bioterrorism grant in federal funds for a weapons of mass destruction (WMD) planner/writer. **Exhibit 2** shows the distribution of funds in more detail.

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**Exhibit 2**  
**Governor's Proposed Budget**  
**Maryland Institute for Emergency Medical Services Systems**  
**(\$ in Thousands)**

<b>How Much It Grows:</b>	<b>Special Fund</b>	<b>Federal Fund</b>	<b>Total</b>
2005 Working Appropriation	\$10,628	\$300	\$10,928
2006 Governor's Allowance	10,772	350	11,122
Contingent & Back of Bill Reductions	-34	0	-34
Adjusted Allowance	<u>10,738</u>	<u>350</u>	<u>11,088</u>
Amount Change	\$110	\$50	\$160
Percent Change	1.0%	16.6%	1.5%

### Where It Goes:

#### Personnel Expenses

Increments .....	\$129
Turnover adjustments.....	-71
Retirement .....	56
Health insurance.....	-50
Other adjustments .....	-12

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**Where It Goes:**

**Other Changes**

Increase in contractual services for software licenses, data processing, and computer maintenance .....	140
Elimination of grant to EHS School to support environmental health and safety education to students and paramedics .....	-95
Federal fund bioterrorism grant for WMD planner/writer.....	45
Decrease in custodial services.....	-40
Increase for computer equipment.....	40
Elimination of grant to National Study Center for Trauma and Emergency Medical Systems .....	-25
Reduction in printing and mailing costs for the EMS newsletter .....	-23
Increase for contractual services in communications engineering.....	22
Increase for replacement vehicles and vehicle expenses .....	20
Increase for office supplies, medical equipment, and audio visual equipment.....	20
Increase for printing related to WMD plans .....	18
Decrease for a contractual data entry position .....	-16
Transfer of cell phone and software maintenance costs to the Maryland State Police.....	-16
Increase in cell phone expenditures due to homeland security and WMD issues .....	14
Other adjustments .....	4

**Total** **\$160**

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

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**Contingent Actions**

The fiscal 2006 allowance reflects the elimination of \$34,131, the appropriation for matching employee deferred compensation contributions up to \$600, contingent upon enactment of a provision in budget reconciliation legislation.

## ***Issues***

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### **1. Emergency Medical Response System Committee Final Report**

Chapter 385, Acts of 2003 created a joint legislative committee to study and make recommendations about the structure and funding of the State's emergency medical response system. The committee consisted of four members of the Senate of Maryland, appointed by the President, and four members of the House of Delegates, appointed by the Speaker of the House.

During the 2003 interim, the joint legislative committee held three meetings. The meetings provided committee members with extensive background on the Maryland Emergency Medical System Operations Fund (MEMSOF), history and structure of emergency medical services in Maryland, homeland security issues, and prior legislative audits of entities receiving MEMSOF funds. The meetings also allowed all entities involved with MEMSOF funding to provide information to the committee. Chapter 385, Acts of 2003 requires the joint legislative committee to discuss 14 items related to the Maryland emergency medical response system. The committee addressed 13 of the 14 items during the 2003 interim and submitted an interim report in December 2003.

During the 2004 interim, the joint legislative committee held five meetings. The meetings included a site visit to Martin State Airport; two meetings that discussed areas such as equipment needs for trauma centers, prevention activities, air-medical scene transports, and EMS funding in other states; and two meetings that mainly served as work sessions. The 2004 interim allowed the committee to finish its charge of discussing all 14 items related to the emergency medical response system and to develop recommendations. The final report, submitted in January 2005, provides a brief summary of each of the five meetings held during the 2004 interim and recommendations on the State's emergency medical response system. Some of the recommendations include:

- “The committee supports the use of general obligation bonds to finance the replacement of the [Maryland State Police] helicopters.”
- “The committee urges hospitals and the Health Services Cost Review Commission to make the capital needs of the trauma centers a high priority for funding and to seek appropriate rate reviews if needed to make additional funding available.”
- “The committee requests that MIEMSS report back to the policy committees on the results of the Centers for Disease Control and Prevention (CDC) study [national triage guidelines] once they are available.”
- “The committee urges the Department of Budget and Management and the Maryland State Police to study the need for greater Amoss Fund accountability and to report any recommendations to the policy committees.”

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**DLS recommends that MIEMSS comment on the committee recommendation to use general obligation bonds to finance the replacement of Maryland State Police helicopters.**

***Recommended Actions***

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	<b><u>Amount Reduction</u></b>	
1. Reduce funds for contractual computer maintenance services. This action brings funds down to fiscal 2005 working appropriation levels.	\$20,000	SF
2. Reduce funds for contractual services providing computer software licenses. This action brings funds down to fiscal 2005 working appropriation levels.	20,000	SF
3. Delete funds for laundry service. The Maryland Institute for Emergency Medical Services Systems pays for laundry service for shirts and uniforms of the staff of the Emergency Medical Resource Center/ Systems Command, commercial ambulance, and security.	1,500	SF
<b>Total Special Fund Reductions</b>	<b>\$41,500</b>	

## Updates

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### 1. Expansion of Centralized EMS Communications System

MIEMSS is in the process of expanding its centralized EMS communications system. Centralized EMS communication 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, three regions have been completed. The upper Eastern Shore area (Talbot, Queen Anne's, Kent, Caroline, and Dorchester counties), Frederick County, and St. Mary's County are finished. As part of a three-year agreement totaling \$600,000, the fiscal 2006 allowance again includes \$200,000 for expansion to Western Maryland. This amount represents the final year of three \$200,000 annual installments from fiscal 2004 through 2006. MIEMSS plans to request \$200,000 in fiscal 2007 for expansion to the lower Eastern Shore (Somerset, Wicomico, and Worcester). Fiscal 2007 will represent the final fiscal year of EMS communications system expansion. **Exhibit 3** provides schedule and cost information for the expansion of centralized EMS communications.

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#### Exhibit 3 Cost of Expansion of Centralized EMS Communications Fiscal 2002 – 2007

<u>Counties</u>	<u>Start Date</u>	<u>Completion Date</u>	<u>One-time Cost to State</u>	<u>Ongoing Costs</u>
Caroline, Dorchester, Kent, Queen Anne's, and Talbot (upper Eastern Shore)	FY 02	Completed	\$135,000	\$45,000
Frederick	FY 02	Completed	none <sup>1</sup>	none
St. Mary's	FY 02	Completed	none <sup>2</sup>	none
Allegany, Garrett, and Washington (Western Maryland)	FY 04	FY 06	\$600,000 <sup>3</sup>	\$50,000
Somerset, Wicomico, and Worcester (lower Eastern Shore)	FY 06	FY 07	\$200,000 <sup>4</sup>	\$50,000

<sup>1</sup> One-time cost to State and ongoing costs for Frederick County are paid for within MIEMSS' existing communications budget.

<sup>2</sup> One-time cost to State and ongoing costs for St. Mary's County are paid for within MIEMSS' existing communications budget.

<sup>3</sup> \$200,000 annually from fiscal 2004 to 2006.

<sup>4</sup> \$200,000 in fiscal 2007.

Source: Maryland Institute for Emergency Medical Services Systems

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## ***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 2004</b>					
Legislative Appropriation	\$0	\$10,525	\$100	\$0	\$10,625
Deficiency Appropriation	0	0	0	0	0
Budget Amendments	0	914	387	228	1,528
Cost Containment	0	0	0	0	0
Reversions and Cancellations	0	-637	-146	-35	-819
<b>Actual Expenditures</b>	<b>\$0</b>	<b>\$10,801</b>	<b>\$341</b>	<b>\$192</b>	<b>\$11,335</b>
<b>Fiscal 2005</b>					
Legislative Appropriation	\$0	\$10,628	\$300	\$0	\$10,928
Budget Amendments	0	0	0	0	0
<b>Working Appropriation</b>	<b>\$0</b>	<b>\$10,628</b>	<b>\$300</b>	<b>\$0</b>	<b>\$10,928</b>

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

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## **Fiscal 2004**

Fiscal 2004 expenditures at MIEMSS totaled \$11.3 million, which is \$0.7 million more than the legislative appropriation. The \$0.7 million increase occurred with a \$276,034 net increase in special funds, a \$241,140 net increase in federal funds, and a \$192,201 net increase in reimbursable funds.

Special funds increased by a net of \$276,034 with a \$913,519 increase in budget amendments and a \$637,485 decrease in cancellations. The amendments were (1) \$781,919 to allow MIEMSS to perform new Electronic Maryland Ambulance Information System and Facility Resource Emergency Database operations and (2) \$131,600 to appropriate funds received above what was anticipated for fiscal 2004 from the Commercial Ambulance Licensing/Inspection Fees and miscellaneous revenue programs. The \$637,485 in cancellations was due to lower than expected expenditures for the Emergency Preparedness and Response Program. The funds were carried over into fiscal 2005.

Federal funds increased by a net of \$241,140 with a \$387,186 increase in budget amendments and a \$146,046 decrease in cancellations. The amendments were (1) \$200,186 to grant funds to health providers for the purpose of obtaining automated external defibrillators to local agencies serving rural jurisdictions; (2) two amendments of \$107,000 and \$40,000 to match expenditures utilized from the Emergency Medical Services for Children (EMSC) program; and (3) \$40,000 to administer the Trauma EMS System Program to audit severe head injured patients treatment at adult trauma centers in Maryland. The \$146,046 in cancellations was due to lower than anticipated expenditures in the EMSC program.

Reimbursable funds increased by a net of \$192,201 with a \$227,700 increase in budget amendments and a \$35,499 decrease in cancellations. The amendment included \$150,000 for the EMS Quality Assurance Project and \$77,700 for the EMSC program. The \$35,499 in cancellations was due to lower than anticipated expenditures in the EMSC program.

## **Fiscal 2005**

The fiscal 2005 working appropriation is \$10,927,981. This amount is the same as the fiscal 2005 legislative appropriation.

## ***Audit Findings***

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Audit Period for Last Audit:	March 25, 1999 – April 15, 2002
Issue Date:	September 2002
Number of Findings:	6
Number of Repeat Findings:	3
% of Repeat Findings:	50%
Rating: (if applicable)	

***Finding 1:*** Proper internal controls were not established over purchasing and disbursement transactions.

***Finding 2:*** Ambulance licensing fee collections were not sufficiently controlled.

***Finding 3:*** The institute did not review and approve purchases made with corporate purchasing cards.

***Finding 4:*** Equipment records were not adequately maintained and certain sensitive items had not been inventoried as required.

***Finding 5:*** The institute lacked documentation that transfers made between special funds complied with State law.

***Finding 6:*** Controls over the institute’s payroll processing were inadequate.

\* Bold denotes item repeated in full or part from preceding audit report.

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

<u>Object/Fund</u>	<u>FY04 Actual</u>	<u>FY05 Working Appropriation</u>	<u>FY06 Allowance</u>	<u>FY05 - FY06 Amount Change</u>	<u>Percent Change</u>
<b>Positions</b>					
01 Regular	92.60	91.60	91.60	0	0%
02 Contractual	11.70	9.50	9.90	0.40	4.2%
<b>Total Positions</b>	<b>104.30</b>	<b>101.10</b>	<b>101.50</b>	<b>0.40</b>	<b>0.4%</b>
<b>Objects</b>					
01 Salaries and Wages	\$ 6,282,530	\$ 6,351,343	\$ 6,437,784	\$ 86,441	1.4%
02 Technical & Spec Fees	533,791	397,028	405,478	8,450	2.1%
03 Communication	971,627	1,323,239	1,327,656	4,417	0.3%
04 Travel	109,607	101,000	108,000	7,000	6.9%
06 Fuel & Utilities	49,720	35,200	43,000	7,800	22.2%
07 Motor Vehicles	181,473	178,075	198,400	20,325	11.4%
08 Contractual Services	1,590,191	998,900	1,116,883	117,983	11.8%
09 Supplies & Materials	204,982	249,500	269,979	20,479	8.2%
10 Equip - Replacement	41,042	38,500	46,500	8,000	20.8%
11 Equip - Additional	178,955	76,750	109,250	32,500	42.3%
12 Grants, Subsidies, Contr	1,118,701	1,110,186	990,186	-120,000	-10.8%
13 Fixed Charges	72,067	68,260	69,117	857	1.3%
<b>Total Objects</b>	<b>\$ 11,334,686</b>	<b>\$ 10,927,981</b>	<b>\$ 11,122,233</b>	<b>\$ 194,252</b>	<b>1.8%</b>
<b>Funds</b>					
03 Special Fund	\$ 10,801,345	\$ 10,627,795	\$ 10,772,233	\$ 144,438	1.4%
05 Federal Fund	341,140	300,186	350,000	49,814	16.6%
09 Reimbursable Fund	192,201	0	0	0	0.0%
<b>Total Funds</b>	<b>\$ 11,334,686</b>	<b>\$ 10,927,981</b>	<b>\$ 11,122,233</b>	<b>\$ 194,252</b>	<b>1.8%</b>

Note: Fiscal 2005 appropriations and fiscal 2006 allowance do not include cost containment and contingent reductions.

**Fiscal 2006 Cost Containment Actions  
As Submitted by the Agency**

**Estimated Fiscal 2006 Savings  
Compared to Fiscal 2005**

<u>Cost Saving Action/Efficiency Measure</u>	<u>Program Code</u>	<u>Total Funds</u>	<u>General Funds</u>	<u>Special Funds</u>	<u>Positions Reduced</u>	<u>Impact of Action</u>
Grant to National Study Center	2	\$25,000		\$25,000		none on us
Grant to EHS School	12	95,000		95,000		none on us
Building/housekeeping	8	40,000		40,000		unknown
No printing of EMS newsletter	8	15,000		15,000		only on-line, reduces access
No mailing of newsletter	3	8,000		8,000		only on-line, reduces access
Transfer pager, cellphone costs to MSP	3	8,000		8,000		increase for MSP
Reduce O/T costs of SYSCOM and Commo.	1	20,000		20,000		will try to schedule more effectively
Reduce data entry position b/c of EMAIS	2	16,000		16,000		less input with EMAIS
Reduce runsheet printing due to EMAIS	8	15,000		15,000		less paper with EMAIS
Eliminate one mail machine	3	3,500		3,500		convenience
Reduce food costs for meetings	8	3,500		3,500		unknown
MSP assume software maint. cost	8	8,000		8,000		increase for MSP
Reduce travel	4	10,000		10,000		limit training

EHS = Environmental Health and Safety School (University of Maryland, Baltimore)  
 EMS = Emergency Medical Services  
 EMAIS = Electronic Maryland Ambulance Information System  
 MSP = Maryland State Police

Source: Maryland Institute for Emergency Medical Services Systems