

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

***Operating Budget Data***

(\$ in Thousands)

	<u>FY 07</u> <u>Actual</u>	<u>FY 08</u> <u>Working</u>	<u>FY 09</u> <u>Allowance</u>	<u>FY 08-09</u> <u>Change</u>	<u>% Change</u> <u>Prior Year</u>
Special Fund	\$12,115	\$11,306	\$11,939	\$633	5.6%
Federal Fund	115	100	100	0	
Reimbursable Fund	<u>392</u>	<u>692</u>	<u>733</u>	<u>41</u>	<u>5.9%</u>
<b>Total Funds</b>	<b>\$12,622</b>	<b>\$12,098</b>	<b>\$12,772</b>	<b>\$674</b>	<b>5.6%</b>

- The Governor's fiscal 2009 allowance for the Maryland Institute for Emergency Medical Services Systems (MIEMSS) shows a \$674,000, 5.6%, increase. However, absent distortions for employee and retiree health insurance and Other Post Employment Benefits costs, underlying growth in a more modest 1.5%
- The major new initiative in the MIEMSS budget is accelerated replacement of old base equipment and radios in order to comply with a 2005 Federal Communications Commission order requiring a migration to narrowband operations.

***Personnel Data***

	<u>FY 07</u> <u>Actual</u>	<u>FY 08</u> <u>Working</u>	<u>FY 09</u> <u>Allowance</u>	<u>FY 08-09</u> <u>Change</u>
Regular Positions	93.10	94.10	95.10	1.00
Contractual FTEs	<u>7.10</u>	<u>5.80</u>	<u>7.20</u>	<u>1.40</u>
<b>Total Personnel</b>	<b>100.20</b>	<b>99.90</b>	<b>102.30</b>	<b>2.40</b>

***Vacancy Data: Regular Positions***

Turnover, Excluding New Positions	3.88	3.97%
Positions Vacant as of 1/1/08	7.00	7.44%

- There is one new position requested in the fiscal 2009 allowance to provide a twentieth operator in the MIEMSS Communications Center. This position is justified by the anticipated offset in overtime payments within that unit.

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

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## ***Analysis in Brief***

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### **Major Trends**

***System Care Continues to Show Strength with One Exception:*** Trauma care in Maryland continues to out-perform the national norm and survivability rates are improving. However, the statewide trauma complication rate once again worsened between fiscal 2006 and 2007.

***Emergency Department (ED) Overcrowding:*** ED overcrowding remains an issue although total hours on yellow and red alert in the major metropolitan areas were generally lower in calendar 2007.

### **Issues**

***All-terrain Vehicles:*** As a result of committee narrative adopted in the 2007 *Joint Chairmen's Report*, MIEMSS submitted a comprehensive report on off-road vehicle accidents, including all-terrain vehicle (ATV) accidents, with a specific emphasis on incidents involving children. The report, substantiated by other data, indicates current regulation of ATVs in Maryland needs to be re-examined.

### **Recommended Actions**

1. Add language restricting funds pending the receipt of a report on all-terrain vehicle regulation.

## 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, 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 by Chapter 33 of 2001.

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. MIEMSS develops a Maryland EMS Plan that is periodically updated and that is designed to enable MIEMSS to fulfill this mission.

MIEMSS oversees an EMS system that in fiscal 2007 included slightly less than 30,000 Maryland-certified EMS providers, 48 emergency departments, 9 trauma centers as well as specialty referral centers, primary stroke centers, and perinatal centers. In addition to the Department of State Police Medevac helicopter system that provided 4,730 transports in fiscal 2007, MIEMSS also regulates commercial ground and air ambulance services. The Emergency Medical Resource Center (EMRC), responsible for coordinating medical consultation between emergency personnel at the scene and hospital physicians, handled just over 319,000 telephone and radio calls in fiscal 2007; the System Communications Center (SYSCOM), responsible for helicopter dispatch and monitoring of the transport of critically ill or injured patients by helicopter to area hospitals, handled almost 54,000 telephone and radio calls.

Operationally, the EMS system is divided into five regions:

- Region I: Allegany and Garrett counties;
- Region II: Frederick and Washington counties;

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- Region III: Central Maryland, including Baltimore City;
- Region IV: the Eastern Shore; and
- Region V: Metropolitan Washington, including Washington, DC.

The MIEMSS mission addresses the need to:

- provide high quality medical care to individuals receiving emergency medical services; and
- maintain a well-functioning EMS system.

### **Performance Analysis: Managing for Results**

MIEMSS collects a wide array of data concerning the State's EMS system. The Managing for Results (MFR) measures reflect the various roles of MIEMSS:

- as promulgator of standards for EMS personnel and emergency departments (EDs) with a measure monitoring compliance with those standards;
- as a facilitator/communications center for EMS services with measures about handling of calls for assistance by EMRC/SYSCOM appropriate transportation of seriously injured patients; and
- as the leader of the EMS system with outcome measure related to overall system performance.

The more interesting performance measures (both those provided in the MFR and those available elsewhere) concern overall system performance. As shown in **Exhibit 1**, the same trends noted in the fiscal 2008 budget analysis continue a year later:

- Statistically MIEMSS continues to exceed the national norm in patient trauma care as measured by prehospital, emergency department care, inpatient care, and discharge information on all patients taken to a designated Maryland trauma center compared against the national norm for trauma patient care performance. Similarly, the survivability rate for trauma center admissions continues to show improvement.
- However, the statewide trauma center complication rate continues to worsen. This rate is significant as increased complications are associated with worse patient outcomes and longer length of stays. MIEMSS' Trauma Quality Improvement Committee has been examining the data to try and understand why the complication rate worsened. Two factors seem to be the cause: (1) an improvement in the data regarding complications; and (2) a large rise in one particular complication – “fluid and electrolytes” – perhaps due to increased reimbursement for case management of this particular condition.

**Exhibit 1**  
**Program Measurement Data**  
**Maryland Institute for Emergency Medical Services Systems**  
**Fiscal 2004-2007**

	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>
Maryland trauma patient care exceeds national norm	Yes	Yes	Yes	Yes
Survivability rate for trauma center admissions (%)	94.7	94.3	96.0	96.4
Statewide trauma center complication rate (%)		14.8	17.8	18.3

Source: Maryland Institute for Emergency Medical Services Systems

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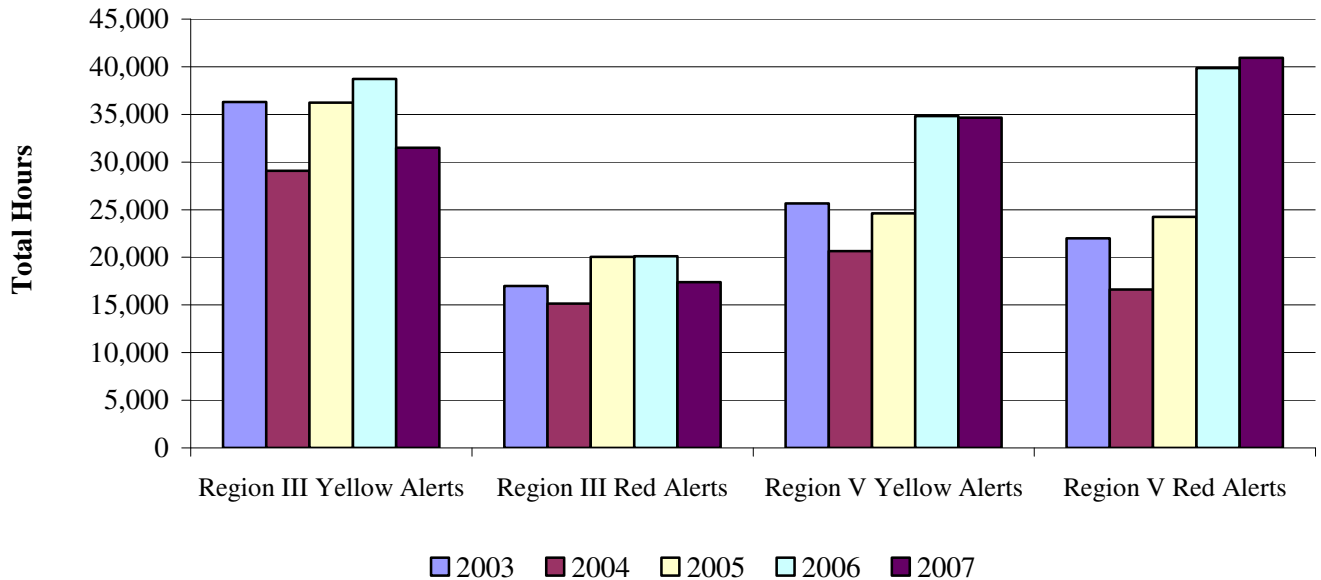
### **Yellow and Red Alerts**

MIEMSS' data on the extent of ambulance diversions as a result of emergency room overcrowding also points to a system that is facing some strain. Specifically, MIEMSS tracks “yellow” alerts when an emergency room requests to receive absolutely no patients in need of urgent medical care by ambulance with the exception of certain priority cases, and “red” alerts when a hospital has no inpatient electrocardiogram monitored beds available. While hospital participation in the alert notification effort is voluntary, and hospitals, if they participate, declare those alerts based on internal threshold determinants, it is still interesting data to examine.

**Exhibit 2** shows the total number of hours of yellow and red alerts for Region III (metropolitan Baltimore) and Region V (metropolitan Washington) from calendar 2003 to 2007. As shown in the exhibit:

- There is some divergence in the experience of Regions III and V in calendar 2007. Previously, both regions had shown an increase in both yellow and red alerts. However, for calendar 2007, the extent of yellow and red alerts in Region III falls quite significantly. No definitive explanation is offered for this change, but MIEMSS speculates that it may be due to efforts to improve ED throughput (patient flow in and out of the ED) and a mild flu season.
- The upward trend in Region V has ameliorated but does not fall as in Region III. Yellow and red alerts are essentially at the same level in calendar 2007 as calendar 2006. However, this level still represents a sharp increase compared to as recently as 2005 for example. The level of yellow and red alert hours in Region V is largely driven by hospitals based in Washington, DC rather than Maryland. As noted last year, ED use in the District is significantly higher than in Maryland, and ED capacity was significantly affected by the closure of DC General Hospital in 2001.

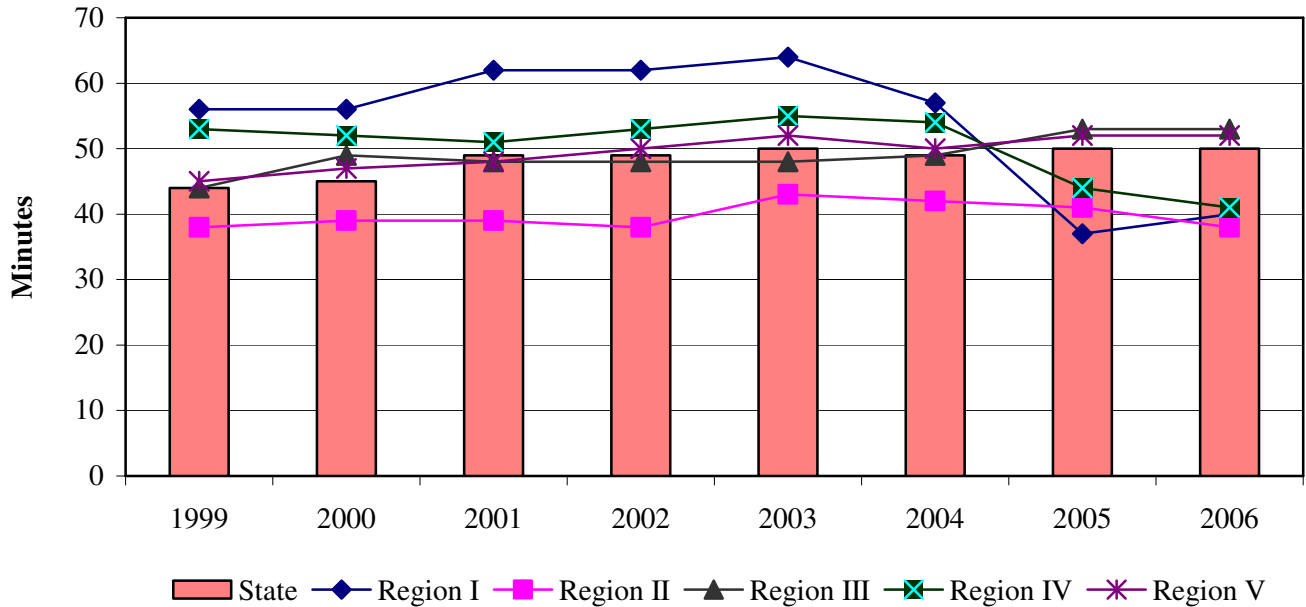
**Exhibit 2  
Yellow and Red Alerts  
Region III and Region V  
Calendar 2003-2007**



Source: Maryland Institute for Emergency Medical Services Systems; Department of Legislative Services

Another indicator related to ED overcrowding is “return to service” time. This is the amount of time a provider is at an ED before returning to service. As shown in **Exhibit 3**, which uses an adjusted return to service time statistic (representing the ranked record at the ninetieth percentile for all return to service records in order eliminate outliers that might distort the average), statewide return to service times have been increasing in recent years. This increase came primarily in the earlier part of the time period shown in the exhibit and is driven by increases in Regions III and V. Data for calendar 2007 for this measure was unavailable. It will be interesting to see how the decline/stabilization of yellow and red alert hours shown in Exhibit 2 for regions III and V will impact return to service times.

**Exhibit 3  
Return to Service Times  
P90 Time Analysis  
Calendar 1999-2006**



Note: data for calendar 2006 is incomplete.

Source: Maryland Institute for Emergency Medical Services Systems; Department of Legislative Services

MIEMSS notes that an even better measure of ED overcrowding is “transfer of care” time, or the amount of time the EMS provider is with the patient before moving the patient to an ED stretcher and transferring care to the ED staff. MIEMSS indicates it plans to begin collecting this data in the near future.

MIEMSS continues to provide leadership through conferences and training in order to provide hospitals with strategies to address the overcrowding problem, strategies that are encapsulated in its voluntary Maryland Hospital and EMS Emergency Department Overload Mitigation Plan. MIEMSS is also part of a task force convened by the Maryland Health Care Commission to develop core performance measures to evaluate ED efficiency. That data may also provide insight into how to address the ED overcrowding issue.

**Disaster Preparation**

In prior analyses it was noted that a 2004 external assessment of the State EMS system by a technical assistance team of the federal National Highway Traffic Safety Administration was generally complimentary of the State’s system and MIEMSS’ role in developing that system. However, that assessment noted one of the key ongoing challenges for MIEMSS was disaster preparation.

Not surprisingly, disaster preparation has been and continues to be a focus of significant public health and safety spending. Similarly, in an era of proliferating external assessments of many aspects of government operations, it is also no surprise that State preparedness to deal with disease, disasters, and bioterrorism has been rated. Previously, the findings of the Trust for America's Health, a nonprofit advocacy organization, were reported:

- In the Trust's 2006 report, based on a variety of preparedness indicators, Maryland ranked very poorly, meeting only 4 of 10 preparedness indicators. Only 3 other states, California, Iowa, and New Jersey were equally unprepared based on these 10 indicators.
- Maryland's performance in the 2007 report improved considerably. It should be noted that the preparedness indicators used in the 2007 report were not the same as the prior year (4 were the same; others were new or slightly different). However, Maryland met 8 of 10 preparedness indicators, scoring lower than 22 states, but higher than 15 states.

One of the indicators was the holding of at least one emergency preparedness drill or exercise involving the State health department and members of the State National Guard. All states and the District of Columbia met this indicator. Emergency response exercises are one of the activities supported by MIEMSS through its regional offices. The most recent annual report notes that over 15 exercises were supported: *i.e.* assistance provided for planning and coordination, arranging mock injuries and volunteer victims, data collection, and drafting after-action reports and improvement plans.

## **Governor's Proposed Budget**

As shown in **Exhibit 4**, the Governor's fiscal 2009 allowance for MIEMSS is just under \$12.8 million, a \$674,000 (5.6%) increase over fiscal 2008. However, absent the distorting influences of employee and retiree health insurance and Other Post Employment Benefits (OPEB) funding, underlying growth in MIEMSS' budget is 1.5%. Key changes are as follows:

- **Personnel Expenses:** Personnel growth dominates the increase in MIEMSS' fiscal 2009 budget, increasing \$509,000 over fiscal 2008. However, it is this growth that is most distorted by employee and retiree health insurance and OPEB funding. Absent these influences, personnel budget growth is flat primarily because of a significant decline in workers' compensation premium assessments.

There is one new position in the MIEMSS budget. This position would bring the complement of the Communications Center operators within MIEMSS to 20. This center operates with 4 operators (2 each for EMRC and SYSCOM) at a time. MIEMSS argues that optimal coverage, given leave and other requirements, is a staff of 20 rather than the current 19. Although MIEMSS has operated with 19 staff for over a decade, the agency justifies the new position by indicating that additional employee costs will be offset by lower overtime (\$70,000 in this unit in fiscal 2007).

**Exhibit 4**  
**Governor’s Proposed Budget**  
**Maryland Institute Emergency Medical Services Systems**  
**(\$ in Thousands)**

<b>How Much It Grows:</b>	<b><u>Special</u> <u>Fund</u></b>	<b><u>Federal</u> <u>Fund</u></b>	<b><u>Reimbur.</u> <u>Fund</u></b>	<b><u>Total</u></b>
2008 Working Appropriation	\$11,306	\$100	\$692	\$12,098
2009 Governor’s Allowance	<u>11,939</u>	<u>100</u>	<u>733</u>	<u>12,772</u>
Amount Change	\$633	\$0	\$41	\$674
Percent Change	5.6%		5.9%	5.6%

**Where It Goes:**

<b>Personnel Expenses</b>	<b>\$509</b>	
Health insurance – reduce long-term OPEB liability .....		\$346
Employee and retiree health insurance – pay-as-you-go costs .....		150
Increments and other compensation .....		70
New position (1 FTE) in the Communications Center .....		37
Other fringe benefit adjustments.....		16
Workers' compensation premium assessment.....		-110
<b>Operations</b>	<b>\$244</b>	
Telecommunications expenses (Replacement of equipment to comply with FCC narrowband requirements) .....		250
Contractual employment (Bystander Care Grant – federal funds) .....		39
Equipment repair/maintenance .....		38
Outside programming costs (development of web-based testing for EMS providers) .....		17
Utilities .....		17
Miscellaneous telecommunications reductions .....		-50
Printing (align to most recent actual).....		-67
<b>Grants</b>	<b>\$-65</b>	
Various grants to local jurisdictions .....		-65
Other .....		-14
<b>Total</b>		<b>\$674</b>

EMS: Emergency Medical Services  
FCC: Federal Communications Commission  
FTE: Full-time Equivalent  
OPEB: Other Post Employment Benefits

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

- **Operations:** The major change in operations is for the first year of a proposed four-year plan for the accelerated replacement of older communications base stations and radios. MIEMSS has identified a \$1 million need for replacement of such equipment beyond normal replacement within the base budget.

The requirement to replace this equipment is prompted by a Federal Communications Commission (FCC) order from 2005 requiring that all private land mobile radio (LMR) systems (including those operated by State and local public safety systems such as MIEMSS) operating below the 512 MHz frequency, operate within 12.5 kHz narrowband channels by January 1, 2013. Traditionally these LMR systems have operated within 25 kHz-wide channels. According to the FCC, using narrowband channels will allow additional channels to exist within the same spectrum space. This order impacts only older equipment as the FCC has required radio equipment to have both a 12.5 and a 25 kHz capability since 1997.

The key question about this accelerated replacement of equipment proposed in the budget is whether MIEMSS should be doing it at all but rather taking advantage of the State's emerging 700 MHz system. To date, the State has appropriated almost \$68 million for the backbone infrastructure for this system (towers, microwaves, storage shelters). Estimated completion of the backbone is December 2011 at a cost of \$106 million. However, the timeline for the implementation of a fully operational communication system to use this backbone infrastructure (for example, base stations, radio equipment) is far from certain. A multi-disciplinary task force (including MIEMSS) is currently developing a Request for Proposals for the implementation of a statewide system. The development of an implementation timeline is clearly some ways off.

Thus, the issue becomes one of weighing the risk of delaying the accelerated replacement of the MIEMSS telecommunications equipment to see if MIEMSS can utilize the 700 MHz system within the time frames set by the FCC for narrowband migration. Based on the Department of Legislative Services' (DLS) current understanding of the process, and the fact that if MIEMSS has to replace equipment in a three-year cycle versus the proposed four, it may incur additional costs as it will be required to use outside contractors for some installation rather than exclusively agency staff, on balance the proposed replacement schedule appears the most reasonable. Obviously, this is a decision that may be revisited next year if circumstances change with regard to the 700 MHz system.

Other than the replacement of telecommunications equipment, other modest initiatives included in the budget are a federally funded contractual employee to assist in the development of a Bystander Care Program to encourage public awareness of actions to be taken at a crash scene that can beneficially impact response times for access to medical care, and programming funds to begin the development of a web-based EMS testing system to replace the current paper-based examination.

## Issues

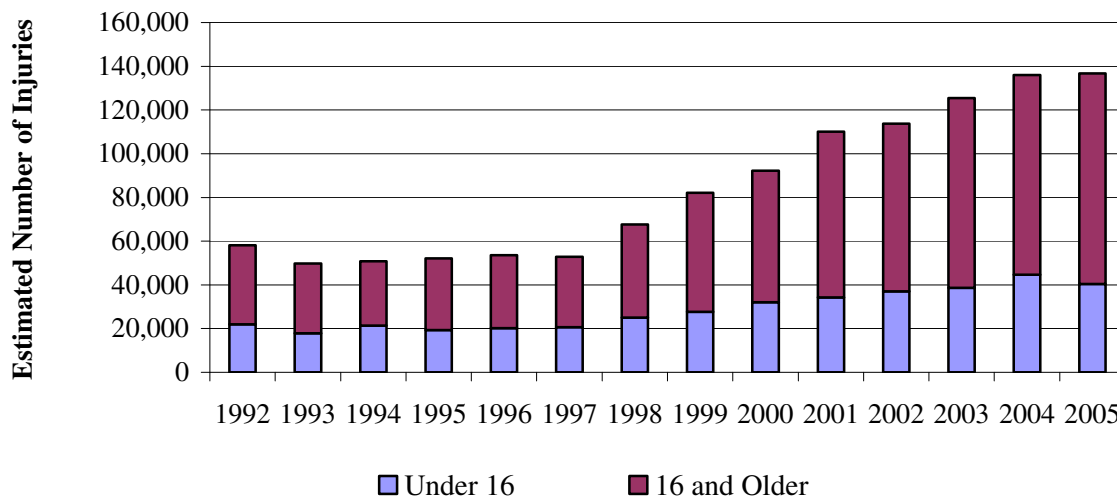
### 1. All-terrain Vehicles

During fiscal 2008 budget deliberations, committee narrative was adopted requesting MIEMSS to report on the number of off-road vehicle accidents, including all-terrain vehicle (ATV) accidents, involving children that result in significant trauma-related injuries. The request was prompted by concern that such trauma-related injuries add significant costs to State health care spending for those children that are covered by the Medical Assistance Program or are otherwise underinsured or uninsured. In the 2007 session, legislation was introduced to require children under 16 to wear protective headgear when riding ATVs. House Bill 261 was voted unfavorable in committee while the cross-file, Senate Bill 482, was withdrawn by the sponsor.

#### National Data on ATV-related Injuries

MIEMSS submitted its report during the 2007 interim. The report includes data that demonstrates that since the end of a consent decree between the U.S. Department of Justice and five major ATV distributors in 1998 (a consent decree entered into based on increasing deaths and injuries nationwide associated with ATVs) ATV-related injuries have risen (see **Exhibit 5**). The increase is actually stronger in the over-16 population (15% annually for the period 1997-2005 compared to 9%), but the extent of injuries for those under-16 is still disproportionate to total population. In 2005, for example, the under-16 population account for 30% of the total number of ATV-related injuries while representing only 22% of the total population.

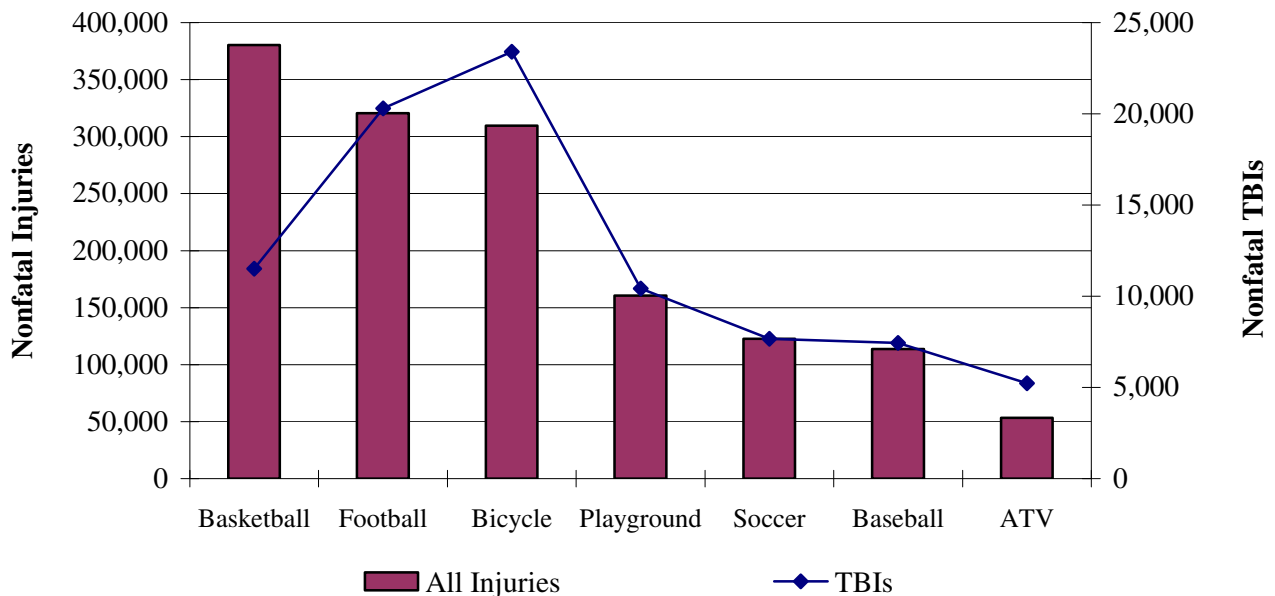
**Exhibit 5**  
**Annual All-terrain Vehicle Related National Injury Estimates**  
**Calendar 1992-2005**



Source: Department of Legislative Services; Maryland Institute for Emergency Medical Services Systems citing data from the Consumer Product Safety Commission.

The relative problem of ATV-related injuries for younger people may also be considered through other data. For example, the federal Centers for Disease Control and Prevention reports data on ED visits and hospitalizations for all nonfatal injuries and nonfatal Traumatic Brain Injuries (TBIs) related to sports and recreational activities. As shown in **Exhibit 6** which compares annual ED visits for nonfatal injuries and TBIs for 5- to 18-year-olds nationwide between calendar 2001 and 2005, ATV-related visits are significant but fall outside of the six-leading activities for ED visits for all nonfatal injuries and TBIs. Specifically, ATV-related injuries incidents represent 2% of ED visits for all nonfatal injuries although 4% for TBIs.

**Exhibit 6**  
**Estimated National Annual Emergency Department Visits for**  
**Nonfatal Injuries and Nonfatal Traumatic Brain Injuries by**  
**Selected Sports and Recreational Activities**  
**Calendar 2001-2005**

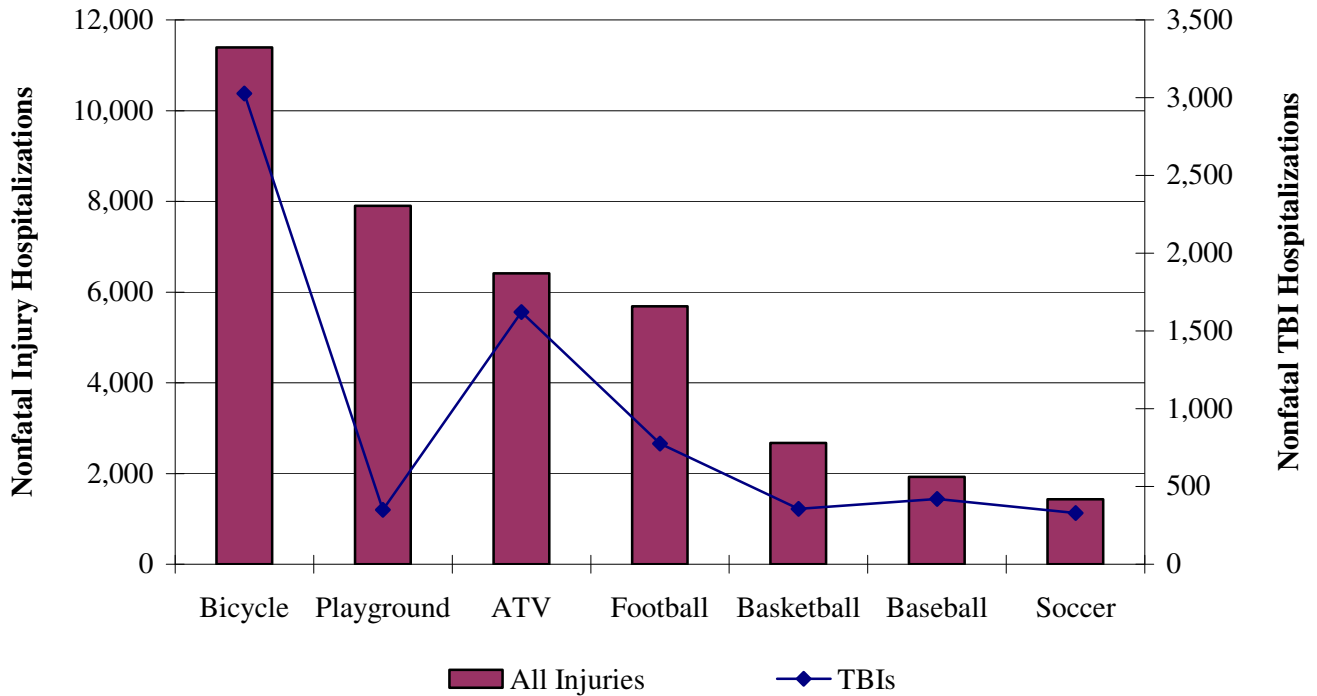


ATV: All Terrain Vehicles  
 TBI: Traumatic Brain Injury

Source: Department of Legislative Services; Centers for Disease Control and Prevention Morbidity and Mortality Weekly Reports

However, more significant is the extent of annual hospitalizations related to nonfatal injuries and TBIs related to ATV use. Again, compared to the same six-leading activities for ED visits for nonfatal injuries and TBIs by 5- to 18-year-olds, as shown in **Exhibit 7**, ATV-related incidents figure more prominently in terms of hospitalizations. Specifically, ATV-related incidents represent 11% of hospitalizations for all nonfatal injuries and 15% for nonfatal TBIs.

**Exhibit 7**  
**Estimated National Annual Hospitalizations for Nonfatal Injuries and Nonfatal TBIs by Selected Sports and Recreational Activities**  
**Calendar 2001-2005**



ATV: All Terrain Vehicles  
 TBI: Traumatic Brain Injury

Source: Department of Legislative Services; Centers for Disease Control Morbidity and Mortality Weekly Reports

**Maryland Data on ATV-related Deaths and Injuries**

The MIEMSS report provides Maryland-specific data concerning ATV-related incidents from data collected in Vital Statistics’ Multiple Cause Death file, the Health Services Cost Review Commission inpatient and outpatient files, and the Maryland Trauma Registry. Specifically, the data collected relates to non-traffic accidents involving off-road motor vehicles. That data noted:

- 12 deaths in Maryland associated with ATVs or other off-road vehicles during calendar 2001 through 2006. No age breakdown was reported. However, MIEMSS notes that there have been at least 3 ATV-associated deaths reported in the media for Maryland in 2007 for children under 16.
- Between calendar 2001 and 2006, 9,057 individuals were treated in Maryland EDs for injuries sustained in incidents involving off-road vehicles. Of these, 31% were aged 15 or less.

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- Between calendar 2001 and 2006, 1,027 individuals were admitted to Maryland hospitals for treatment of injuries sustained in incidents involving off-road vehicles. Of these, 25% were aged 15 or less.
- Between calendar 2001 and 2005, 911 individuals involved in ATV crashes were treated at the State's trauma centers. Of these, 29% were aged 15 or less.
- Of these 911 individuals treated at State trauma centers, helmet use was known in 789 cases. In these 789 cases, 511, or 65%, were not wearing a helmet.
- The direct cost to the State for the inpatient and outpatient care of individuals in Medicaid involved in ATV/off-road vehicle incidents totaled over \$1.5 million between calendar 2001 through 2006.

### **State Regulation of ATVs**

The remainder of the MIEMSS report concerns the regulation of ATVs. In Maryland, ATV regulation is confined to ATV use on Department of Natural Resources (DNR)-owned land (where registration, a permit, the use of helmets by all operators and passengers, and eye protection for operators is required). Regulation in other states ranges from none at all to age limits and safety course requirements in addition to the use of safety gear such as helmets and eye protection.

MIEMSS' report ends with the recommendation that an ATV Safety Task Force, comprised of interested parties, be convened to develop a consensus approach for improvements in Maryland laws to help reduce the risks associated with ATVs. Items to be considered include:

- implementing registration requirements to facilitate the tracking of ATVs and dissemination of safety material;
- requiring ATV owners and operators to meet certain safety requirements;
- broadening current regulation of ATVs beyond DNR-owned land;
- imposing age limits on the use of ATVs;
- improving data collection on ATV-related incidents;
- increasing public awareness on the risks associated with ATVs; and
- using model legislation developed by the Specialty Vehicle Institute of America (a trade group with membership including ATV manufacturers) as a starting-point for review.

DLS concurs with this conclusion. **Absent other legislative action in the 2008 session on this issue, DLS recommends budget bill language be added establishing this task force with a view to the development of legislative proposals to be considered in the 2009 session.**

## ***Recommended Actions***

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1. Add the following language to the special fund appropriation:

, provided that \$100,000 of this appropriation may not be spent until the Maryland Institute for Emergency Medical Services Systems (MIEMSS) convenes an All-terrain Vehicle (ATV) Safety Task Force comprised of all interested parties to develop a consensus approach for improvements in Maryland laws to reduce risks associated with ATV use. In developing this approach, the task force shall consider:

- (1) implementing registration requirements to facilitate the tracking of ATVs and dissemination of safety material;
- (2) requiring ATV owners and operators to meet certain safety requirements;
- (3) broadening current regulation of ATVs beyond the Department of Natural Resources-owned land;
- (4) imposing age limits on the use of ATVs;
- (5) improving data collection on ATV-related incidents; and
- (6) increasing public awareness on the risks associated with ATVs.

The task force shall also consider, as a starting point for review, the model legislation on ATVs developed by the Specialty Vehicle Institute of America. MIEMSS and the task force shall submit a report to the budget committees by December 1, 2008. The budget committees shall have 45 days to review and comments on the plan.

**Explanation:** The language restricts funds pending the establishment of a task force to consider the regulation of ATV use and a report from that task force.

<b>Information Request</b>	<b>Author</b>	<b>Due Date</b>
ATV Regulation	MIEMSS	December 1, 2008

## ***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 2007</b>					
Legislative Appropriation	\$0	\$11,130	\$140	\$0	\$11,270
Deficiency Appropriation	0	0	0	0	0
Budget Amendments	0	985	0	546	1,531
Reversions and Cancellations	0	0	-25	-154	-179
<b>Actual Expenditures</b>	<b>\$0</b>	<b>\$12,115</b>	<b>\$115</b>	<b>\$392</b>	<b>\$12,622</b>
<b>Fiscal 2008</b>					
Legislative Appropriation	\$0	\$11,184	\$100	\$692	\$11,976
Cost Containment	0	0	0	0	0
Budget Amendments	0	122	0	0	122
<b>Working Appropriation</b>	<b>\$0</b>	<b>\$11,306</b>	<b>\$100</b>	<b>\$692</b>	<b>\$12,098</b>

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

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## **Fiscal 2007**

Fiscal 2007 expenditures at MIEMSS totaled just over \$12.6 million, an increase of just over \$1.35 million from the legislative appropriation. This increase was derived as follows:

- Special fund budget amendments increased the appropriation by \$985,000. This increase included \$455,000 from the Maryland Emergency Medical System Operations Fund to fund a study aimed to review the mission of the State of Maryland helicopter fleet and the replacement of that fleet, \$414,000 from a variety of sources for various projects including highway safety and bioterrorism prevention, \$101,000 representing MIEMSS' share of the fiscal 2007 cost-of-living adjustment (COLA), and a \$15,000 grant from the American Heart Association.
- Reimbursable fund budget amendments added \$546,000. This increase included \$338,000 from the Department of Transportation for various highway safety projects, \$114,000 from the Maryland State Police for the helicopter study noted above, and \$94,000 to assist MIEMSS in the development of an out-of-state perinatal referral program.
- Increases to the appropriation through budget amendments were partially offset by federal and reimbursable fund cancellations of \$179,000.

## **Fiscal 2008**

To date, the only change to the fiscal 2008 legislative appropriation was the addition of \$122,000 in special funds to support the fiscal 2008 COLA.

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

<u>Object/Fund</u>	<u>FY07 Actual</u>	<u>FY08 Working Appropriation</u>	<u>FY09 Allowance</u>	<u>FY08 - FY09 Amount Change</u>	<u>Percent Change</u>
<b>Positions</b>					
01 Regular	93.10	94.10	95.10	1.00	1.1%
02 Contractual	7.10	5.80	7.20	1.40	24.1%
<b>Total Positions</b>	<b>100.20</b>	<b>99.90</b>	<b>102.30</b>	<b>2.40</b>	<b>2.4%</b>
<b>Objects</b>					
01 Salaries and Wages	\$ 7,095,795	\$ 7,378,314	\$ 7,887,238	\$ 508,924	6.9%
02 Technical and Spec. Fees	334,505	265,931	296,069	30,138	11.3%
03 Communication	1,332,284	1,293,994	1,479,609	185,615	14.3%
04 Travel	165,228	94,850	97,350	2,500	2.6%
06 Fuel and Utilities	111,363	74,500	91,277	16,777	22.5%
07 Motor Vehicles	161,287	205,660	200,728	-4,932	-2.4%
08 Contractual Services	1,811,744	1,093,135	1,101,900	8,765	0.8%
09 Supplies & Materials	153,302	142,100	133,600	-8,500	-6.0%
10 Equip – Replacement	58,334	34,281	35,800	1,519	4.4%
11 Equip – Additional	139,621	103,000	105,500	2,500	2.4%
12 Grants, Subsidies, and Contributions	1,174,899	1,330,000	1,265,000	-65,000	-4.9%
13 Fixed Charges	83,878	82,112	77,679	-4,433	-5.4%
<b>Total Objects</b>	<b>\$ 12,622,240</b>	<b>\$ 12,097,877</b>	<b>\$ 12,771,750</b>	<b>\$ 673,873</b>	<b>5.6%</b>
<b>Funds</b>					
03 Special Fund	\$ 12,115,230	\$ 11,306,277	\$ 11,939,030	\$ 632,753	5.6%
05 Federal Fund	114,685	100,000	100,000	0	0%
09 Reimbursable Fund	392,325	691,600	732,720	41,120	5.9%
<b>Total Funds</b>	<b>\$ 12,622,240</b>	<b>\$ 12,097,877</b>	<b>\$ 12,771,750</b>	<b>\$ 673,873</b>	<b>5.6%</b>

Note: The fiscal 2008 appropriation does not include deficiencies.