

**MARYLAND REGION III EMERGENCY MEDICAL
SERVICES ADVISORY COUNCIL**

BYLAWS

Revised September 28, 2022

INTRODUCTIONS TO BYLAWS

The Baltimore Metropolitan area's Emergency Medical Services Advisory Council was organized during July of 1975. The forerunner to the Council was Emergency Medical Services Development, Incorporated, a non-profit corporation responsible for implementation of the regional communication system. During the transitional period, the bylaws were accepted, and the role of the Council was established. Since 1975, the Council, in conjunction with the Maryland Institute for Emergency Medical Services Systems (MIEMSS), has been responsible for managing the funding for expansion of Emergency Medical Services Systems and has an ongoing role in the allocation of funds from various local, state and federal sources.

The Council has been persistent in their endeavor to monitor the development of an advanced life support system. Since the designation of four (4) advanced life support transport ambulances in 1974, the system, has now expanded to include advanced life support coverage to every Region III jurisdiction.

The Council serves in an advisory capacity to MIEMSS on the development of all emergency medical services systems components.

The Region III Council participates in Regional Affairs Committee (RAC) of the Statewide Emergency medical Services Advisory Council (SEMSAC) through the representation of the Council chairperson and through a Governor appointed member of SEMSAC. Decisions having a bearing on State emergency medical services are brought to RAC and SEMSAC and this Council advises the Director of MIEMSS on the direction of planning and program goals.

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PREAMBLE

These Bylaws are adopted by the Maryland Region III Emergency Medical Services Advisory Council composed of the counties of Anne Arundel, Baltimore, Carroll, Harford, Howard, City of Annapolis, and Baltimore City.

The Council shall be responsible for coordinating and insuring the compatibility of plans and programs of operating agencies within Maryland EMS Region III, and for carrying out emergency medical services activities that are appropriately conducted on an inter-jurisdictional basis by an inter-jurisdictional body.

The advisory authority of this Council is derived from the Code of Maryland Regulations (MIEMSS Title 30.05.01) and by this regulation is recognized by the Maryland Institute for Emergency Medical Services Systems (MIEMSS). The Council shall be an independent body regardless of which organizations or jurisdictions provide members, staff, or other forms of support.

I. Name

The name of this organization shall be the Maryland Region III Emergency Medical Services Advisory Council, hereinafter referred to as the Council.

II. Purpose

In fulfilling its charge, the Council shall for the Maryland Institute for Emergency Medical Services Systems (MIEMSS), Region III:

- A. Serve as the principal independent advisory body to MIEMSS on matters concerning the finances, policies, guidelines, rules, regulations, and procedures necessary for the efficient and effective operation of all emergency medical services within the region.
- B. Provide a means by which local emergency medical services interests can be appropriately represented at a regional level.
- C. Plan, evaluate, coordinate and improve the delivery of emergency medical services within the Region in an effort to provide the highest quality of emergency medical services.
- D. The Maryland EMS VISION 2030 MASTER Plan, as mandated by the MIEMSS law (Education Article 13.1D of the Annotated Code of Maryland), is presented within the structure of the 14 EMS components jointly identified in the 2010 EMS Agenda for the Future. The oversight of the components of the plan in Maryland EMS Region III is the primary concern of the Council. Those components are:
 1. Integration of Health Services

1. EMS Research
 2. Legislation and Regulation
 3. System Finance
 4. Human Resources
 5. Medical Direction
 6. Education Systems
 7. Public Education
 8. Prevention
 9. Public Access
 10. Communication Systems
 11. Clinical Care
 12. Information Systems
 13. Evaluation
- F. Cooperate as one of the five regional EMS councils within the Maryland Emergency Medical Services System, and participate in the Statewide Emergency Medical Services Advisory Council (SEMSAC).

III. Membership

A. General Membership

The Region III Council will have a membership not exceeding forty-one (41) members, and will have representation in the following manner:

1. Consumer:

THREE (3) members shall be representatives of the general public, elected by the Advisory Council from individuals nominated by the Membership Committee of the Council.

3. Organizational Members:

- a) Representatives of Emergency Medical Transport Services;
 - (1) One (1) from each of the following services:
 - (a) Annapolis Fire Department
 - (b) Anne Arundel County Fire Department
 - (c) Baltimore City Fire Department
 - (d) Baltimore County Fire Department
 - (e) Baltimore Washington International Airport - Fire-Rescue Services
 - (f) Carroll County Department of Fire and EMS
 - (g) Harford County Department of Emergency Services
 - (h) Howard County Department of Fire and Rescue Services
 - (i) Maryland State Police – Aviation Division

- (j) Military-Based EMS Services
 - 2) One (1) representative from the Maryland State Firemen's Association
 - 3) One (1) representative from the Commercial Ambulance Statewide Advisory Council
 - 4) One (1) representative from the Professional Firefighters of Maryland.
- b) Representatives from Region III Hospitals:
- (1) One (1) from each of the following hospitals:
 - (a) Anne Arundel Medical Center
 - (b) Baltimore Washington Medical Center
 - (c) Carroll Hospital Center
 - (d) Franklin Square Hospital
 - (e) Good Samaritan Hospital
 - (f) Grace Medical Center
 - (g) Greater Baltimore Medical Center
 - (h) Harbor Hospital
 - (i) Harford Memorial Hospital
 - (j) Howard County General Hospital
 - (k) Johns Hopkins Bayview Hospital
 - (l) Johns Hopkins Hospital
 - (m) Johns Hopkins Hospital Pediatrics
 - (n) Mercy Medical Center
 - (o) Northwest Hospital Center
 - (p) R Adams Cowley Shock Trauma Center
 - (q) Sinai Hospital
 - (r) Saint Agnes Hospital
 - (s) Saint Joseph's Hospital
 - (t) Union Memorial Hospital
 - (u) University of Maryland Medical Center
 - (v) University of Maryland Medical Center Midtown
 - (w) Upper Chesapeake Medical Center
- 2. One (1) member shall represent the Medical Directors of each of the ALS programs whose alternate shall be the Pediatric Medical Advisor.
 - 4. One (1) representative of the higher education institutions within the Region.
 - 5. One (1) representative of the Emergency Medical Dispatch Center Managers

6. One (1) representative from specialized disaster response organizations.

7. **Ex-Officio Member**

There shall be one ex-officio member representing the MIEMSS. This member may not hold office or vote. The appointee to this position shall not require confirmation by the Council and shall serve at the pleasure of the Institute. Except for the right to vote and to hold office, the ex-officio member shall enjoy the same rights and privileges as the other members of the Council and shall be entitled to participate fully in all Council discussion. This member shall be counted when determining a quorum

B. Alternate Membership

Except for as defined elsewhere in these by-laws, each Council member will appoint an alternate member or be replaced by their appointing authority. All alternate members have privileges of the floor and, in the absence of the member, the alternate shall be seated as a voting member of the Council for that meeting.

C. Duties of Members

Members of the Council shall serve unlimited terms of office. Each member must attend at least 3 regular meetings of the Council each year, and may not be absent for more than two consecutive meetings. For the purpose of this provision, alternate members may substitute for regular members but the regular members are not released from the three annual meeting requirements.

D. Vacancies

A vacancy shall be defined as occurring if a member dies, resigns in writing from the Council, is deemed unable to perform the duties of their office due to continued ill health or other incapacity, or is absent without good cause for more than two (2) consecutive meetings. When a vacancy occurs on the Council, the Council Chairperson shall direct the Secretary to solicit a replacement from the organization.

E. Dues

There shall be no membership dues or fees.

F. Provisions of Membership

Members of the EMS Advisory Council shall be selected without regard to age, race, creed, color, sex, handicap, national origin. A current list of members and alternates shall be maintained in the Council's files. Membership in the Council shall be subject to the member's agreement to conform to and abide by the Bylaws of the Council.

IV. Officers

A. Officers

The officers of the Council shall be the Chairperson, the Vice-Chairperson, and the Secretary. These officers shall perform the duties prescribed by these Bylaws and by the parliamentary authority adopted by the Council.

B. Nominations and Elections

The officers shall be elected by a majority of the quorum. Regular election of officers shall occur at the January meeting of even numbered years.

C. Terms of Office

All terms of office shall be two (2) years. Consecutive terms are permitted.

D. Duties of the Chairperson

The Chairperson shall preside over all meetings of the Council, shall preserve order, regulate debate according to parliamentary procedure, and appoint all standing and special committees and chairpersons. The Chairperson shall have the responsibility for general supervision of the affairs of the Council and may delegate authority to carry out this general supervision, as he/she may deem appropriate. The Chairperson, with the concurrence of the Council, shall prescribe the duties of the officers and the members of the Council if not provided for by the Bylaws.

E. Duties of the Vice-Chairperson

The Vice-Chairperson shall, in the absence or inability of the Chairperson to act, discharge the duties of the Chairperson.

F. Duties of the Secretary

The Secretary shall keep a written record of all proceedings and shall notify the members of the Council of regular and special meetings at least ten (10) days prior to the proposed meeting. In the absence of the Secretary or their inability to act, the Chairperson shall appoint a secretary pro-tempore, which may be occupied by the MIEMSS Region III Administrative Coordinator. Following each regular meeting, it shall be the responsibility of the Secretary to notify the Membership Committee and/or Council Chairperson of unexcused, absent members of that meeting.

G. Vacancies of Officers

1. If any officer of the Council shall resign or otherwise vacate the office during the term thereof, or be unable to perform the duties of the office due to continued ill health or other incapacity; such office may be declared to be vacant by a two-thirds majority of the quorum.
2. Nominations and elections are to be held at the next Council meeting. The officer shall be elected by majority of quorum and shall serve for the remainder of the term of office.

3. Any officer of the Council who is absent from more than two consecutive regular Council meetings shall be notified in writing by the Secretary, within ten (10) days of the second absence, to show cause at the next regular meeting thereof why ~~his~~ their office shall not be declared vacant.

V. Committees

A. Executive Committee

1. There shall be an Executive Committee of the Council which shall consist of the Chairperson, Vice-Chairperson, and Secretary. The Executive Committee shall be responsible to act on issues that demand immediate attention between Regular or Special Council meetings. Actions of the Committee shall be subject to final ratification by the Council. Approval of the minutes of the Executive Committee shall be considered ratification of the actions of the Committee.
2. Meetings of the Executive Committee shall be called by the Chairperson at any time, or at the request of any member of the Executive Committee, or if there is a consensus among members of the full Council that the issue at hand should be referred to the Executive Committee.

B. Standing Committees

The following committees shall remain a permanent portion of the Council. The term of office of the committee Chairpersons shall be at the discretion of the Council Chairperson.

1. Membership Committee

This committee will consist of the Secretary of the Council and at least two (2) additional members. The charge of this committee will be:

- a) to solicit new members
- b) to provide the Council with candidates to fill vacancies
- c) to contact members who have missed more than two consecutive meetings.

2. Bylaws Committee

This committee has a membership structure of the Vice-Chairperson of the Council and at least two (2) Council members, one acting in the capacity of Chairperson of the Committee. The Committee will meet on a yearly basis to discuss any needed revisions of the Bylaws.

3. Regional Affairs Representation Committee

Two (2) members shall be selected to represent the Council at the Regional Affairs Committee (RAC). One shall be the Region III representative to SEMSAC. The other representative shall be selected by a majority of a quorum of the Council and will serve at the pleasure of the Council. The representatives are responsible for attending all RAC meetings and submitting a report to the Council on the status of the RAC. Alternates shall also be selected by a majority of a quorum of the Council. The Council membership of the representatives and the alternates shall be maintained in good standing as outlined in the Council by-laws.

4. **Transportation Committee**

The Transportation Committee shall consist of all representatives of emergency medical transport services as stated in Article III, Section A.3.(1) of these Bylaws. This committee shall be for addressing issues which affect these services exclusively.

5. **Pediatric Emergency Medical Advisory Committee**

The Pediatric Emergency Medical Advisory Committee shall consist of the Chairperson of the committee, who shall be the Region III Pediatric Medical Advisor, and other interested parties from the region. They shall consider and advise the council on matters specific to the emergency care and treatment of pediatric patients.

6. **The Region III Medical Director's Committee**

This committee shall be chaired by the Region III Medical Director, and includes the Medical Director, and one EMS Officer from each of the pre-hospital jurisdictions within the region. They shall serve to work with the Region III Medical Director as required by statute, regulation and written agreement. They shall also serve to advise the Council on matters concerning medical oversight of the EMS system.

C. **Special Committees**

Special Committees may, as necessary, be appointed by the Chairperson or a majority of the Council for specific purposes. The Chairperson may appoint Council as well as non-Council members to the special committees. These special committees shall be chaired only by a member of the Council.

D. **ADHOC Committees**

1. **Legislative Liaison Committee**

The Legislative Liaison Committee shall consist of the Chairperson of the committee who shall be a council member or alternate, and other interested parties. They shall be responsible to keep the Council informed of pertinent legislative issues and coordinate any actions deemed necessary by the Council on the Council's behalf.

2. **Emergency Department Management Committee**

This Committee shall consist of the Chairperson of the Committee who shall be the Emergency Department Administrator representative to the Council and other interested parties from the region. They shall consider and advise the council on matters concerning the administration of emergency departments.

VI. Meetings

A. Regular Meetings

Regular meetings of the Council shall be held at least once each quarter at such places, dates, and time as may be designated in advance by the Council.

1. There shall be a regular annual meeting of the members in January, of even numbered years, for the purpose of electing officers of the Council. Unless otherwise restricted, members of the council may be present in a meeting of the council by means or video/telephone conference link which will be provided to all council members by the secretary in advance of the meeting.

2. Meetings may be held in-person and/or through a virtual platform.

B. Special Meetings

Special meetings of the Council shall be held at the call of the Chairperson, or by an affirmative vote of one-third of the Council.

C. Notice of Meetings

The Secretary of the Council shall notify / mail or email each of the members of the Council in writing not less than ten (10) working days prior to the date of regular meetings. If the need arises for a special meeting, the Secretary shall make every attempt to contact all members within 48 hours of the scheduled meeting time. Such notice shall state the time and place of such meetings and the general business to be transacted.

D. Open Meetings

All meetings of the Council shall be open to the public. Non-members of the Council may be recognized and have the privilege of the floor at the discretion of the Chairperson. The Council may, upon proper motion, move into closed Executive Session at any meeting.

E. Minutes

The minutes of all meetings, except Executive Sessions, shall be public records and shall be available for inspection by interested persons when requested in writing.

F. Rules of Order

All matters of the Council shall be conducted in an orderly manner, subject to the rulings of the Chair. All questions of parliamentary procedure shall be governed by the most current edition of Robert's Revised Rules of Order. A parliamentarian may be appointed by the Chairperson to advise order when indicated.

G. Quorum

The presence of at least one-third of the membership shall constitute a quorum for the conduction of business at any Council meeting. The presence of a member's alternate member shall count as that member being present for purposes of determining a quorum. The MIEMSS Ex-Officio member shall be counted in the determination of a quorum.

H. Voting

Voting actions of the Council shall be by the affirmative vote of a membership quorum. Passage of matters specifically affecting a single political subdivision shall take place only when the organization having authority over the pre-hospital transportation services in that jurisdiction affected is represented. The Chairperson shall be eligible to vote only to decide a tie.

VII. Amendment of Bylaws

The Council may amend all or any portion of these Bylaws by three-fourths (3/4) majority vote of the Council membership present, provided notification is given via the agenda.

VIII. Conflict of Interests

A. Council Member

Whenever a Council member has cause to believe that a matter to be voted upon would involve them in a conflict of interests, they shall announce the conflict of interests. The question of whether an actual conflict exists shall be decided by the Chairperson. Any Council member for whom it has been determined that a conflict of interests exists shall not vote on such matter.

B. Other Members

Any other Council member may raise the question of possible conflict of interests with respect to any other Council member present and the question so raised shall be decided in a majority of the Council excluding the members in question.

IX. Receipt of Information from MIEMSS

MIEMSS will provide the Council with appropriate information ten (10) working days prior to the regular meeting and in addition thirty (30) days prior to any action taken by MIEMSS which would affect the function of Emergency Medical Services in Region III. The Council will be responsible to MIEMSS to respond in writing within twenty (20) days after notice of intent.

X. Definition of Terms Used in the Bylaws

- A. **"COUNTY"** shall mean the total geographic area of Baltimore City, Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties.
- B. **"CONSUMER"**
1. A person whose major occupation is neither provision, administration, nor financing or any type of Emergency Medical Services.
 2. Must not have a major financial interest in any health activity.
 3. Spouses of clinicians cannot be considered as ~~representing~~ eligible to represent consumer interests.
 4. Board members of voluntary health agencies may qualify as consumer representatives, unless they are appointed to represent health interests. These members alone should not make up the consumer majority.
 5. Resides within the boundaries of Region III.
- C. **Clinician or "PROFESSIONAL"** means any person engaged in the administration of health activities or the performance of health services, or in the teaching, or research in the health fields within Region III.