



State Emergency Medical Services Board

January 15, 2019

Meeting Agenda

State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

653 West Pratt Street
Baltimore, Maryland
21201-1536

*Larry Hogan
Governor*

*Donald L. DeVries, Jr., Esq.
Chairman
Emergency Medical
Services Board*

*410-706-5074
FAX: 410-706-4768*

- I. Call to Order – Mr. DeVries
- II. Adjourn to closed session to carry out administrative functions, to discuss the appointment of appointees and officials under General Provisions Article §3-305(b)(1), to consult with counsel, to obtain legal advice on pending disciplinary actions under General Provisions Article §3-305(b) (7), and to maintain certain records and information in confidence as required by Health Occ. Art. §14-506 (b) under General Provisions Article §3-305 (b) (13).
- III. Reconvene to Open Session
- IV. Approval of Minutes from December 11, 2018
- V. MFRI National Registry Testing – Mr. Cox
- VI. MSPAC Legislative Report – Captain McMinn
- VII. Old Business
 - Minor Definitive Care Now Program Pilot – ACTION – Dr. Chizmar, Dr. Marcozzi and Chief Fletcher
 - SB 682 EMS Reimbursement Legislative Report – ACTION - Ms. Gainer and Ms. Renfrew
- VIII. Adjourn



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Minutes

Board Members Present: Donald L. DeVries, Jr., Esq., Chairperson; Sherry Adams, Vice Chair; Murray Kalish, MD; Sally Showalter, RN.; Stephen Cox; William J. Frohna, M.D.

Board Members Absent: Dean E. Albert Reece, M.D.; James Scheulen, NREMT P; Dany Westerband, M.D.; Mary Alice Vanhoy, RN.

Others Present:

MFRI: Mr. Michael Cox; Mr. Marlatt

MSPAC: Major Tagliaferri; Captain McMinn; Director Woods

MIEMSS: Ms. Gainer; Dr. Chizmar; Ms. Abramson; Mr. Brown; Ms. Myers; Mr. Schaefer; Ms. Goff

MHCC: Ms. Renfrew

OAG: Mr. Magee; Ms. Sette

Chairman DeVries called the meeting to order.

ACTION: Upon the motion by Dr. Frohna, seconded by Ms. Showalter, the Board voted unanimously to approve the minutes of the EMS Board meeting held on December 11, 2018.

ACTION: Upon the motion by Ms. Showalter, seconded by Mr. Cox, the Board voted unanimously to adjourn to closed session.

The EMS Board adjourned to closed session to carry out administrative functions, to discuss the appointment of appointees and officials under General Provisions Article §3-305(b)(1), to consult with counsel, to obtain legal advice on pending disciplinary actions under General Provisions Article §3-305(a) (7), and to maintain certain records and information in confidence as required by Health Occ. Art. §14-506 (b) under General Provisions Article §3-305 (a) (13).

In Closed Session:

Board Members Present: Donald L. DeVries, Jr., Esq., Chairperson; Sherry Adams, Vice Chair; Murray Kalish, MD; Sally Showalter, RN.; Stephen Cox; William J. Frohna, M.D.

Board Members Absent: Dean E. Albert Reece, M.D.; James Scheulen, NREMT P; Dany Westerband, M.D.; Mary Alice Vanhoy, RN.

Others Present:

MIEMSS: Ms. Gainer; Dr. Chizmar; Ms. Abramson; Ms. Aycock; Mr. Brown; Ms. Mays; Mr. Schaefer; Ms. Goff

OAG: Mr. Magee; Ms. Sette

In closed session:

1. The Board considered a SEMSAC nomination; and
2. The Board considered EMS provider disciplinary actions.

The Board returned to open session.

In open session:

Board Members Present: Donald L. DeVries, Jr., Esq., Chairperson; Sherry Adams, Vice Chair; Murray Kalish, MD; Sally Showalter, RN.; Stephen Cox; William J. Frohna, M.D.

Board Members Absent: Dean E. Albert Reece, M.D.; James Scheulen, NREMT P; Dany Westerband, M.D.; Mary Alice Vanhoy, RN.

Others Present:

MFRI: Mr. Michael Cox; Mr. Marlatt

MSPAC: Major Tagliaferri; Captain McMinn; Director Woods

MIEMSS: Ms. Gainer; Dr. Chizmar; Ms. Abramson; Mr. Brown; Ms. Myers; Mr. Schaefer; Ms. Goff

MHCC: Ms. Renfrew

OAG: Mr. Magee; Ms. Sette

MFRI EMT Enhancements: Mr. Cox, Executive Director, MFRI
A paper copy of Mr. Cox's presentation was distributed.

Mr. Cox gave an overview of the enhancements to EMT training since the inception of National Registry testing (NR). He said that current pass rates for EMT testing are in line with pass rates prior to NR testing.

Mr. Cox said that MFRI, in conjunction with other partners, had decided to pilot a new EMT educational Program which has been developed and used with impressive results by Frederick County Division of Fire and Rescue Services. This pilot includes access to “book on tape” technology, NR adaptive test question preparation, the use of tablets and computers for quizzes and tests, instituting a student capability evaluation tool and real time student analytics.

Mr. Cox said the 15-33% of students who pass MFRI’s current EMT program fail to take the NR test. In order to improve this low test-taking rate, MFRI proposes to establish a Pierson View NR testing center in each MFRI Region. Mr. Cox gave an overview of the proposed costs in establishing the testing centers and said that the project was dependent of and FY19 supplemental Budget request.

ACTION: Upon the motion by Dr. Kalish, seconded by Ms. Showalter, the Board voted unanimously to approve MFRI’s proposed changes to the EMT program and supplemental FY19 budget request to establish MFRI Regional Pierson View hosting centers.

MSPAC – Report Evaluating and Forecasting Future Expenses of the AW139 Helicopter Fleet.
A paper copy of the report was distributed.

Captain McMinn said the Maryland General Assembly, FY19 Joint Chairmen’s Report, required the MSPAC (Maryland State Police Aviation Command) to evaluate and report the long-term costs associated with maintaining the MSPAC AW139 helicopter fleet.

Captain McMinn gave an overview of the types of systems maintenance needed for the AW139 helicopters, the different maintenance plans available and the anticipated long-term maintenance costs with and without a maintenance plan. He said that MSPAC proposes procuring the Leonardo Helicopter Full Components Plan and the Pratt & Whitney Canada Power per Hour Plan. He said that the buy-in costs would be in the range of \$17 million and that the source of this funding needed to be carefully considered. He said that the annual cost of the Leonardo Helicopter Full Components Plan and the Pratt & Whitney Canada Power per Hour Plan is \$4,050,480 with an additional estimated cost of \$1,000,000 per year for Mission equipment - hoist assembly, Wescam (IR Camera), Trakka Beam Searchlight and medical interior components.

Old Business

Baltimore City Fire Department/University of Maryland Medical Center Minor Definitive Care Now (MDCN)Revision Request

A copy of the proposed pilot protocol change was distributed.

Dr. Chizmar said the following proposed modifications to the MDCN pilot protocol are as follows:

- Page 3, III Program Scope - Sentence 6- The objective of this pilot program is to assess the impact, accuracy and safety of providing low-acuity patients, identified by the IAED™ MPDS® protocol as an ‘Alpha and Bravo’ determinant code Basic Life Support,

- Page 3, IV Response Steps 1. When a 911 call response for EMS service is dispatched, the MDCN Team will respond to the scene concurrently with the typical BCFD EMS response unit to Alpha and Bravo level calls within the UMMC and Midtown Campus patient catchment areas.
- Page 4, V Patient Inclusion Criteria – 1. Low-acuity patients, identified by the IAED™ MPDS® protocol as an ‘Alpha and Bravo’ determinant code Basic Life Support,’ who meet additional criteria outlined in the MDCN protocol below;
- Page 13, XVII Adoption of Results - If the MDCN Pilot Program protocol proves to be accurate, safe, and a quality care model for ‘Alpha and Bravo’ level patients in the UMMC and Midtown Campus catchment areas, the MDCN Pilot Program will have the ability to expanded in scope across Baltimore and serve as a model for other jurisdictions in MD and the nation.

Dr. Chizmar said that BCFD has not changed any operational procedures, and all 911 patients requiring treatment and transport are managed per existing BCFD policies and *Maryland Medical Protocols for EMS Providers*. Patient care and transport (if needed) is not delayed or disrupted by MDCN. As a result, patient safety will not be impacted by the proposed modification.

Dr. Chizmar recommended approval of the proposed MDCN protocol modification to include “Bravo” patients.

ACTION: A motion was made by Mr. Cox, seconded by Dr. Kalish and unanimously approved by the Board to the proposed modification to the Baltimore MDCN pilot protocol to include “Bravo” patients.

SB 682 – EMS Reimbursement

A copy of the MIEMSS/MHCC Coverage and Reimbursement for Emergency Medical Services New Care Delivery Models and Uncompensated Services Report required under Senate Bill 682 draft report was distributed.

Ms. Gainer introduced Ms. Megan Renfrew, MHCC Government Relations and Special Projects Director.

Ms. Gainer said that Senate Bill 682 directed MIEMSS and MHCC to study and report on the issue of reimbursing three models of EMS care: EMS treat and release (release/refer without transport), EMS transport to an alternate destination and EMS mobile integrated health services. Currently in Maryland, EMS is not reimbursed by health payers for any of the three models of care. Ms. Gainer added that Maryland is behind several other states in addressing reimbursement for these EMS models of care.

Ms. Gainer said that MIEMSS and MHCC met over the last eight months with state agencies, public payers (Medicaid and Medicare), private payers, public safety EMS and commercial EMS services to include all perspectives regarding reimbursement. She gave an overview of the jurisdictions currently piloting new models of care programs, challenges for sustainability, HSCRC grant availability and recommendations for future EMS reimbursement contained in the report.

Ms. Renfrew said the report will be presented to the Maryland Health Care Commission on January 17, 2019.

ACTION: A motion was made by Mr. Cox, seconded by Dr. Kalish and unanimously approved the MIEMSS/MHCC report regarding Coverage and Reimbursement for Emergency Medical Services New Care Delivery Models and Uncompensated Services Report to the Maryland Legislature.

There being no further business, the Board adjourned by acclamation.