



**State EMS Board
Meeting
April 12, 2022
9:00 a.m. – 11:00 a.m.
Virtual Meeting**

State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

653 West Pratt Street
Baltimore, Maryland
21201-1536

*Larry Hogan
Governor*

*Clay B. Stamp, NRP
Chairperson
Emergency Medical
Services Board*

*Theodore R. Delbridge, MD, MPH
Executive Director*

410-706-5074
FAX 410-706-4768

- I. Call to Order - Mr. Stamp
 - Call the role
 - Approval of the March 8, 2022
- II. MIEMSS Report – Dr. Delbridge
- III. SEMSAC Report – Chairman Tiemersma
- IV. MSP Aviation Command – Captain DeCoursey
- V. R Adams Cowley Shock Trauma – Dr. Snedeker
- VI. MSFA – President McCrea
- VII. Old Business
 - Pediatric Trauma Center Regulations - ACTION – Ms. Sette & Dr. Wooster
 - Trauma Standards Regulation change – INFORMATION/ACTION - Ms. Sette & Dr. Wooster
- VIII. New Business
 - Pediatric Seizure Study: Pedidose – INFORMATION/ACTION - Dr. Chizmar
- IX. Adjourn to closed session

Adjourn to closed session to carry out administrative functions, 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).



State Emergency Medical Services Board
April 12, 2022
Via Video Conference Call Only
Minutes

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Board Members Present: Chairman Stamp; Jim Scheulen; Stephan Cox; William J. Frohna, MD; Dean Al Reece, MD; Sally Showalter, RN; Wayne Tiemersma; Mary Alice Vanhoy, RN

Board Members Absent: Ms. Marra; Dany Westerband, MD

OAG: Mr. Malizio; Ms. Sette

RACSTC: Dr. Snedeker

MSFA: 2nd VP Mr. Smothers; Ms. Tomanelli

MSPAC: Major Tagliaferri

MIEMSS: Dr. Delbridge; Ms. Gainer; Ms. Abramson; Ms. Aycock; Mr. Bilger; Ms. Byrd; Ms. Chervon; Dr. Chizmar; Mr. Cooney; Mr. Ebling; Dr. Floccare; Mr. Huggins; Mr. Legore; Mr. Parsons; Dr. Pinet-Peralta; Mr. Robertson; Mr. Tandy; Ms. Witmer; Dr. Wooster; Ms. McAlister; Ms. Goff

Chairman Stamp called the meeting to order at 9:00 am and proceeded with calling the role.

Chairman Stamp acknowledged National Safety Tele-communicators week (April 10 – April 16, 2022) and thanked all tele-communicators for their dedication to the EMS system.

Chairman Stamp asked for approval of the March 8, 2022, minutes.

ACTION: Upon the motion made by Mr. Scheulen, seconded by Mr. Cox, the EMS Board unanimously approved the March 8, 2022 minutes as written.

MIEMSS REPORT

COVID-19 Update

Dr. Delbridge said that declining numbers of COVID-19 hospitalizations is approximately at the same number of hospitalizations during the second week of July 2021 (between 125 -154 hospitalizations). He added that approximately 1/3 of Maryland hospitals have zero COVID patients.

Enacted Emergency Regulation

The order of completing requirements for EMT have been changed so that the written test, skills test, and internship can be taken in any order.

EMS clinicians allowed provisional status under the Governor's Executive order, prior to August 2021, have until May 11, 2022 to complete requirements for full certification. EMS clinicians who received provisional status during January 2022, have until November 30, 2022, to complete requirements.

Emergency Medical Technician Education Stipend

Acknowledging the sacrifices and commitment made by EMT students, Dr. Delbridge said that MIEMSS is in the process of establishing funding to provide an educational stipend for EMT students, with up to \$2000 each. The funding will be distributed on an escalating plan culminating when the student passes the NREMT exam. The funding will be distributed on an escalating plan culminating when the student passes the NREMT exam. Online stipend applications opened on April 1, 2022. This stipend is available for up to 500 qualifying students through June 2023. Currently 50 students have qualified.

EMS and Law Enforcement

Dr. Delbridge said that work continues with the Crisis Scene Collaboration Workgroup to develop a multi-disciplined guidance for EMS and law enforcement case interactions. The workgroup includes statewide law enforcement, EMS clinicians, crisis intervention personnel, attorneys, social workers, allied partners, and MIEMSS. MIEMSS anticipates having a draft guideline document in early summer and inter-disciplinary guidance and some law enforcement training by mid-summer.

Medicaid Supplemental Payment Program

Dr. Delbridge said that Medicaid Supplemental Payment Program for EMS is to rebalance Medicaid reimbursement by providing the federal portion of Medicaid reimbursement, which is half of the remainder of allowable costs after Maryland Medicaid pays \$100.00 per transport State portion. He added that the qualifying factors to be eligible for reimbursement include being a designated jurisdictional EMS operational program that is funded directly by public (tax) dollars; billing Medicaid for EMS transports; and documenting expenses that are paid with public funds. Thirteen of the fourteen jurisdictions that qualified submitted documentation to reimburse costs incurred from October 2020 through June 2021. It is anticipated that these jurisdictions will receive federal Medicaid reimbursement totaling over \$80M dollars, with federal Medicaid payments to individual jurisdictions ranging from \$147,000 to \$38M.

Legislative Update

A written report was distributed.

Dr. Delbridge highlighted a few of the legislative initiatives shown in the written report submitted by Ms. Gainer, below.

Bills Passed

HB 286 – Emergency Medical Services – Paramedics – Immunization Administration – Effective Date – Extends until January 1, 2025, the authorization for paramedics to administer flu and COVID-19 immunizations as part of a population health outreach effort conducted by a health department or hospital / hospital system. Effective date: July 1, 2022.

SB 295/HB 44 – Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement

Beginning in FY23, increases the Medicaid (MA) payment to EMS from a flat fee of \$100 to a flat fee of \$150; requires MA to reimburse EMS for patients who are treated but not transported; and requires MA to reimburse EMS for Mobile Integrated Health services provided to a MA recipient in an amount that is at least \$150 per interaction to include health care services and transport of a recipient with a low-acuity condition to urgent care services. MDH, in coordination with MIEMSS, is to submit a report on the adequacy of MA reimburse to EMS, including best practices from other states; report due on or before November 1, 2024. MIEMSS is also to study the interfacility transport system (emergency and nonemergency) for MA patients, including the process for responding to referral requests in a timely manner, the adequacy of reimbursement related to costs, and performance standards and report findings and recommendations to the Health Committees on or before December 31, 2022; this requirement is similar, but not identical to the study requirements contained in SB 290 (see below).

HB 581/SB 446 – Public Safety – Fire, Rescue, or Emergency Medical Services Entities – Peer Support Programs

Prohibits disclosure of the contents of written or oral communication regarding a peer support counseling session by a peer support specialist or a peer support participant. The Behavioral Health Administration (BHA), in consultation with MIEMSS, must report by October 1, 2024, on best practices and professional standards for a peer support counseling program. BHA must make the report and list of peer support specialist training programs available on its website. Effective date: October 1, 2022.

HB 930 – Senator William H. Amoss Fire, Rescue, and Ambulance Funds – Property Acquisition and Construction of Facilities

Authorizes that State money provided to the Amoss Fund may be used to acquire land for the purpose of rehabilitation or construction of a fire, rescue or ambulance facility. Effective date: October 1, 2022.

HB 408 / SB 394 – Statewide Targeted Overdose Prevention (STOP) Act of 2022

Among other things, modifies existing law to authorize an EMT, CRT or Paramedic to offer an opioid overdose reversal drug to an individual received treatment for a nonfatal drug overdose or was evaluated by a crisis evaluation team and requires MDH to purchase and provide opioid overdose reversal drugs to providers who are required to offer them. Effective date: July 1, 2022.

SB 633 Public Safety – 911 – Emergency Telephone System – Alterations.

Among other things, establishes specified rights for 9-1-1 specialists related to occupational well-being; requires counties to classify and pay 9-1-1 specialists in a certain manner; modifies the membership and responsibilities of the 9-1-1 Board; and repeals the limit on the maximum charge for the county 9-1-1 fee. Effective date: October 1, 2022.

HB 129/SB 12 – Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications

Modifies existing law to require that by December 1, 2022, each PSAP must develop written policies on procedures for when a call is received that includes someone suffering an active mental health crisis. Policy must cover (1) triage of the call; (2) resources available for dispatch; (3) procedures for making a dispatch decision; and (4) training for staff in implementing the procedures. In awarding grants from the Behavioral Health Crisis Response Program, MDH must require that proposals include response standards that prioritize mobile crisis unites over law enforcement when responding to individuals in crisis. Effective date: October 1, 2022.

SB 290 / HB 300 – Budget Bill

Includes language requiring MIEMSS to study and report to the budget committees on emergency and nonemergency interfacility transportation for Medicaid patients, including the capacity under the current referral process, response time to referral requests, costs under the current system, and recommendations for improvements to the current system. Report due date: December 1, 2022.

HB 836 – Public Schools – Student Athletics – Requirements and Emergency Action Plans (Elijah Gorham Act).

Requires each middle and high school to have venue-specific emergency action plans for operation and use of AEDs and heat acclimatization and include coordination of care for other injuries, e.g., closed head injury and cervical spine injuries. Effective date: July 1, 2022.

Bills Failed / Withdrawn / No Movement

SB 70 / HB 776 – Emergency Medical System Plan – Guidelines for Emergency Medical Services – Law Enforcement Canines

Would have required that the EMS Plan be modified to include guidelines authorizing EMS to provide services to a canine injured in the line of duty that is owned by or whose services are employed by a law enforcement agency, including providing care, transport of the canine to a designated veterinary facility and services during transport.

SB 515 / HB 1438 – State Emergency Medical Services Board – Park Services Associates – Certification as Emergency Medical Responders

Would have required the EMS Board to issue temporary EMR certification to certain personnel within the Dept of Natural Resources who submitted proof of training and to establish procedures for these personnel to obtain permanent EMR certification.

HB 439 / SB 374 – Workers’ Compensation – Occupational Disease Presumptions – 911 Specialists.

Would have established a workers’ compensation occupational disease presumption for 9-1-1 specialists who are diagnosed with post-traumatic stress disorder by a licensed psychologist or psychiatrist.

HB 177 – 9-1-1 Registry Program – Autism and Other Special Needs

Would have established a 9-1-1 registry program to authorize the registry of individuals with special needs with the 9-1-1 system to alert first responders that the individual may be nonverbal; oversensitive to sirens; unaware of danger; or prone to elope.

HB 676 – Handgun Permits – Qualifications – High-Risk Occupations

Would have established that employment in certain occupations constituted a reason for issuance of a handgun permit, including a paid or volunteer firefighter or EMT or a rescue squad member.

HB 1109/SB 751 – First Responders and Emergency Responders – Definition – 911 Dispatchers Included

Would have established or expanded the definitions of “first responder” and “emergency responder” in various provisions of state law (Criminal Law, Transportation, Education, Health-General, Human Services, and Public Safety Articles) to include 9-1-1 dispatchers, operators and specialists.

HB 1003 / SB 749 Public Safety – 311 systems – Nonemergency Information

Would have established the Maryland 3-1-1 nonemergency phone system under Maryland Dept of Emergency Management to establish 3-1-1 as the primary number for information and referral on nonemergency government services, resources, and information.

HB 1154 – Criminal Law – Felony Second-Degree Assault

Emergency Medical Care Workers – Would have expanded the felony second degree assault law to include intentional physical injury to a worker providing emergency and related services in an ED or freestanding facility.

HB 1243 – Public Health – Rural Nonemergency Medical Transportation Program

Would have established a Rural Nonemergency Medical Transportation Program for hospitals to coordinate transportation by a nonprofit organization to/from medical services for certain eligible individuals.

SB 10 Workers’ Compensation – COVID-19 Occupational Disease Presumption

Would have established an occupational disease presumption for a first responder, public safety employee or health care worker who tested positive for or was diagnosed with COVID-19.

HB 1066 Vehicle Laws – Lighting – Privately Owned Vehicles of Volunteer Fire Company Members –

Would have authorized specified officers of a volunteer fire company and the fire police of a volunteer fire company to equip their privately owned vehicles with red or red and white lights/signal devices.

SB 294 – Health – Automated External Defibrillator, First Aid, and CPR – Requirements for Health Clubs

Would have required each health club to comply with the requirements of the Public Access AED Program and EMS Board, and, when open for business, to have an employee on premises who is certified in first aid and CPR.

SB 745 Vehicle Laws – Protective Headgear Requirement for Motorcycle Riders – Exception

Would have exempted certain individuals from the requirement to wear protective head gear while operating or riding on a motor cycle.

Primary Stroke Centers (PSC)

Dr. Delbridge reported that the following hospitals have received PSC re-designations:

- MedStar Union Memorial – 5-year renewal
- St. Agnes Hospital – 5-year renewal
- UM Shore Med Center – Easton – 5-year renewal
- UPMC Western Maryland – 5-year renewal
- MedStar Good Samaritan – 5-year renewal
- Meritus Medical Center – 5-year renewal
- UM St. Joseph Medical Center – 5-year renewal
- Anne Arundel Medical Center – 5-year renewal
- Tidal Health Peninsula Regional – 5-year renewal
- Atlantic General Hospital – 5-year renewal
- UM Baltimore Washington Medical Center – 5-year renewal
- Greater Baltimore Medical Center (GBMC) – 1-year Provisional renewal

Dr. Delbridge said that GBMC has accepted the 1-year provisional and will provide progress reports over the next year.

SEMSAC REPORT

Chairman Tiemersma said that SEMSAC met virtually on April 7, 2022. The BLS, MIH and Regional Affairs Committee gave reports.

SEMSAC approved recommending the Pediatric Trauma regulation changes and the Adult Trauma regulation changes to the EMS Board for approval.

Dr. Chizmar gave SEMSAC an overview of the research protocol to be presented to the EMS Board today.

MSPAC

A copy of the MSPAC written report was distributed.

Major Tagliaferri reported on the Maryland State Police Aviation Command's current numbers of EMS providers and pilots (7 pilots are planning to retire this year; currently there are two pilot candidates), personnel recruitments, and ongoing projects and initiatives including the Whole Blood Program, the MedHub Grant Project, the Unmanned Aircraft Systems Program, and hoist platform training. He added that 2 aircraft are undergoing heavy maintenance inspections; all other aircraft remain in service.

Major Tagliaferri reported year-to-date statistics on MSPAC missions (624) and aircraft flight hours.

MSFA

A written report was distributed

2nd Vice President Smothers said that the MSFA, in partnership with MIEMSS and the Mental Health Association of Maryland, has started its First Responders Mental Health awareness training. There is a 2-hour online portion and a 6-hour in-person instruction which will be held at the Level VFD on April 16th.

The MSFA held a Recruitment and Retention Seminar in College Park. The superintendent from the US Fire Administration participated in the class. Mr. Smothers said it is anticipated that the MSFA will work with the US Fire Administration on future recruitment and retention initiatives.

The volunteer open house recruitment and retention weekend is April 23rd and 24th.

The MSFA Convention will be held in person June 18th – 23rd in Ocean City, MD. He added that there are over 55 educational offerings that are listed online at: www.convention.msfa.org

RACSTC REPORT

A written report was distributed.

Dr. Kristie Snedeker highlighted the RACSTC's current statistics on patient admissions, occupancy rates, OR volumes, clinic volumes and Lost Interfacility Transfer volumes. Dr. Snedeker said that current patient volumes are tracking low with 800 fewer primary trauma center encounters for the current fiscal year.

Infection prevention practices have been shifted in the TRU resulting in fewer capacity hours. Average length of stay has increased significantly due, in part, to fewer available beds in skilled nursing facilities.

Dr. Snedeker said that there had been seven RACSTC Go-Team requests with one deployment to Charles County. She said that an analysis of Go-Team cancellations will be presented with the next RACSTC report.

Dr. Snedeker reported that as visitor restrictions have lifted, tissue and organ donations have increased. She added that it is important to have face-to-face conversations with family members to encourage donations.

Trauma Observation Programs have re-opened as have the Center for Injury Prevention and Policy and EMS Outreach and Education Activities.

Dr. Snedeker announced that the Shock Trauma Gala will be held on September 10, 2022, at the Meyerhoff. She added that RACSTC will be celebrating Dr. Scalea's 25 years of service.

OLD BUSINESS – N/A

Pediatric Trauma Center Regulation Updates

A copy of the proposed Pediatric Trauma Center Regulation was distributed.

Ms. Sette asked for approval of the updated Pediatric Trauma Center regulations presented to the EMS Board for information at the March 8, 2022 EMS Board meeting.

ACTION: Upon the motion of Mr. Tiemersma, seconded by Ms. Vanhoy, the EMS Board voted unanimously to approve the changes to the Pediatric Trauma regulations.

NEW BUSINESS

Adult Trauma Standards Regulation change

Dr. Wooster requested approval for the removal of the Auto Infusion requirement under the Trauma regulations. She said that auto infusion is no longer the standard and the equipment is no longer readily available.

ACTION: Upon the motion of Dr. Reece, seconded by Mr. Scheulen, the EMS Board voted unanimously to approve the change to the Adult Trauma Standards regulations.

PediDOSE Research Protocol

Dr. Chizmar said that the local principal investigator is Dr. Kathy Brown at Children's National Medical Center. He said that this is an IRB-approved research study from the University of Utah. Children's National is one of 20 sites nationwide conducting this research.

PediDOSE (Pediatric Dose Optimization for Seizures in EMS) compares weight-based dosing for Midazolam to age-based dosing. Dr. Chizmar gave an overview of the inclusions and exclusions of patients, and the aims/goals of the research. If approved, the research will be conducted in Prince George's County only.

ACTION: Upon the motion of Dr. Reece, seconded by Mr. Scheulen, the EMS Board voted unanimously to approve the PediDOSE Research Protocol to be conducted in Prince George's County.

Chairman Stamp thanked the MIEMSS staff for the valuable work they continue to do. Mr. Stamp also recognized the Board members for their work and dedication to the EMS system and the citizens of the State of Maryland.

Adjourn to closed session to carry out administrative functions, 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) (7).

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

In closed session:

Board Members Present: Chairman Stamp; Jim Scheulen; Stephan Cox; William J. Frohna, MD; Dean Al Reece, MD; Sally Showalter, RN; Wayne Tiemersma; Mary Alice Vanhoy, RN; Dany Westerband, MD

Board Members Absent: Ms. Marra

OAG: Mr. Malizio; Ms. Sette

MIEMSS: Dr. Delbridge; Ms. Gainer; Dr. Chizmar; Ms. Goff; Ms. Chervon; Mrs. McAllister

In Closed Session:

1. The Board considered disciplinary matters.