



Statewide EMS Advisory Council (SEMSAC)

AGENDA December 5, 2024

- I. Call to Order – Mr. Smothers
 - Call the roll
 - Approval of the November 7, 2024 SEMSAC minutes.
- II. SEMSAC Chair Report – Mr. Smothers
- III. MIEMSS Report – Dr. Delbridge
- IV. MSPAC Report – Major Tagliaferri
- V. MSFA Update
- VI. Committee Reports
 - ALS Report – Dr. Fillmore
 - BLS – Mr. Edwards
 - MIH Report – Chief Matz
 - Regional Affairs
- VII. Old Business
 - COMAR 30.01 and 30.02 – ACTION - Dr. Delbridge
 - EMS Compact follow-up discussion – Chairman Smothers
 - Tele 911 / Telemedicine follow-up discussion
- VIII. New Business
 - COMAR 30.09.04.08 – ACTION - Ms. Pierson



State of Maryland
Maryland Institute for Emergency Medical Services Systems

Wes Moore
Governor

Clay B. Stamp
Chairman, EMS Board

Theodore R. Delbridge, MD, MPH
Executive Director

State EMS Advisory Council
Virtual meeting
November 7, 2024
Meeting Minutes

SEMSAC Members Present: Eric Smothers, Chairperson; Scott Haas, Vice Chairperson; Gordon Wallace; Jeffrey Sagel; Kathleen Grote; Michael Tagliaferri; Tim Kerns; William Teeter; Kathryn Burroughs; Danielle Katz; Lisa Tenney; Lisa Lisle; Jeffrey Fillmore; Justin Orendorf; Danny Platt; Elliott Haut; Doug Beitzel; Susan Mott; Kristie Snedeker; Linda Young; Matthew Levy; Bruce Klein; Alan Butsch; Farheen Qurashi; Wayne Dyott; Michael Cox;

SEMSAC Members Absent: Erik Abrahamson; Jennifer Milesky; Tony Rose

OAG: Mr. Malizio; Ms. Pierson

Other: Jim Matz, Chair, MIH; Jeff Nusbaum, MD; Baltimore City FD; Jack Beckwith; Annapolis City FD; Kyle Fratta

MIEMSS: Ted Delbridge; Tim Chizmar; Todd Abramovitz; Mark Bilger; Abby Butler; Jason Cantera; Aaron Edwards; Pat Gainer; Jeff Huggins; Dwayne Kitis; Kelly Hammond; Scott Legore; Randy Linthicum; Luis Pinet-Peralta; Mustafa Sidik; Patrick Tandy; Todd Tracey; Wayne Tiemersma; Elizabeth Wooster; Cyndy Wright-Johnson; Barbara Goff

Chairman Smothers called the meeting to order at 1:00pm. The roll was called.

Chairman Smothers asked for approval of the November 7, SEMSAC meeting minutes.

ACTION: A motion was made by Ms. Mott, seconded by Dr. Sagel, and unanimously voted upon to approve the November 7, 2024 SEMSAC minutes as written.

SEMSAC Report

Chairman Smothers said that there was nothing of note to report to the Council at this time.

MSPAC

A written report was disseminated.

Major Tagliaferri said that there is no additional information aside from what is contained in MSPAC's written report.

MSFA

A written report was distributed.

Ms. Mott said that she has received a few comments regarding the EMS Compact, so far, all have been negative.

Chairman Smothers added that the December Executive Committee Meeting of the Maryland State Firefighters Association is scheduled for Saturday and Sunday, December 14th and 15th, 2024. The meeting will be at Berlin Fire Company, 214 North Main Street, Berlin, MD. The Christmas reception will be held in Sudlersville the same weekend.

SEMSAC Committee Reports

ALS Committee

Dr. Fillmore said the next ALS committee met 3-weeks ago. He said topic of discussion regarded entities wanting to charge students for clinical site rotations. He added that guidance from SEMSAC may be sought at a later date.

BLS Committee Report

Reporting for the committee, Mr. Linthicum said that the BLS committee met on November 14, 2024 and is in the process of selecting a new Chairperson. The new proposal for EMT renewals and corresponding regulation changes were reviewed.

The BLS committee is forming a workgroup for developing an online field training coach program. Mark New will be leading the workgroup.

Also discussed at the meeting was making slight changes to the psychomotor testing such as allowing calculators, the trauma triage decision chart, and a few other things for the testing sites.

The contact list for the BLS committee is being updated.

The next virtual BLS committee meeting is scheduled to be held on January 17, 2025.

MIH Committee

Chief Matz said that there has been significant increases in staffing which will hopefully equate to an increase in patient usage of MIH services. Buprenorphine usage has also increased. Montgomery and Salisbury are waiting on additional financial approvals to implement their Buprenorphine programs.

MIH certification levels were also discussed at this morning's meeting.

Regional Affairs Committee (RAC)

Mr. Kitis said that the last meeting for Regional Affairs was in November. At that time, grants were reviewed and prioritized. Ms. Alban will be creating the letters of agreement for the receiving entities by the end of the year.

Mr. Kitis added that information regarding Chief Koch's health struggles has been disseminated. Please say a prayer for Chief Koch and his family.

MIEMSS Report

EMS Transports

Year-to-date, EMS has transported 533,754 patients to emergency departments. Approximately 3.6% are transported out-of-state; mostly to Virginia and West Virginia. The five busiest receiving emergency departments are Anne Arundel Medical Center, Frederick, Franklin Square, Meritus, and Johns Hopkins Bayview showing a 5% increase from 2023. The goal is for 90% of the time for hospitals to receive patients within 35 minutes, allowing five minutes to get out of the ambulance, giving ED staff 30 minutes to accommodate the patient. Approximately 50% of hospitals are attaining this goal. This information is shared with hospitals on a regular basis. Hospital emergency department staff and leadership are paying attention to the data and taking steps to improve throughput for themselves, EMS services and the patients who are arriving needing care.

COMAR 30.01 and 30.02

As presented at the last meeting, Dr. Delbridge said that MIEMSS is requesting to amend the Licensure regulations that were approved by the Board but never codified due to concerns expressed by educational programs. He expressed his thanks to MFRI for assisting with the proposed changes.

MARYLAND EMT RE-CERTIFICATION / RENEWAL (3 YEARS)

<u>CURRENT</u>	<u>PROPOSED</u>
1) NREMT active status registration -90-	1) a) NREMT active status registration -and-
2) 24-hour refresher course -90-	b) Completion of the 3 most recent <i>Annual EMS Protocol Updates</i> -90-
3) a) Approved skills competency evaluation -and-	2) a) Completion of the 3 most recent <i>Annual EMS Protocol Updates</i> -and-
b) 12 hours of approved continuing education content -90-	b) 24 hours continuing education
4) a) 12 hours skills proficiency course -and-	i) Required technical proficiency verification (i.e., assessment and medication administration, airway management, CPR & AED, wound management, spinal motion restriction, fracture management), which may count for as many as 9 continuing education hours.*
b) 4 hours, each	ii) At least 15 hours of continuing education as per State EMS Medical Director assigned allocations in specified topic areas (airway/ventilation/respiratory, cardiovascular, medical (general patient care), OB/GYN, pediatrics, toxicology/environmental, trauma/burns)**
i) Medical knowledge training	
ii) Trauma knowledge training	
iii) Affiliation optional training	

- 30.02.02: waives licensure fee for commercial ambulance svc employees.
- 30.02.03
 - Clarifies requirement for protocol orientation for PM applicants
 - Clarifies requirements for EMD
- 30.02.04: clarifies requirements for reciprocity
- 30.02.05: No re-take EMT class if practical exam failed x3 (after 6 exam fails, the EMT class will need to be retaken)
- 30.02.06-09: Clarification
 - 30.02.07: Renewal update

Cardiac Arrest Survival

Dr. Delbridge said that there are currently over 16,000 registered AED's in more than 9,200 locations. 32.5% survival rate if witnessed and 37.1% if witnessed and receive bystander intervention (CPR and/or AED).

AED Initiatives

2023 legislation requires the placement of AED's in applicable grocery stores (1697) and restaurants (4290) by January 2025. Naloxone will be co-located with AED's in public buildings by October 2027. MIEMSS is developing an in-house AED registry that will be more streamlined and user friendly.

JEMSOP re-verification

Every 5-years MIEMSS is obligated to re-verify the EMS operational programs. MIEMSS is in the process of performing site visits to the 29 JEMSOP locations. Prior to the site visit, jurisdictions provide information on required plans i.e. QA/QI plans. Drs. Delbridge and Chizmar along with the regional coordinators visit the jurisdiction to discuss daily operations and to offer any assistance, if needed. Dr. Delbridge thanked everyone for hosting the site visits.

EMS Compact (REPLICA)

There is interest outside of EMS for Maryland to participate in the EMS Compact (REPLICA). The purpose of the EMS Compact is to allow EMS personnel to provide care across state lines. After reviewing the program, it requires bio-metric data for a background checks, Maryland does background checks, but adding finger printing would be costly and create a barrier for volunteer students to complete licensing. The EMS Compact does not require a clinician to ever be licensed in Maryland even if they live and continue to provide EMS in Maryland. The Compact does very well in non-centralized EMS states. It would be easier to receive reciprocity in Maryland than to go through the EMS Compact.

Chairman Smothers said that feed-back from around the state has been negative. He added that all NR paramedics can apply for reciprocity in Maryland.

Dr. Delbridge left the meeting.

Ms. Mott said that Maryland has mutual aid agreements with surrounding states which negates the need for the EMS Compact. She added that this was discussed at the MSFA EMS Committee. The Committee has reached out to members for comment.

Chairman Smothers said that the Commercial Services organizations do not feel a need for the EMS Compact.

Old Business

ACTION: A motion was made by Ms. Mott, seconded by Dr. Sagel, and voted unanimously to recommend to the EMS Board that Maryland not support utilizing/joining the EMS Compact (REPLICA).

ACTION: A motion was made by Ms. Burroughs, seconded by Ms. Mott, and unanimously voted to recommend approval by the EMS Board the changes to COMAR 30.01 and 30.02 as presented.

Tele 911

Chief Matz said that, since the last SEMSAC meeting, Baltimore City FD received 2024 Innovation Award from the Maryland Association of Counties (MACo) for the Telemedicine project. There have been approximately 300 uses of Tele 911 since April 1, 2024. Average call time with a physician runs around nine minutes. It takes 26-29 seconds to connect the link to reach the physician using HPPA compliant iPADS with a face time option. Treatment-in-place have increased to 65%. Along with assistance with providing information for a primary care physician, along with a multitude of after-care treatments and durable equipment, the Tele 911 provides a 24 hours post call by a licensed social worker to check on the status of the patient as well as checking for patient satisfaction scores for the City and tele 911. Dr. Nusbaum added that the company the City is working with has complete transparency and documentation for patient interactions. The physicians are always amenable to any feedback. They have expanded the number of physicians' on-call. Chief Matz said that Tele 911 is a tool in the toolbox. It is not fix all problems, but alleviate the stress on Baltimore City's EMS system and suppression.

Captain Beckwith, Annapolis City FD, said that Annapolis City FD has been in conversations with Tele 911. He anticipates that Tele 911 would assist in turn-around times at the ED and alleviate wear and tear on equipment. Annapolis City looks forward to MIEMSS expanding the protocols to allow other jurisdictions to use Tele 911.

A lengthy discussion regarding the costs, billing, cost savings, and cultural changes associated with using Tele 911 ensued.

Upon the motion by Dr. Levy, seconded by Ms. Mott, SEMSAC unanimously voted to recommend to the EMS Board that EMS telemedicine options be opened up to additional interested jurisdictions.

New Business

COMAR 30.09.04.08

Ms. Pierson said that proposed changes to COMAR 30.09.04.08 would augment the previous driver waiver for ALS and BLS. These proposed changes include removing specific section references to allow personnel and equipment waivers for all of 30.09, adding the wording of "or maintaining" to section B(3) to accurately reflect current practices, adding the wording "in conjunction with the MIEMSS Office of Integrity" to section F(9), and correcting a typo in section B(3)(f).

Upon the motion by Mr. Platt, seconded by Dr. Sagel, SEMSAC unanimously voted to recommend to the EMS Board to approve the changes to COMAR 30.09.04.08.

The next scheduled meeting will be a joint meeting with the EMS Board in January 15, 2025.

SEMSAC adjourned by acclamation.