



*State of Maryland*  
**Maryland Institute *for* Emergency Medical Services Systems**

Wes W. Moore  
Governor

Clay B. Stamp  
Chairman EMS Board

Theodore R. Delbridge, MD, MPH  
Executive Director

***Statewide EMS Advisory Council (SEMSAC)***

***AGENDA***  
**March 6, 2025 - 1:00pm**  
**Virtual Meeting**

- I. Call to Order – Mr. Smothers
  - Call the roll
  - Approval of the December 5, 2024 SEMSAC minutes.
- II. SEMSAC Chair Report – Mr. Smothers
- III. MIEMSS Report – Dr. Delbridge
- IV. MSPAC Report – Major Tagliaferri
- V. MSFA Update – Ms. Mott
- VI. Committee Reports
  - ALS Report – Dr. Fillmore
  - BLS Report – Mr. Zaccari
  - MIH Report – Chief Matz
  - Regional Affairs – Mr. Kitis
- VII. Old Business
- VIII. New Business



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### *State EMS Advisory Council*

#### *Virtual meeting*

**March 6, 2025**

#### **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; Matthew Levy; Alan Butsch; Farheen Qurashi; Wayne Dyott; Michael Cox;

**SEMSAC Members Absent:** Erik Abrahamson; Bruce Klein; Danny Platt; Linda Young; Wayne Dyott

**OAG:** Mr. Malizio; Ms. Pierson

**Other:** Jim Matz, Chair, MIH; Shariff Thomas, MDEM

**MIEMSS:** Ted Delbridge; Tim Chizmar; Todd Abramovitz; Mark Bilger; Abby Butler; Jason Cantera; Lisa Chervon; Aaron Edwards; Stephanie Ermatinger; Doug Floccare; Pat Gainer; Kelly Hammond; Jeff Huggins; Dwayne Kitis; Scott Legore; Randy Linthicum; Michael Parsons; Luis Pinet-Peralta; 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 December 5, 2024 SEMSAC meeting minutes.

**ACTION: A motion was made by Ms. Mott, seconded by Ms. Grote, and unanimously voted upon to approve the December 5, 2024 SEMSAC minutes as written.**

#### **SEMSAC Report**

Chairman Smothers said that EMSOF partners continue to monitor bills submitted by the legislature.

Chairman Smothers asked for Chief Matz to update SEMSAC on current MIH activities.

#### MIH Committee

Chief Matz updated SEMSAC on topics of discussion at the last MIH committee meeting including Buprenorphine administration by CRTs and the ImageTrend export of MIH records to CRISP.

Chief Matz reported that Salisbury has opened a “fall risk” program for 65 years and older. Queen Anne’s reported that Dr. Ciotola is back from medical leave. Chief Matz said that Montgomery and

Salisbury and waiting on additional financial approvals to implement their Buprenorphine programs. A lengthy discussion was had regarding MIH certification levels including changes in scope of practice for CRTs.

Chairman Smothers said that there are currently 374 CRT's in Maryland with 232 affiliated with Baltimore City.

## **MIEMSS Report**

### EMS Transports

Year-to-date, EMS has transported 102,298 patients to emergency departments. Approximately 3.6% are transported out-of-state; mostly to Virginia and West Virginia. The five busiest receiving emergency departments continue to be Anne Arundel Medical Center, Frederick, Franklin Square, Meritus, and Johns Hopkins Bayview.

The goal is that 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 33% of hospitals are attaining this goal. From September 2024 to January 2025 there was measurable improvement with a third fewer red cells than the previous year, but it has been a particular challenging January and February due to respiratory illnesses which is impacting emergency department efficiency and the number of EMS calls for respiratory viruses. This information is shared with hospitals on a regular basis and monthly with the HSCRC and at the HSCRC Commissioner meetings. The ED Commission, coordinated by the HSCRC, meets regularly and collects and shares data with that group. Chief Knatz represents the EMS interest along with Dr. Delbridge as we continue to press on for solutions to ED Boarding and EMS to ED transfer intervals.

### ED Patient Boarding

Dr. Delbridge said that there are 2,000+ emergency department treatment spaces available throughout the state. Data is collected every day a little before lunchtime and shows that more than 800 of those spaces are being occupied by boarding patients. Boarding patients collapses the capacity of hospital emergency departments to manage newly incoming patients. The burden is not evenly distributed across the state. This is more of a problem in suburban areas than it is in rural places. If there is not capacity in the emergency room to accommodate newly arriving patients, those who are lesser acuity are going to get delayed which delays EMS accordingly.

Dr. Delbridge presented the statistics respiratory illnesses including COVID, RSV, and Flu.

A lengthy discussion ensued regarding patient boarding, hospital staffing, and shortages in various after hospital care. Chief Knatz said that having consistency among EMS operational programs on transfer-of-care interval policies.

Dr. Delbridge said that this is a multifaceted issue that cannot be solved at 3pm on a Monday between EMS and hospital ED staff and said that the use of gentle assertiveness could also be helpful. He added that everyone is diligently working on a system-wide solution.

### Jurisdictional EMS Operations Program (JEMSOP) Verifications

Dr. Delbridge gave an overview regarding the process for designating JEMSOPs every 5-years. He said that he, Dr. Chizmar, and regional coordinators visited each jurisdiction to review each JEMSOP's medical direction, quality assurance plans, and infection control programs. He noted each jurisdiction's commitment to EMS and highlighted varying accomplishments including shared personnel, program evolution and advancements, and valued collaboration amongst medical directors, hospital staff and partner agencies.

Dr. Delbridge said that MIEMSS is working with Somerset and St. Mary's Counties regarding a more defined organizational structure and medical direction. He said they and specialty JEMSOP's will be reviewed in early 2025.

#### Emergency Department Advisory System (EDAS)

Dr. Delbridge said that a MDH grant passed through MHA that would automate the Emergency Department Advisory System (EDAS) and be the successor to CHATS using "apprise" has stalled due to the two largest hospital systems not allowing its data to be used. The "apprise" program requires hospitals to allow input on hospital bed status to a dashboard.

Dr. Delbridge said that MIEMSS is creating an advisory program whereby hospitals will update its emergency department (ED) census throughout the day. The goal is to create ED capacity levels:

- Level #1 less than 75% capacity (white)
- Level #2 75-100% capacity
- Level #3 100-130% capacity
- Level #4 over 130% capacity
- *Re-Route: EMS Discretion for use*
- ***Black Advisory: ED is closed***

Capacity is all patients, including boarding patients, patients in treatment rooms, EMS patients on stretchers, and people waiting for treatment in the waiting room. Dr. Delbridge added that if a hospital goes on black advisory (currently mini disaster) and is closed to EMS, MIEMSS intends to send out a press release to notify the public since the implication is that the emergency department is unsafe to take care of new patients. The press release will refer questions to hospital PIO's for explanation of closure. MIEMSS anticipates the new EDAS will be running by May 1, 2025.

#### Legislative Update

Dr. Delbridge provided an update regarding proposed legislation involving MIEMSS or being tracked by MIEMSS including:

- HB593/SB369 – which will require libraries to have an AED
- HB246 – (Human Services – Adult Protective Services)
  - MIEMSS provided input regarding delaying implementation to October 2026
  - Clarification on "hotline" suffice as notification
- HB1131 – Buprenorphine – Training grant program and workgroup – MIEMSS is seeking clarification regarding:
  - the proposed \$50,000 per year for EMS "grants" to train paramedics
  - establishment of a workgroup to study buprenorphine access in the State

Dr. Delbridge said additional updates will be made available as needed.

#### **MSPAC**

A written report was disseminated.

Major Tagliaferri highlighted a few items within the written report. Although struggling a bit with trooper medic placements, MSPAC civilian vacancy rate is down to 7%. A new DFO was transferred from Trooper 3, pilot Scott Curtain. He gave an overview of ongoing projects and initiatives including the Whole Blood Program that have utilized 230 units used since inception administered to 177 patients.

## **MSFA**

A written report was distributed.

Ms. Mott said that at the February 8<sup>th</sup> EMS committee meeting, Chairman Smothers gave an update on legislative initiatives. He also asked for everyone to be more transparent with the public regarding the utilization of funding.

Ms. Mott asked for everyone to be mindful of posting anything to social media after any incident involving the health and welfare of FF/EMS personnel prior to notifications to families.

At the February 8<sup>th</sup> meeting, Dr. Chizmar gave an update on protocol changes scheduled for July 1<sup>st</sup>. He said that the changes should be posted for viewing on May 1, 2025. Dr. Chizmar's slide presentation on the protocol changes will be sent to the SEMSAC members.

The MSFA EMS Committee is accepting nominations for the Josiah A. Hunt "person of the year" award.

Chairman Smothers said the MSFA Legislative Committee is discussions regarding the cannabis bills related to cannabis use by Fire/EMS. Chief Wallace said that the Howard County bill was pulled this morning and the hearing has been cancelled.

A lengthy discussion regarding the use of cannabis and the Fire/EMS services ensued.

## **SEMSAC Committee Reports**

### ALS Committee

Dr. Fillmore said that the ALS subcommittee has been made aware by a few educational programs that certain jurisdictions in Maryland have discussed or suggested charging individual students for the use of the jurisdiction's clinical sites during the student's EMS training. The ALS committee is proposing that a policy statement be issued advising that Maryland EMS does not agree with charging students for attending clinical sites.

A discussion regarding out-of-state paid entities attempting to use Maryland sites ensued. It was noted that Maryland does not currently restrict out-of-state students for clinical rotations. Dr. Levy said that there is an opportunity for clarifying to clinical sites of the paid entities accessing Maryland clinical sites for non-Maryland paramedic students.

Dr. Fillmore said a policy statement will be drafted by the ALS committee to present at the next SEMSAC meeting. Any suggestions for the statement should be sent to [jeffreyfillmore@yahoo.com](mailto:jeffreyfillmore@yahoo.com)

### BLS Committee Report

Ms. Mott said that, at the last meeting on January 17th, Cyndy Wright-Johnson suggested more pediatric content be included in BLS training.

Updated education regulations were discussed.

The committee would like to remind everyone to have clinicians complete their renewal applications.

Regional Affairs Committee (RAC)

Mr. Kitis said that Chief Dave Chisholm is the new chairperson for Regional Affairs.

The 2024/2025 cardiac devices grants were reviewed. Awaiting submission from 4 jurisdictions for the 2024 grant. All awardees have submitted grant agreements for 2025.

**Old Business - NA**

**New Business – N/A**

**Upon the motion by Ms. Mott, seconded by Dr. Fillmore, SEMSAC unanimously voted to adjourn.**