CASAC

Commercial Ambulance Service
Advisory Committee

Meeting Agenda – January 17, 2024

Introduction/Approval of Minutes – Will Rosenberg
State EMS Medical Director's Report – Dr. Tim Chizmar

SOCALR Report
- Inspection/License Update – Marty Johnson
  - Year End Stats (Slide)
  - Welcome to Lynx, Maryland (Ellicott City)
  - First Class Ambulance (Prince Frederick) closed 12/31
- QA Review/Data Import – Scott Legore/Scott Barquin
  - NEMSIS 3.5 Transition
  - ePin application/multiple applications
  - Affiliation monthly report
- Equipment Update – Scott Legore
  - Triage Tags – SOCALR to provide
  - Medication Back Order

MIEMSS Clinician Services Report – Bev Witmer

Committee Reports
- PEMAC Report – Jill Dannenfelser
- SEMSAC Report – Mike Rosellini
- MIH Report – Deb Ailiff

Old Business
- SCT regulation changes – out for public comment on 1/26
  - Plan to present to EMS Board for final approval at March meeting
- Non EMS driver regulation changes – second reading

New Business
- Commercial Ambulance Service Dashboard
- Associate Medical Directors – Physicians providing medical direction
  COMAR 30.03.03.03 requires medical direction to be provided by service medical director, sending/receiving physician, or base station physician. If your service utilizes physician for medical control that are not listed with SOCALR as associate medical directors, please contact us to update your service information to comply with COMAR.

Good of the Committee
- Right Care When it Counts and Maryland Star of Life Awards – nominations due by March 29th.

CASAC Meeting
Minutes – January 17th, 2024
(unapproved copy of minutes)

Meeting called to order by Chairman Rosenberg

Approval of minutes – the minutes from the November meeting were sent out by SOCALR.
Are there any additions or corrections to the minutes? None
Motion to approve – Jonathon Siegel, Seconded by Mark Buchholtz.
No objections to the motion – minutes approved.

State Medical Director's Report – Dr. Chizmar

Dr. Chizmar had previous presented the New Protocols and Revisions for 2024 to the SEMSAC and EMS Board on January 16th, 2024. They will review and come back to him in February. He should be able to come back to us in February and tell us that all the changes are approved and final. Dr. Chizmar thought he would mention a couple of the relevant protocol changes that are more applicable to inter facility transports than 9-1-1 transports. Sharing these protocol changes in no particular order:

Droperidol, which everyone already has, will get an indication for nausea and vomiting as well as agitation. Zofran will be staying in the protocols.

There is a recommendation regarding the language line. We were seeing a variety of reports where clinicians were checking "language barrier" on their reports and not making any attempt to get a translator. This will become part of the General Patient Care to use an approved language line or translation service.

Needle Decompression Thoracotomy change, and Cyndy Wright-Johnson can elaborate on this, is favorable for the supply/quartermaster's view and will change for patients less than 4 years of age. This modification of the NDT procedure specifies smaller catheter sizes for pediatric patients, including the use of a standard length 16 gauge IV catheter for patients less than 4 years of age. Same standard 16 gauge IV catheter that you have in your IV kits. A 3.25 inch, 14 gauge catheter would continue to be used for patients greater than 4 years old. No change to the equipment list as a result of this change.

As part of the regulatory change, we revised the SCT protocol to add some meds to the SCT protocol column that were previously in the nurse column. That list has been shared several times. Another part of the SCT changes incorporate a regulatory change allowing an SCT paramedic to transport patients who are receiving a single critical care (SCT) intervention. Patients receiving more than one SCT intervention will still require an RN/team transport. You can choose to have more clinicians on your team. This is the minimum.

The largest relative clinical change, but may not be as relevant, is Ventricular Fibrillation and Pulseless VT. We are formally adding changes to the defibrillation and changing the dosing of

epinephrine. We are adding esmolol for persistent VF/VT. Cost of esmolol is under $5 per vial, the last time he reviewed the cost. Esmolol is a short acting beta blocker used to help break the persistent VF/VT. We also have some considerations added, more for 9-1-1 transports, to transport to an ECMO capable destination, if within 15 minutes for transport. ECMO capable destinations are currently: Hopkins, Maryland, MedStar, and Washington Hospital Center. There may be other out-of-state centers. This is where we are starting this change. We are trying to make a difference with patients that have persistent VF/VT.

Changing gears… In terms of bills we are following in legation, we are following the bill to extend the vaccination capability. Right now it is set to sunset January 1st, 2025. There is a process to support the bill and Dr. Chizmar will share that information with everybody. Dr. Chizmar will share with Scott Legore and he can share it with all of the services. This bill will extend our ability to give flu vaccines to the public when we are partnered with the health department or hospital system. I will highlight that it is the only way that we can COVID vaccinate our own clinicians. In the prior law it was flu, hepatitis B, and PPD. COVID was not in there as it was not known about when they wrote the law. In order to preserve our ability to vaccinate COVID for ourselves and for the public, and administer flu for the public, we need that change. The bill is to try and extend this ability for 5 years. The bill has a hearing one week from today on January 24th.

Dr. Chizmar is going to start the discussion on Associate Medical Directors. Several services, especially some of the hospital based services that have or have a desire to have several physicians giving medical direction to crews. What we worked out with Hopkins, Hopkins Lifeline, and University of Maryland is that bringing on several physicians on as Associate Medical Directors helps us formally recognize them and their ability to give medical direction. There are two ways to give and receive medical direction in Maryland. One is by being an Assistant Medical Director of a commercial ambulance service. The other is through a base station. Some of you have several physicians you would like to work with and be able to interact with your crews, giving medical direction. What we would need from you to formalize that position is a CV for the physician and the physician needs to be licensed in Maryland. They do not need to have drug licenses. That license is held by the primary medical director, who is responsible for the controlled dangerous substances. You don't have to add any on, but if you do, you will need to provide their CV and MD license information. Scott Legore added that we are going to start the process now and look to ensure that we have everybody's name when the service's renewal comes up.

SOCALR Report

Inspection/License Update – Marty Johnson – No report.

Scott Legore shared our SOCALR Inspection Activities for Year of 2023.

Renewal Inspections:	69 Inspections
	510 Vehicles
Add/Transfer Inspections:	74
Base Inspections:	6
Site Visits:	4

SCT Inspections:	6
NEO Inspections:	6
Special Events:	2
Investigation Inspections:	2
Non Compliance Meetings:	2
Random Inspections:	131 Days
	913 Sites
	123 Units Inspected
	401 Units Observed

Marty will be sending out the stuff for the March renewals probably around February 1st.

Just an update. We have had one service, First Class Ambulance that closed effective December 31st, 2023. We are finalizing a new service, which will probably be licensed by the end of this week, Lynx Maryland, which is based out of Ellicott City. Marty Johnson went out to their location this morning for their final inspection and they are working with Scott Barquin on some data importing issues. But they should be licensed by the end of this week.

QA Review/Data Imports – Scott Legore / Scott Barquin

NEMSIS 3.5 Transition – Scott Barquin

The NEMSIS 3.5 integration went great. All services are now only importing with NEMSIS 3.5, as well as the 6 agencies that have direct entry through Elite. We are no longer accepting 3.4s. If you have any problems, please let Scott Barquin know. He does appreciate all the services taking on the added specific data that was requested for the facility destination codes. If the destination code is not correct, the PCR does not go to the hospital dashboard, which means the facility does not receive the PCR. Make sure your PCR service (Traumasoft, Zoll, etc.) has the correct facility destination codes. These codes are located on the MEIMSS website, under protocols. It is actively updated. When it is updated, Scott will send out notifications.

ePin application / multiple applications – Scott Barquin

We are currently looking at the ePin application. We noticed a few problems when it comes to drivers who might not be familiar with the Maryland system. We highly recommend that when you have a public service licensed driver that you actually walk them through the process of creating an account in licensure and affiliating with your service. We are seeing that the wrong applications are being selected and submitted. Scott has been tasked with assisting licensure and we have noticed some applications stay in limbo and the services try to find out the status of their new hires. If you have any problems with that, please reach out to Scott Barquin. He can investigate and work with licensure to get these applications resolved.

Affiliation monthly report – Scott Barquin

Another thing Scott has created is a monthly report in report writer that will automatically send the service and Scott Barquin a list of missing crew members for the preceding month. Currently the service director is the one who will receive this automated report by email. The only bad part about that is that it is linked with licensure. So whatever your email is shown in licensure is where this report will go to. Scott believes he can add an additional email address. If you need another email address for this report, please let him know. These reports will be effective the first of the month, so February 1st will be the first reports. If you have any PCRs with missing crew members, you will be receiving that report. If you have any problems about that report, please reach out to him. If you are an air service or critical care service, please understand that if you hire new nurses we do not except the MD RN license as their ID number. All those RNs have to apply for a licensure ePin account.

Equipment Update - Scott Legore

Triage Kits – Effective today SOCALR will have Triage kits available that meet the regulatory requirements. If you need triage kits for your new units or replacements on current units, please reach out to SOCALR.

Expired Medications – We have found several services carrying expired medications on their units. When we go back to the service, we are advised that the medications are on backorder. That is not a reason for noncompliance. Scott has talked with Dr. Chizmar and Claire Pierson. We have put together a backorder procedure. It has to be completed in advance. So if you know that you cannot get a medication as required, you need to notify SOCALR in advance with the medication that you cannot obtain, the amount that is going to be missing from your unit, and then provide SOCALR with some information from your suppliers that you cannot get the medications. We will work with you. We will probably give you a letter that gives you a "short term" to obtain the medications. We may have to work with you to obtain an alternative medication. We can't change a regulation, but we can work with you to navigate these backorder situations. Dr. Chizmar spoke up and advised we are trying to work with the services, but we need advance knowledge of inability to obtain medications. We may ask you for things like purchase orders that show that you cannot get the medications. We may need information that you attempted to obtain the medications from multiple suppliers. We are going to see a minimum of at least two attempts to purchase the required medications. We need to work together. There may need to be some tough decisions to be made if certain medications are unavailable. Don't wait until an inspection is completed for SOCALR to be notified that you are unable to obtain a medication. Please tell us ahead of time.

Clinician Services – Bev Witmer

We are anticipating that the EMS Board will be approving the new regulations next month.

I wanted to share a document with the group. We were unable to bring the document up on the screen so Bev decided she would just talk about the new regulations. Bev advised she will send out the document so we can include it with the minutes. The document

helps people understand the new regulations for the EMT. You still have to complete 24 hours of skills, but we have changed how these hours are created. You will do 20 hours of co-ed. We have broken those co-ed hours down to more specific hours. It won't be the 4/4/4. You will need to do the last 3 years of your protocol updates, which is now going to be required. Previously it was required by some departments and jurisdictions, but not all made it a requirement. We are making that regulation change so it is now required. Then the skill verification is a document, a MIEMSS skills approved document that we will send out. All it has is some extra protocol links that we can use as a resource. It is a skills verification form. The EMSOP educational program or your commercial service will still be able to sign off on that. I will send that out with the meeting minutes.

BLS Psychomotor Exam - There is a lot of anxiety with this exam and there is a learning curve with this exam and the new scenarios. The new scenarios are focused on protocols, entry level performance, as well as, critical thinking. We have found some scenarios that we are using are catching some people off guard, whether it be equipment or certain neurological exams. What we are doing to get people up to speed at the education level is sending out Educator News. We did send out a second issue in December and we highlighted GCS, pediatric immobilization devices, and the tourniquet. We are looking at every failed attempt with every scenario, reviewing and giving feedback. These scenarios are worked on weekly by the internal team as well as Dr. Chizmar to make them more valid and more protocol driven. I will share the Educator News Second Issue with the meeting minutes.

Reminder. The Annual Educational Report is due January 31st.

Committee Reports

PEMAC Report – Jill Dannenselser – No report.

Cyndy Wright-Johnson did send out an email reference the two upcoming conferences: Winterfest and Miltenberger. In addition, Cyndy sent out information in reference to the Maryland Stars of Life Awards. Cyndy advised if anyone has questions regarding the information she sent out, please reach out to her. Scott Legore pointed out that the Maryland Star of Life nominations are due back by March 29th. Scott will send out the information. In addition, The Right Care When it Counts nominations are due back by March 29th.

SEMSAC Report – Danny Platt – No report.

Will Rosenberg shared that Danny Platt is the new representative for SEMSAC.

MIH Report – Mark Buchhotlz – No report.

Dr. Chizmar spoke up. With the new protocols there is a proposed addition that allows an MIH paramedic to collect samples including blood draws, fecal or urinary samples, and oral or nasal swabs as well as obtain 12 lead ECGs as a part of a scheduled MIH visit. Part of that would be that the Maryland-licensed practitioner must order the lab tests and agree to review the results with the patient. This proposal came from an MIH team on the shore, but it would be open to all the MIH teams.

Old Business – Scott Legore

SCT regulation changes – The SCT regulations go out for public comment on January 26th. They have already had initial approval by the EMS Board and SEMSAC. Once the regulations go out for public comment, the next step is to submit the regulation changes to the EMS Board for final approval in the March meeting, and then the regulation changes go back for publication in April or May. That should put the regulations in place before the new protocols come out in July.

Non EMS driver regulation changes – second reading.
Scott displayed 30.09.04.08 Waivers.
Presented at the November meeting. Only had one comment which was more of a question. We are looking to expand the Non EMS Driver waiver program. It will allow a driver to now drive an ALS unit as long as there is a 3 person crew, with the third person being an EMT or higher. There is also some language in there that if the individual is considered a threat to the health and safety of the patients or the public, SOCALR can discontinue their waiver if they are not removed from their list of drivers. Scott will send out this information again. If you have any questions, please email him. We plan to present this change to the EMS Board next month for an approval. Then it will look to get published once the regulation window opens back up in April. We are probably looking at July timeframe to get this regulation changed.

New Business

Commercial Ambulance Service Dashboard – Scott Legore
Shared a view of the Commercial Ambulance Service Dashboard.
SOCALR plans to roll this dashboard out today. We have created the Commercial Ambulance Service Dashboard. This dashboard will have general announcements for the group. There is a list of services and each service has a link. We created a service for demonstration purposes. When you click on your services' link you will see everything that we see, such as your license information, when it expires, service locations, your designated officers, medical directors, vehicle list, insurance information, and any waivers. You will see dates that expire. If it is in red, then it has already expired. If you click on other service's link, it will not let you in. You must have permission to enter each service's link. We will send an email out so you will designate who will have permission to have access to your information. All CASAC members will have access to the main dashboard. Individual dashboards need permission. Additional "Quick Links" are on the right portion of the dashboard. Monthly Data that everyone is submitting is also showing up on the dashboard as a summary report. Rolling this out, trying to be more transparent with information, and head off any issues. Once you have access, please start to use it and let SOCALR know if there are other things you would like to see on the dashboard.

Media Services – Todd Abramovitz

Media Services and Public Information have been working on revamping our EMS Newsletter to provide a lot more information about what is happening out in the field with clinicians, similar to the Stars of Life (a buildup of that). Looking to share more information. Example: At the EMS Board meeting, MSP gave a really nice report about what each of the troopers are doing and some of their highlights of their work. We are now taking that information to share publicly with our EMS Newsletter. We would like to include Commercial Ambulance Services. We would like you to see if there are any highlights that are out in the field, people doing great stuff. Gives you the opportunity to highlight your company and services. Last thing I would like to share with you is not to forget about our History Timeline. We would love to get more information from your service added to the timeline. If you cannot get in to post information, please let them know. They can set you up to submit information. Once information is submitted, it goes into "pending" status for approval before going onto the website. Once the data is reviewed, which may take a couple of days, it goes live on the website.

For the Good of the Committee

Scott Legore – A "Save the Date" for your calendar.
April 10th – 11th is the planned date for the Medical Director Symposium. They announced today that one day will be for Medical Directors and the other day will be dedicated towards Emergency Operations. They are looking to expand the training.

Dr. Tim Chizmar – Harford Memorial Hospital officially shuts down at 7 am on February 6th and the new Aberdeen location opens up on February 6th at 7 am. The hospital code for Aberdeen is 388. Reminder to add the code to your third party PCR service.

Adjournment
Motion to adjourn by Danny Platt, seconded by Tyler Stroh. Meeting adjourned.

Attendance:

In Person: Scott Legore, Will Rosenberg, Dr. Tim Chizmar, Todd Abramovitz, Donna Geisel, Yosef Skaist.

Virtual: Marty Johnson, Scott Barquin, Zachary Rosoldi, Michael Pisano, Mary Bell, Tyler Stroh, Cyndy Wright-Johnson, Mark Buchholtz, Teddy Baldwin, Joe Gamatoria, Kate Passow, Claire Pierson, Jonathan Siegel, Jeff Kreimer, Bev Witmer, Jill Dannenfelser, Danny Platt, Justin Webster

Callers: #3 – Tim Gargana
#4 – Kevin Barnes
#5 – Jill Dannenfelser

State of Maryland

Maryland Institute for Emergency Medical Services Systems

653 West Pratt Street
Baltimore, Maryland
21201-1536

Wes Moore
Governor

Clay B. Stamp, NRP
Chairman
Emergency Medical Services Board

Theodore R. Delbridge, MD, MPH
Executive Director

410-706-5074
FAX 410-706-4768

To: Maryland EMS Board
Statewide EMS Advisory Council

From: Theodore Delbridge, MD, MPH
Executive Director

Timothy Chizmar, MD
State EMS Medical Director

Date: January 8, 2024

RE: ***Maryland Medical Protocols for Emergency Medical Services*** **– New Protocols and Revisions for 2024**

We are pleased to present the Maryland EMS Board and Statewide EMS Advisory Council with recommendations for new and revised EMS treatment protocols for 2024. The Protocol Review Committee and a multi-disciplined group of subject matter experts from around the state have proposed the following protocols for your consideration and approval.

- **Asthma/COPD:** This modification eliminates the need for paramedics to consult for repeat doses of albuterol when treating adult and pediatric patients with persistent or recurrent symptoms. Need for medical consultation is also removed for administration of magnesium sulfate by paramedics treating adult patients with moderate to severe exacerbations.
- **Burns – Palmar Method instead of Rule of Nines:** At the recommendation of the Burn Centers, this proposal replaces the Rule of Nines with the Palmar Method as the recommended means of estimating the percent of body surface area (BSA) burned for both adult and pediatric patients.
- **Burns and Carbon Monoxide Poisoning Exposure Protocols:** These changes clarify the most appropriate destination for patients with burns and/or smoke inhalation. Patients with thermal burns with or without smoke inhalation are to be triaged to a burn center rather than a hyperbaric center. Patients with smoke inhalation without burns should be transported to a hyperbaric center.
- **Calcium administration with Low Titer O+ Whole Blood Transfusions (Pilot):** This amendment calls for the administration of calcium chloride in patients who remain unstable after administrations of the first unit of whole blood. The intent of this modification is to avoid hypocalcemia associated with multiple whole blood transfusions.
- **Diltiazem:** This modification adds a precaution for use of diltiazem in patients with a history of CHF or decreased ejection fraction. Hypotension may occur rapidly following diltiazem administration in these patients and clinicians should be prepared with calcium chloride.
- **Dive Medicine (OSP):** This new Optional Supplemental Protocol is intended for use by EMS clinicians providing standby medical coverage for dive operations. It provides guidance for the evaluation and treatment of public safety divers as well as all other dive related emergencies including recreational and occupational dive activities.

- **Droperidol for Nausea and Vomiting:** This revision allows for administration of droperidol for treatment of nausea and vomiting. In particular, droperidol is preferred for treatment of nausea and vomiting secondary to migraines, cannabinoid hyperemesis syndrome, and cyclic vomiting syndrome. Droperidol may also be used in general cases where symptoms persist after administration of ondansetron.
- **Extraglottic Airways for Tactical EMT (OSP):** This addition to the Tactical EMS Optional Supplemental Protocol allows for use of extraglottic airways by Tactical EMTs.
- **Guidelines for Infusion Pump Settings (OSP):** This addition provides medication dosing guidelines for jurisdictions participating in the Infusion Pump OSP.
- **Ketamine Drip for Ventilatory Difficulty Secondary to Bucking or Combativeness in Intubated Patients OSP):** This modification allows administration of a ketamine infusion using an infusion pump to maintain sedation on extended transports for patients on a ventilator.
- **Language Line Recommendations:** This addition to General Patient Care reminds clinicians to utilize a translation line when a perceived language barrier is present.
- **Mobile Integrated Health Collection of Laboratory Specimens and 12 Lead Acquisition (OSP):** This addition allows an MIH paramedic to collect samples including blood draws, fecal or urinary samples, and oral or nasal swabs as well as obtain 12 lead ECGs as a part of a scheduled MIH visit. A Maryland-licensed practitioner (MD, DO, NP, or PA) must order the lab tests and ECG and agree to review the results with the patient.
- **Needle Decompression Thoracostomy:** This modification of the NDT procedure specifies smaller catheter sizes for pediatric patients, including the use of a standard length 16 gauge IV catheter for patients less than 4 years of age. A 3.25 inch, 14 gauge catheter continues to be recommended for patients greater than 4 years old.
- **Norepinephrine for Treatment of Hypotension/Shock (OSP):** This new OSP allows for the use of norepinephrine for treatment of patients 18 years and older with sustained hypotension despite maximum fluid boluses as described in the shock protocol. Use of a norepinephrine infusion would apply to treatment of cardiogenic, hypovolemic, septic and neurogenic shock. Epinephrine remains the first-line vasopressor for treatment of anaphylactic shock.
- **Overdose / Poisoning:** This addition to the Clinical Pearls encourages clinicians to refer patients who are refusing transport after an overdose to available recovery resources.
- **Rocuronium for RSI and Ventilatory Difficulty Secondary to Bucking or Combativeness (OSP):** This revision adds rocuronium as an alternative to vecuronium for use in both RSI and treatment of ventilatory difficulty secondary to bucking or combativeness.
- **SCT/RN Changes for Interfacility Transports:** These revisions incorporate a regulatory change allowing an SCT paramedic to transport patients who are receiving a single critical care (SCT) intervention. Patients receiving more than one SCT intervention will still require an RN/team transport.
- **Stroke:** This modification eliminates the recommendation to administer oxygen to all pediatric patients with stroke symptoms.
- **TXA:** This change expands the use of TXA to include treatment of pediatric patients with suspected hemorrhagic shock due to trauma or postpartum hemorrhage.
- **Ventricular Assist Device (VAD) Protocol:** This revision expands the application of the protocol to include pediatric patients.
- **Ventricular Fibrillation and Pulseless Ventricular Tachycardia Algorithm**: Extensive modifications of the adult algorithm include the incorporation of vector change and dual sequential defibrillation for persistent VF/VT. Additional changes include limitation of epinephrine to one dose which should be given following the initial dose of amiodarone and the addition of esmolol for persistent VF/VT. Considerations for transport to an ECMO capable destination are also included.

MARYLAND SENATE FINANCE COMMITTEE
2024 Witness Committee Guidelines

** Please note, these guidelines are consistent with the General Committee Guidelines posted on the main page of the Maryland General Assembly website. Any changes are highlighted below.*

I. Bill Hearings

- All bill hearings will take place in person in the committee room and will be streamed live via the Maryland General Assembly (MGA) Website.
- The Committee traditionally hears bills on Tuesdays, Wednesdays, and Thursdays beginning at 1:00 p.m.
- All scheduled bill hearings will be posted in the MGA hearing schedule. Please check the schedule periodically for the most up-to-date information.
- The bill order will be posted in the MGA hearing schedule by 12:00 p.m. on the day of the scheduled bill hearings. The committee chair will also announce the bill order at the beginning of each bill hearing.
- **To register to provide oral testimony or submit written testimony, individuals MUST create a MyMGA account through the MGA website.** Click here for a tutorial.
  - Please note, the MGA website does not support internet explorer. Please use another web browser to upload your written testimony.
- Oral testimony sign-up and written testimony submission will open one (1) business day in advance of the scheduled bill hearing and will be open from 8:00 a.m. – 6:00 p.m.

Bill Hearing Timeline

	Monday Hearing	**Tuesday Hearing**	**Wednesday Hearing**	**Thursday Hearing**	**Friday Hearing**
Oral Witness Sign-up & Written Testimony Submission	Friday from 8AM - 6PM	Monday from 8AM - 6PM	Tuesday from 8AM - 6PM	Wednesday from 8AM - 6PM	Thursday from 8AM - 6PM

Oral Testimony

- While witnesses are strongly encouraged to provide in-person oral testimony, to include as many citizens as possible in the legislative process, up to 14 members of the public may provide virtual oral testimony via Zoom per bill.
- Committees may limit oral testimony based on the number of bills being heard and the number of witnesses signed up to testify. If that situation arises, committees will notify witnesses.
- Witnesses must designate whether they will testify in person or by Zoom. Witnesses may *not* change their oral testimony designation (virtual or in-person) after the sign-up system closes, even if they are not selected for virtual testimony.
- Witness testimony via pre-recorded video will not be allowed.
- Late witness sign-up will not be allowed.
- Witness testimony will be timed. Witnesses should plan to conclude their testimony at the two-minute (2:00) mark, but the allotted time will be at the discretion of the committee chair.
- Witnesses who provide in-person oral testimony will be called to testify before witnesses providing testimony via Zoom. Any changes to this format will be at the discretion of the committee chair.
- If you plan to use an audio-visual presentation during your in-person oral testimony, you must contact the Committee Manager in advance of the hearing. All audio-visual presentations must be received by the Committee Manager by **6:00 PM the day before the hearing**. Witnesses are strongly encouraged to upload the presentation as written testimony through the witness sign up system. Any audio-visual presentation will be counted against the two-minute time limit applicable to each witness's testimony. **Witnesses providing testimony via Zoom will not be permitted to show an audio-visual presentation during their testimony.**
- Typically, committee members will ask questions after the conclusion of a witness's testimony. However, any changes to this format are at the discretion of the committee chair.

Zoom Instructions

- Zoom links will ONLY be sent to witnesses selected to testify who chose "virtual oral" or "virtual both" when they signed up to testify on a bill.
- Zoom links will be sent from noreply@mlis.state.md.us by 12:00 p.m. on the day of the scheduled bill hearing.

  If a witness is NOT selected to testify, the witness will receive an email from noreply@mlis.state.md.us to inform the witness they were not selected.

- **The Zoom link is confidential and should not be shared.**
- Witnesses must log into Zoom with their first and last names so committee staff are able to quickly identify the user and admit them into the meeting at the appropriate time. Witnesses who do not log into Zoom with their first and last name may miss their opportunity to testify.
- Zoom witnesses should follow the hearings via the MGA website to know when the bill they are testifying on is going to be called by the committee chair and should log into Zoom when the bill before their bill is called.
- When testifying, witnesses must have their camera on.
- After the committee chair indicates that there are no further questions, the witness should exit the Zoom meeting or they will be logged out by committee staff.

Written Testimony

- Any written testimony submitted to the committee is public testimony and therefore accessible to the public and cannot be removed.
- Written testimony MUST be in a PDF format to be uploaded.

Accommodations

- For Americans with Disabilities Act (ADA) requests, please contact the committee directly.
- For an MGA sign language interpretation request, please request sign language interpretation at least 5 – 7 businesses days in advance of the event by filling out the following form: Request Sign Language Interpretation Form. The committee will attempt to arrange interpreters on shorter notice but cannot guarantee availability; interpreters are not generally available on an emergency or short-notice basis.

II. Voting

- The committee voting schedule is at the discretion of the committee chair and will depend on the workload of the committee.
- Voting sessions and voting lists will be available in the MGA hearing schedule 24 hours in advance of a voting session when feasible.
- All voting sessions will be live-streamed via the MGA website.
- The outcome of a voting session will be published in the MGA hearing schedule within 24 hours after a voting session and on the bill page on the MGA website after the committee reports out.

III. Public Bill Files

- The public can request an electronic copy of a public bill file by emailing the committee at AA_FIN@mlis.state.md.us.
    - Witness testimony and the oral witness list will be available the day after the bill is heard in committee.
    - Any additional materials will be available after the bill passes third reader on the Senate floor.
- Written testimony will also be available through the MGA website when the bill is on the Senate floor for second reader. For bills that do not pass out of a committee, written testimony will be available on the website after the legislative session.
- For bill files that are not available on the MGA website, please contact the Department of Legislative Services Library at 410-946-5400.

IV. General Policy and Procedures

- Late filed Senate bills will be sponsor only and may not be heard before crossover.
- House Bills:
    - In general, the committee does not hold hearings on House bills that have been cross-filed in the Senate.
    - Additionally, when the committee schedules a House Bill for a public hearing, the committee will accept oral testimony from the Bill's sponsor only UNLESS there is opposition. If there is opposition, the committee will hold a full bill hearing.

For questions, please contact the Committee Manager,
Tammy Kraft at 410.841.3677 or tammy.kraft@mlis.state.md.us.

SENATE BILL 210

J1 4lr0057
(PRE–FILED) CF 4lr0058

By: **Chair, Finance Committee (By Request – Departmental – Maryland Institute for Emergency Medical Services Systems)**
Requested: September 10, 2023
Introduced and read first time: January 10, 2024
Assigned to: Finance

A BILL ENTITLED

AN ACT concerning

Emergency Medical Services – Paramedics – Immunization Administration – Effective Date

FOR the purpose of delaying the effective date of certain provisions of law that repeal the authority of paramedics to administer influenza and 2019CoV immunizations under certain circumstances; and generally relating to the authority of paramedics to administer immunizations.

BY repealing and reenacting, without amendments,
Article – Education
Section 13–516(g)
Annotated Code of Maryland
(2022 Replacement Volume and 2023 Supplement)

BY repealing and reenacting, without amendments,
Article – Education
Section 13–516(g)
Annotated Code of Maryland
(2022 Replacement Volume and 2023 Supplement)
(As enacted by Section 2 of Chapter 799 of the Acts of the General Assembly of 2021, as amended by Chapter 404 of the Acts of the General Assembly of 2022)

BY repealing and reenacting, with amendments,
Chapter 799 of the Acts of the General Assembly of 2021, as amended by Chapter 404 of the Acts of the General Assembly of 2022
Section 4

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**
[Brackets**]** indicate matter deleted from existing law.

Article – Education

13–516.

(g) Subject to the rules, regulations, protocols, orders, and standards of the EMS Board, a paramedic may administer:

(1) Influenza and hepatitis B immunizations and tuberculosis skin testing, in a nonemergency environment, to public safety or ambulance service personnel within the jurisdiction of the paramedic, if the services are:

(i) Authorized by a written agreement between the provider's jurisdictional EMS operational program medical director or ambulance service medical director and the county or city health department in whose jurisdiction the services are performed, which shall include provisions for documentation, referral and follow–up, and storage and inventory of medicine;

(ii) Under the direction of the jurisdictional EMS operational program medical director or ambulance service medical director; and

(iii) Approved by the Institute; and

(2) Influenza and 2019CoV immunizations, if the immunizations are:

(i) 1. Provided under the direction of the EMS operational program medical director, ambulance service medical director, or other qualified physician; and

2. Authorized by the Institute;

(ii) Part of a population health outreach effort conducted by the appropriate local health department or a hospital or health system in the State; and

(iii) Provided in accordance with a written agreement between the paramedic's EMS operational program or ambulance service and the county or city health department in the jurisdiction in which the services are performed or a hospital or health system in the State, which includes provisions for:

1. The administration of a vaccine to an individual at least 18 years old;

2. Storage and inventory of medication;

3. Distribution of appropriate Vaccine Information Statements;

4. Documentation of patient consent;

5. Recognition of adverse effects;

6. Referral and follow–up; and

7. Appropriate documentation of vaccine administration, including within the ImmuNet system.

SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article – Education

13–516.

(g) Subject to the rules, regulations, protocols, orders, and standards of the EMS Board, a paramedic may administer influenza and hepatitis B immunizations and tuberculosis skin testing, in a nonemergency environment, to public safety or ambulance service personnel within the jurisdiction of the paramedic, if the services are:

(1) Authorized by a written agreement between the provider's jurisdictional EMS operational program medical director or ambulance service medical director and the county or city health department in whose jurisdiction the services are performed, which shall include provisions for documentation, referral and follow–up, and storage and inventory of medicine;

(2) Under the direction of the jurisdictional EMS operational program medical director or ambulance service medical director; and

(3) Approved by the Institute.

Chapter 799 of the Acts of 2021, as amended by Chapter 404 of the Acts of 2022

SECTION 4. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall take effect January 1, **[**2025**]** **2030**.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2024.

Maryland Institute for Emergency Medical Services Systems

Renewal of EMT Certification - Frequently Asked Questions for Clinicians

COMAR 30.02.02.07 will be changing to reflect an updated renewal process on February 1, 2024. This renewal process will be divided into 3 parts: continuing education, annual EMS protocol updates, and skills verification. Each part may be completed independently and has been created by combining the most flexible parts of the current process.

My expiration date is July 31, 2024. What should I do for renewal?

You will be eligible for renewal based upon the regulations in effect at the time your license was issued; however, you may choose to renew your license based upon the regulations in effect as of February 1, 2024.

My expiration date is January 31, 2025. What should I do for renewal?

You will be eligible for renewal based upon the regulations in effect as of February 1, 2024. You should ensure that you have completed 20 hours of EMS Continuing Education, your protocol updates, and a skills verification with your EMS Operational Program or an approved BLS education program.

Part 1

20 hours of EMS Continuing Education

The continuing education portion of the refresher is based upon the current didactic model in COMAR. Instead of 4 hours of medical, 4 hours of trauma, and 4 hours of local option, hours are allocated into revelant topics to ensure each clinician has a comprehensive review. Some of the hours that were previously dedicated to a skills refresher have been re-allocated to didactic areas. These courses can be completed online or in-person over the course of the recertification cycle. This will allow clinicians increased flexibility and removes the requirement for a "full" 24-hr refresher course or 12-hr skills session.

Part 2

3 years of Annual EMS Protocol Updates

COMAR has always required verification of protocol currency (protocol update) when applying for renewal. Previously, this was done by categorizing these hours under "local option" and requiring a specific number of hours. The requirement has changed so that completion of the Annual EMS Protocol Updates each year in the MIEMSS Online Training Center, during the recertification cycle, meets the requirement. No additional hours are required.

BLS Updates: 30-60 minutes, estimated (exact number of hours varies based on amount of updated protocol content)

Part 3

MIEMSS-approved Skills Competency Verification

COMAR has always allowed for a MIEMSS-approved skills competency verification or a 12-hour skills course. In the new renewal model, MIEMSS will accept skills verification conducted by a Jurisdictional EMS Operational Program (JEMSOP) or an approved BLS education program. The skills verification must use the MIEMSS-approved competency template. The number of hours could vary slightly based on the JEMSOP or education program; however, this process can generally be completed in less than one to two hours.

General Patient Care	Cardiac	Medical	OB/GYN	Respiratory	Toxicology & Environmental	Trauma & Burns	Operations	Pediatrics	Protocol Updates	Skills Verification
½ hour	5 hours	2 Hours	1 Hour	2 Hours	1 Hour	4 Hours	2 ½ Hours	2 Hours	½ - 1 Hour	< 1-2 Hours

Maryland Institute for Emergency Medical Services Systems
653 W. Pratt Street, Baltimore, MD, 21201

Office of EMS Clinician Services
licensure-support@miemss.org • (410) 706-3666

Maryland Institute for Emergency Medical Services Systems

Renewal of EMT Certification - Frequently Asked Questions for Services

20 hours in categories of
Medical
Trauma
Cardic
Respiratory
Operations

Last 3 years of Annual EMS Updates

Skills Verification from EMSOP

Renewal application will open 90 days prior to the clinician's expiration date.
For July 31, 2024 -->
For January 31, 2025 -->November 1, 2024

Overall Process:

- Clinician submits renewal application
- Office of Integrity Reviews, as needed
- EMS Operational Program electronicall approves skills verification on application
- EMS Continuing Education and Annual EMS Updates are verified by Office of EMS Clinician Services

What is a skills verification?

- See handout
- These skills may be performed independently or as part of a refresher course
- It is the EMSOP's discretion as to whether or not a skills refresher course satisfies the MIEMSS skills verification requirements for a clinician
- If your jurisdiction does not accept the skills completed in a refresher, you may be required to complete a separate verification

Who can complete a skills verification?

- This task may be delegated throughout the EMS Operational Program; however, the delegee must be approved by the EMSOP Medical Director

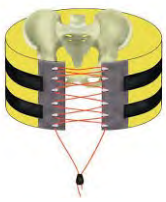
Skills Verifications on the application for renewal must be approved by the EMSOP Service Director

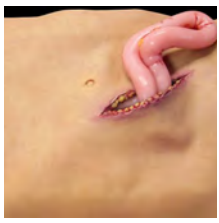
EDUCATOR NEWS

A monthly insight into the BLS Psychomotor Exam
by Office of Clinician Services and Office of State EMS Medical Director

Top stories in this newsletter **November 13, 2023 Volume 1 Issue 1**

Maryland Medical Protocols


Pelvic Binder


Evisceration

Medication Admin

BLS Psychomotor Exam Highlights

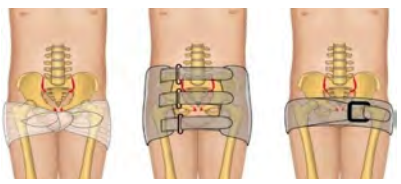
On July 1, 2023, MIEMSS began the pilot of the new BLS Psychomotor Exam that moved the focus away from a check sheet style of testing to a rubric method. The new exam is designed to assess a student's ability to perform as an entry level EMT while working through a medical and trauma scenario through a lens of the protocols.

Scenarios based on *Maryland Medical Protocols for EMS* (MMP)

The exam scenarios are based upon best practices and the *Maryland Medical Protocols for EMS*. The psychomotor cases were re-evaluated and redesigned with the new rubric method applied. There have been some new scenarios created, which will be gradually introduced to allow the MIEMSS scenario review committee an opportunity to review the pass/fail rate and adjust scenarios as needed. This is a primary reason that results given on the day of the exam are marked as "unofficial." Every failed attempt is reviewed by the exam coordinator and reviewed by the State EMS Medical Director if needed.

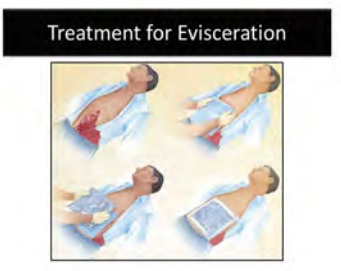
The results of each scenario are analyzed by the MIEMSS scenario review committee and State EMS Medical Director. The goal of this process is to identify patterns of success and failure throughout the state.

Pelvic Binder



One pattern that has emerged is that not all programs are teaching how to stabilize a fractured pelvis. According to MMP (page 147), a pelvic binder should be used if available. A cravat or sheet method is also acceptable to stabilize a pelvis fracture. Students should receive instribution in at least one of these methods.

Evisceration



According to the MMP (page 162), an abdominal evisceration, is a life threatening emergency. This injury meets Trauma Decision Tree Category Bravo (a penetrating injury to the torso). There are two treatment options: application of a moist dressing on the injury with occlusive layer applied over it, or application of an occlusive layer directly on the injury with the final layer of dressing and cravats to hold the dressing in place. The cravats should be secured to the edges of the dressing, so they do not exert direct pressure on eviscerated bowel. The knees should be flexed to release the abdominal muscles to prevent exsanguination.

5 Rights of Medication Administration

In the medical scenario, the "5 Rights of Medication administration" are not consistently being expressed by students. It is important that the testing candidate clearly addresses the "5 Rights" during the scenario. We teach the "5 Rights" to ensure patient safety when receiving medications. We also want to ensure that students will carry this training forward into real patient care encounters.

EDUCATOR NEWS

A monthly insight into the BLS Psychomotor Exam Trends

by Office of Clinician Services and Office of the State Medical Director

December 27, 2023
Volume 1, Issue 2

Top stories in this newsletter

Maryland Medical Protocols

Glasgow Coma Scale


Hemorrhage Control

Pediatric Immobilization Board

BLS Psychomotor Exam Transition

While we transition to a new exam model that assess a student's ability to apply protocol to critical thinking scenarios, we want to share the challenges that are trending in exam results. This allows education programs and educators across the state the opportunity to modify areas in the curriculum that may need more emphasis or add activities to strengthen a student's knowledge/skills/abilities to be successful on the exams and ultimately improve patient care.

Scenarios based on MMP

The exam scenarios are based upon best practices and the *Maryland Medical Protocols for EMS*. The psychomotor cases were re-evaluated and redesigned with the new rubric method applied. There have been some new scenarios created, which will be gradually introduced to allow the MIEMSS scenario review committee an opportunity to review the pass/fail rate and adjust scenarios as needed. This is a primary reason that results given on the day of the exam are marked as "unofficial." Every failed attempt is reviewed by the exam coordinator and reviewed by the State EMS Medical Director on an as needed basis.

The results of each scenario are analyzed by the MIEMSS scenario review committee and State EMS Medical Director. The goal of this process is to identify patterns of success and failure throughout the state.

Pediatric Spinal Motion Restriction

One pattern that has emerged is that not all programs are teaching how to immobilize pediatric patients on an appropriate device. While it is not required to use a specific vendor or device it is important that the pediatric patient be secured to the device so that they are immobilized when there is a neurological deficit, GCS of less than 15, or the patient is unable to ambulate on their own.

***Infant or child car seats are not to be used for a spinal immobilization device

Why is the Glasgow Coma Score (GCS) Important

- Assessment of GCS for trauma patients reflects that the student understands how to do a systematic neurologic assessment (MMP, General Patient Care, Disability, p. 18).
- GCS is an objective, validated score that clinicians in the field and hospital can use to clearly communicate a trauma patient's neurologic status.
- GCS is essential for determining the appropriate category and destination for trauma patients (MMP, Trauma Decision Tree, p. 162).

Hemorrhage Control

As stated (p.145) in MMP, direct pressure should be applied first to control bleeding, followed by a tourniquet if appropriate. While using a gloved hand is acceptable, using a bandage is recommended so that pressure does not have to be released to add the bandage later while accessing the tourniquet. If the area of bleeding is not appropriate for tourniquet consider wound packing and/or hemostatic gauze. In volatile environments, (p. 312)tourniquets are the preferred method of bleeding control and can be adjusted when out of the hot zone.

Maryland EMS For Children

2024 EMS, EMSC & Life Safety Educational Conferences

Winterfest 2024: February 2nd – 4th @ Easton High School

Pediatric Pre-Conference – Pediatric Interactive Trauma Workshop – Friday, Feb 2, 2024

Brochure and Registration Information posted on MIEMSS Website www.miemss.org

Mid-Atlantic Transport Conference 2024: February 26th & 27th @ MITAGS

Register online at: https://www.eventbrite.com/e/2024-mid-atlantic-transport-conference-registration-652901545097?aff=oddtdtcreator&fbclid=IwAR3KFEIHIBKcJOiFo8zZFXOY7BlyrJRkSfuXX6byvOEOw_QJnZiB_DVOVCE

Miltenberger EMS & Trauma Conference 2024: March 8th & 9th @ Rocky Gap

Pediatric Pre-Conference – Practice Makes Perfect – Pediatric Skills & Scenarios – Friday, March 8th

Brochure and Registration Information to follow

Public Fire & Life Safety Educator Seminar: March 23rd

MFRI Headquarters in College Park

Brochure and Registration Information @ **www.mfri.org** under Seminars

Maryland ACEP Educational Conference & Annual Meeting: April 11th

Univ. of Maryland, Baltimore Campus

For more information visit https://www.mdacep.org/2024conf/

ACS Point CounterPoint 2024: May 2nd & 3rd

Baltimore Marriot Inner Harbor at Camden Yards

For more information visit: https://www.maryland-traumanet.com/education/save-the-date-acs-point-counterpoint-2024/

Maryland ENA by the Bay 2024: May 9th & 10th

US Navy Stadium, Annapolis Maryland

Brochure and Registration Information to follow

Maryland State Fire Convention 2024: June 15th – 20th

Ocean City Convention Center

For more information visit https://convention.msfa.org/

Call for Speakers is open through January 31, 2024 (same website above)

EMS Care 2024*: planning is ongoing for a fall conference in a new location*

Pediatric EMS Champions will meet Thursday & Friday before

This star indicates a new conference posting. More conferences & seminars will be added as dates are finalized

Please email educational event dates to the EMSC office at pepp@miemss.org.

To reach the Maryland EMSC office, please call 410-706-1758.

Email: Education to pepp@miemss.org and CPS & OP information to cps@miemss.org

As of January 2, 2024

The Right Care When It Counts
Maryland EMSC 2024 Program

The Maryland EMS for Children program is In Search Of children and youth in Maryland who have demonstrated Steps to Take in an Emergency or Ways to be Better Prepared for an Emergency. Actions taking place January 1, 2023, through December 31, 2023, are eligible for nomination. We will be recognizing children and youth who acted so that others would receive "The Right Care When It Counts." Each nominee will receive a patch and certificate and be eligible for a state award at a ceremony during EMS Week 2024. Questions? Email awards@miemss.org

Children and youth who have met one or more of the following criteria are eligible for Right Care Awards:

1. **Activates the Emergency Response System by calling 9-1-1 in an emergency**
2. **Calls the Poison Control Center in an emergency (1-800-222-1222)**
3. **Provides family emergency phone numbers, address, and contacts to emergency responders**
4. **Knows and practices an emergency plan at home**
5. **Applies knowledge learned in a first aid class**
6. **Performs CPR and/or uses an AED effectively**
7. **Knows his or her medical history (allergies, medications, special needs, etc.) and shares this information with emergency care professionals**
8. **Participates in fire and injury prevention education in the community**
9. **Prepares, with his or her family, to respond to a disaster**
10. **Provides emergency assistance in the community**

Nominations for 2024 Awards are DUE by March 29, 2024 (Friday).

Submit through the online link:

https://app.smartsheet.com/b/form/dc5605d40ced4ae4b77d62cca788ea8b

MARYLAND STARS OF LIFE AWARDS

Each year, the Maryland Institute for Emergency Medical Services Systems (MIEMSS) celebrates EMS Week by honoring men and women across Maryland who have contributed to the EMS system. The eight categories for awards relate to specific incidents occurring from January 1, 2023, through December 31, 2023. For further information, call 410-706-3994, or email awards@miemss.org.

MARYLAND STAR OF LIFE AWARD
This award may be given to an individual, multiple individuals, or teams on the same incident for an outstanding rescue under extreme circumstances by EMS personnel.

MARYLAND EMS CITIZEN AWARD
This award is intended for citizen rescuers who have demonstrated quick thinking, fast action, and heroism.

EMS CLINICIAN OF THE YEAR
This award recognizes a clinician who has made outstanding contributions in the past year to the continuous improvement of emergency medical services in Maryland (for example, in the areas of quality assurance, public or EMS education, prevention, delivery of EMS services, and new technology).

EMD CLINICIAN OF THE YEAR
This award is given for extraordinary efforts in assisting the public through dispatch in this vital portion of the Chain of Survival.

OUTSTANDING EMS PROGRAM
This award recognizes a program that offers an innovative approach to reducing death and disability. The program must be affiliated with an EMS system component, such as a hospital, educational facility, rescue squad, or EMS organization.

LEON W. HAYES AWARD FOR LIFETIME EXCELLENCE IN EMS
This award is given to an individual who has devoted a lifetime of dedication to excellence in patient care, compassion and respect for each patient, and commitment to continuous improvement of the Maryland EMS system through his/her professional and personal life.

MARYLAND EMS-CHILDREN (EMS-C) AWARD
This award is given to an adult or program that has demonstrated ongoing dedication and commitment to improving the care for children and for promoting Family-Centered Care in a Maryland EMS program or hospital.

MARYLAND EMS-GERIATRIC (EMS-G) AWARD
This award is given to an individual or program that has demonstrated ongoing dedication and commitment to improving the EMS care of the elderly in Maryland.

Nominations for 2024 Awards are DUE by FRIDAY, MARCH 29, 2024.
Submit through the online link:
https://app.smartsheet.com/b/form/8bbe19fab5914734a84acc67beff8a7f