



## Commercial Ambulance Services Advisory Committee

### Meeting Minutes

Wednesday, March 17th, 2021

MIEMSS Virtual (GoTo Meeting)

#### Representatives Present:

**CASAC Chair:** *Will Rosenberg – Butler Medical Transport*

**SOCALR:** *Scott Legore (Acting SOCALR Director), Deb Shaw-Simmont (Administrative Officer)*

**MIEMSS Staff:** *Dr. Ted Delbridge (State EMS Executive Director) Dr. Tim Chizmar (State EMS Medical Director), Sarah Sette (MIEMSS AAG), Cyndy Wright-Johnson (Director EMS for Children), Pat Gainer (MIEMSS Deputy Director)*

**Virtual/Remote Attendees:** *Mike Rosellini (East Coast), Mike Moretti (Keystone), Jill Dannenfelser (PEMAC), Tyler Stroh (Med-Care), Adam Cole (Vesper), Bobby Harsh (County), Mark Buchholtz (Procure), Charles Boone (Procure), Jimmy Pixton (AAA), Tedd Winneberger (UMMSC-MD Express Care), Cory Skidmore (Hart to Heart), Gary Rains (Butler), and Leigha McGuin (MD Express Care), John Damiani (Christiana Care), Debbie Ailiff (Procure), Eli Dinerman (Pulse), Matt Larrabee (FreeState), Susan Rainey (Nemours), Jason Bowen (AMR), and Heather Stamey (MedStar)*

#### Introductions:

The meeting was called to order by Chairman Will Rosenberg at 13:04 hours; roll call/introductions were made. A motion was made and seconded to accept the meeting minutes as presented. Meeting minutes from March have been approved.

#### State EMS Medical Director's Report – Dr. Timothy Chizmar

Dr. Chizmar shared that the protocol rewrite is in full swing and we will have the new information for release in July of this year. Regarding BLS requirements go, a Glucometer and Albuterol will be standard equipment required for all BLS units. As part of the protocol roll-out as well, the stroke protocol regarding large vessel inclusion is also in full swing. Lastly, for those recertifying ALS clinicians, the State content is now available online and there is 10 hours of Con-Ed completely online and we are asking that all ALS clinicians have this completed by this time next year.

Dr. Delbridge let CASAC know that any commercial clinicians are welcome to register and receive their vaccine at the MIEMSS clinic. Also, regarding the timeline of people who need to be credentialed, the extensions are going to be coming to an end and for the sake of clarity, we will be establishing deadlines for the end of December 2021 for EMT's and the end of October 2021 for ALS clinicians to end whatever extension they may be on. Those on a provisional status have a different arrangement and they didn't expire in the same kind of way, so they will have 30 days after the Governor's order has expired.

#### AAG's Report



## Commercial Ambulance Services Advisory Committee

Sara Sette informed CASAC that regarding legislation, there are no new updates regarding the bills that MIEMSS is perusing. At the moment, there is a lull in the proceedings and nothing is moving quickly. If anyone is interested, the hearing are recorded if anyone wants to be able to see this in real time.

### SOCALR Report

Scott Legore informed the group that those services that are due for renewal in the months of March and April have been sent their renewal packets and some inspections have been scheduled already. Those who have renewal dates in May and June will be getting their renewal packets within the next week or two. With regards to the EMS Board, they decided not to meet in March and therefore the Neonatal changes have been delayed for a month. They should be considered by the Board next month and should go into effect in early May. We still continue to review the QA information and data and Scott Barquin has been heading this review and has been in contact with many of you as he works to improve the data imports, specifically the provider numbers.

The July Protocol updates, so you are aware, BLS units will be required to carry Glucometers on their units and it will be a required skill for BLS providers. We are also adding Albuterol as a BLS medication, so please plan accordingly as these will both be requirements in July of 2021. Along with that, the BLS only commercial services will be required to obtain a CLIA Waiver for the use of the Glucometer. Those services have already been contacted by SOCALR and as a reminder, we require a copy of that CLIA Waiver to be kept on file with us. In addition, regarding ALS units, we will be adding a second NDT needle as a requirement to the ALS inventory, which is in line with the July protocol changes. As a reminder to those who wish to use or continue to use high-flow nasal cannulas, requires an OSP, so if you haven't already, please make sure you submit them to us as quickly as possible.

The EMS awards are here again, and Deb attached the list of them to the agenda for today's meeting. If you have someone who should be recognized, please make sure to do so...last year there were several opportunities that were not taken and several awards were not awarded.

The EMS Manager position has been posted and we are currently interviewing for that position. We hope to have a candidate by April. The EMS Medical Director Symposium is April 14<sup>th</sup> and Deb sent out a link earlier this week with the information and the registration information as well. MIEMSS continues to staff and run one of the vaccine clinics which SOCALR is assisting at. If you have any clinicians that still need to get vaccinated, they can register and do so at MIEMSS.

Regarding the Governor's orders, he put out several last week, one of them said that basically said all licenses and certifications that were extended through his State of Emergency will now end on June 30<sup>th</sup>, so please be on the lookout for information from MIEMSS regarding that and there will most likely be a fixed date sometime in the Fall when these extensions will end and everyone will need to be in compliance. This will also be affecting all driver's licenses, registrations, and inspections so please be aware that all these will need to be up to date as well.

### MIEMSS Licensure and Certification Report



## Commercial Ambulance Services Advisory Committee

Terrell was not available, however, Melissa Meyers shared on his behalf that the renewal period for BLS Clinicians that expire on June 30<sup>th</sup> will begin on/around April 1<sup>st</sup>. Clinicians that don't renew their licenses prior to the normal expiration date are being placed on month-to-month extensions and those who are already on extensions, we are encouraging them and anyone who needs to be renewed, begin the process as soon as possible as we are waiting for further guidance from the latest order that Gov. Hogan released on March 9<sup>th</sup>. We are also asking that provisional clinicians to meet those requirements as soon as possible so they can transition to a full credential. Information for this can be found on the MIEMSS website as well. Lastly, regarding the protocol orientation, so far we have used this on the ALS side to license 88 clinicians since we released it at the beginning of the year and it is scheduled to be updated to reflect the implementation of the 2021 protocol updates.

### **MIEMSS EMS for Children – Cyndy Wright-Johnson**

Cyndy mentioned that there is 12 hours of Con-Ed available through the classes/seminars at Winterfest for any clinicians who are looking for training.

### **Committee Report – SCT Subcommittee – Will Rosenberg**

No report.

### **Committee Report – PEMAC Report – Jill Dannenfelser, RN**

Jill shared that there was nothing new to report. Cyndy added that the focus of PEMAC has been the online surveys that all of the 911 EMS Operational Programs that had to do and launch it to all 49 hospitals. If you have any agenda items for us we will meet again in May.

### **Committee Report – SEMSAC – Mike Rosellini**

Jim Pixton spoke on behalf of Mike Rosellini, who was running late, that there was no new information to report as the last SEMSAC meeting had been canceled.

### **Committee Report – Legislative Subcommittee Report –**

No report.

### **Committee Report – MIH Committee – Deb Ailiff**

Mark Buchholz shared there was no report this month.

### **New Business – Will Rosenberg – and Open to the Floor**

No report.



## Commercial Ambulance Services Advisory Committee

### Old Business – Open to the Floor

The floor has been open to discuss the commercial services staffing issues with Dr. Delbridge, Dr. Chizmar and the members of CASAC. Jim Pixton will be leading this discussion and begins with clarifying the proposal of EMR's. EMR's have been utilized by BLS continually and the proposed change was to include the use of EMR's for ALS. We did a time consuming and extensive study, nationwide (slides were provided during this meeting) looking at what the minimum certification required is for BLS driver's. According to the information that was received, there are currently 30 States that do not require an EMS provider, however, they require some kind of EVOC class. 20 States require EMS providers, however, during the pandemic those States made concessions to allow EMR's to drive. In reviewing the information provided by these States, Jim shared that most of them are going to transition into allowing EMR's because of how well things went during the pandemic. Jim said that he agrees that there needs to be a second EMS provider for ALS transports however, it is not necessary for BLS transports and the EMT's for BLS transports can be utilized in much better ways, especially with the wait times for transports.

Will opened the floor for questions before Dr. Delbridge and Dr. Chizmar speak to this topic. Rob from Pulse commented stating that he understands MIEMSS hesitation, however, Rob agrees that the private sector should be able to use a driver (EMR) and not necessarily an EMT. Rob also pointed out that being an EMT does not necessarily make you a better driver. Rob compared the hesitation that was there during the transition from the requirement of dual paramedics. Rob is also in favor of providing EVOC, CPR, and First Aid certification (the EMS version). Jim reiterated the importance of requiring EVOC, CPR, and First Aid for the drivers. Jim asked Will if anyone in our commercial services that opposed this and the answer is no. Mike Rosellini from East Coast contributed by saying this also may be an opportunity to bring more EMS workers into our industry. They currently do this in Delaware, bringing EVO's in at an entry level and giving them the opportunity to grow in their position by becoming EMT's or higher. This process works very well in Delaware and is hopeful that Maryland will adopt a similar practice.

Dr. Chizmar suggested taking a step back and reviewing the reason for this discussion today, which is EMS shortages and will this change alleviate the staffing shortages that you are experiencing today. Secondly, regarding training, the EMR curriculum covers the requirements you mentioned along with blood borne pathogens, lifting, and other training you provide. Regarding the comment from the prior meeting, MIEMSS would like to see if there is an alternate solution that lets MIEMSS help to break down the barriers commercial services are facing with regards to having properly trained personnel. Will shared that although he is in agreement that the EMR curriculum does cover that training, the National Registry level is much more expansive than the State level and therefore, the process as it currently stands does not work efficiently for what we are proposing. That is currently a huge barrier. Jim shared that they get about 10 applications a week for drivers and maybe one application a month for EMT's and we do not get any applications for EMR's as they are basically non-existent. Jim stated that he can have an employee through EVOC training, CPR, First Aid, Blood Borne Pathogens, etc., in approximately a week versus months through the National Registry requirements.

Dr. Chizmar asked questions regarding compliance, having a driver (outside MIEMSS purview) who could have a criminal record, or other issues, even though they are just driving, they still interact with the patients; and even though most of those patients are medically stable, there will still be those times when a patient is experiencing medical issues they may not have medically qualified people there to



## Commercial Ambulance Services Advisory Committee

help which increases the patient's risk due to the extended length of the medical transport, what do you do then? Jim Pixton asked if we (MIEMSS and or the Public Service Commission) could work to put together an EVOC certification program. Sara Sette stated that kind of a proposal/change would need to go through legislature and require a statutory change. The agency is able to make some policy changes, but this is currently the law and would require the law to be changed. Eli Dinerman shared that he teaches a EMS class and he asked his students why they were taking this class and all responded saying the same thing...this class is a requirement for the degree I am working towards, but none of them have an intention of working in EMS. Sara asked what degree they were perusing. Eli said it was the Emergency Management Public Safety degree.

Anna Gainor commented on the barriers that commercial services face, one of which being the expansive requirements of the National Registry. Anna suggested that maybe one of the Commercial Services could present to MIEMSS, for approval, the course study they use for onboarding new staff members. As far as Anna knows, the following are included with most companies onboarding policies: blood borne pathogens, lifting and movement, agility training, CPR, First Aid, EVOC, OSHA Regulations, Hazardous Materials, etc., which is also part of the EMS curriculum requirement, so why couldn't we (commercial companies) be able to have approval from MIEMSS to let that training qualify a person to drive and ambulance, if it is already a part of the training that EMT's and Paramedics already receive from us? Dr. Chizmar indicated that they have been investigating that idea, however, there may be a need to create another level of certification between driver and EMR, and however, this is still in discussion.

There was a great deal of passionate discussion surrounding the use/requirement of an EMR and EMT and the National Registry. Dr. Delbridge stated that the other research he received was that most require some kind of certification. Changing the law is one approach, however, a very long process. Dr. Delbridge asked what the other barriers are that commercial services are currently facing with regards to staffing and acknowledges that the National Registry testing may be a difficult obstacle to overcome for some, but for the majority it isn't? Because it sounds like you are willing to teach course material that is already structured and available through the EMS courses and the only objection is the test at the end, is there other barriers we haven't discussed yet? Are there things we can do to make that easier, more frequent, or more possible? I find myself philosophically opposed, I guess, stated Dr. Delbridge, further asking the purpose of diluting the ability of someone else lending a hand when the EMT needs help and being able to treat a patient as a patient and not as a "box" due to the lack of training, we recognize the infrequency in which this might happen, however, what do we do to keep the ability of staff to treat the patient as a person and not as a package we are delivering? The current process gives us the security of being able to provide the proper care. Jim Pixton asked Dr. Delbridge why MIEMSS over regulates the commercial industry and not 911? There was some lively discussion, but in summary the question comes down to, what do we do if there is a medical emergency with one of the patient's you are transporting and the people staffing that transport are not educated and trained properly to assist the EMT? What happens to the patient? Dr. Delbridge acknowledged the regulations both for 911 and commercials and is currently trying to find a way to bridge these together and find something that works. Dr. Delbridge suggested forming a work group to take this task on. Do the research, find the statistics, and put together a cohesive plan moving forward on how to overcome the existing barriers. Anna Gainor spoke up and agreed to lead that work group. Will suggested what if we allow EMR's go back to State certifications and still have the State regulate the curriculum but it at least gives us a path forward because, to my mind the biggest barrier is the National Certification for EMR when it



## Commercial Ambulance Services Advisory Committee

really isn't on par with the requirements of the State. Will asked Dr. Delbridge about some left over funding that might be available to help with additional classes as a short term solution. Dr. Delbridge agreed that there would be funding available if we can find appropriate solutions. Jim Pixton asked what that States suggestion would be because there is a patient and family members affected by the shortage? Scott Legore stated that the State doesn't have a concrete solution and feels that lowering the requirements is not necessarily the best way to go, which is why we brought this discussion to the group. We all agree that the shortage is at a crisis level and currently we know that the eta's are much too long, Dr. Chizmar asked if the long eta's are an issue, do commercials subcontract those transports to other services who may have shorter times? Will responded that some services do, however it is not the normal practice. Heather mentioned from both the commercial and the hospital perspective, the wait times are a real problem as it clogs the whole system. Chuck from Procure mentioned that he often reaches out to other services to help with eta's. Dr. Chizmar suggested that we should not be beholden to just one solution, this is a work shortage issue and that we do not limit ourselves to only one solution. All were in agreement that multiple solutions are needed as this will only get worse over the next few years. Jim pointed out that this issue was causing problems long before the pandemic and was trending this way and it is a real reality that we are causing extra day stays because we can't transport the hospital patients faster. If we can figure out solutions, test them out, and move forward then maybe we can start to lessen the eta issues, Jim stated that in his opinion, this situation is an emergency and we need to address it quickly. We need short term and long term solutions.

For those who are interested in getting involved in the work group should email Deb at SOCALR and let her know and she will forward those contacts to Anna immediately.

### **For the Good of the Committee – Open to the Floor**

No report.

### **Adjournment – Will Rosenberg, CASAC Chairman**

CASAC meeting was adjourned at 14:43 hours. The next CASAC meeting will be on Wednesday, July 15<sup>th</sup>, 2021 at 13:00 hours. This meeting will be held virtually.