



State Emergency Medical Services Board

June 8, 2021, 2021

Virtual Meeting

Agenda

State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

653 West Pratt Street
Baltimore, Maryland
21201-1536

*Larry Hogan
Governor*

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

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

*410-706-5074
FAX 410-706-4768*

- I.** Call to Order – Chairman Stamp
 - Call the role
- II.** Approval of the minutes from the May 11, 2021 EMS Board minutes
- III.** MIEMSS Report – Dr. Delbridge
- IV.** SEMSAC Report – Mr. Tiemersma
- V.** MSPAC – Major Tagliaferri
- VI.** RACSTC – Dr. Snedeker
- VII.** MSFA Update – Ms. Tomanelli
- VIII.** Old Business
- IX.** New Business
- X.** Adjourn to Closed Session

Adjourn to closed session to carry out administrative functions, to consult with counsel, to obtain legal advice on pending disciplinary actions under General Provisions Article §3-305(b) (7), and to maintain certain records and information in confidence as required by Health Occ. Art. §14-506 (b) under General Provisions Article §3-305 (b) (13).



**State Emergency Medical Services Board
June 8, 2021
Via Video Conference Call Only
Minutes**

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Board Members Present: Clay Stamp, Chairperson; Sherry Adams, Vice Chairperson; Stephan Cox; William J. Frohna, MD; Dany Westerband, MD; Sally Showalter, RN; Wayne Tiemersma; Mary Alice Vanhoy, RN; Mr. Scheulen; Dean E. Albert Reece, MD

OAG: Mr. Magee; Ms. Sette

RACSTC: Dr. Snedeker

MSFA: Ms. Tomanelli; Second VP McCrea

MSPAC: Captain DeCoursey

Other: Chris Montera - ESO

MIEMSS: Dr. Delbridge; Ms. Gainer; Ms. Aycock; Mr. Bilger; Mr. Brown; Mr. Buckson; Ms. Chervon; Dr. Chizmar; Dr. Floccare; Mr. Huggins; Mr. Legore; Ms. Mays; Ms. McAlister; Ms. Wright-Johnson; Ms. Goff

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

Chairman Stamp thanked the MIEMSS staff for all the work they have done this past year. He said that all are proud of MIEMSS for the leadership they have shown during the pandemic. He also thanked the EMSOF and our partners, as Maryland is one of the few states that have a statewide emergency medical system. He added that the Board looks forward to continuation of several of the initiatives developed under the Emergency Order.

Chairman Stamp recognized the service of the fallen fire fighters and EMS personnel honored at the Fire Fighters Memorial held on July 6, 2021, in Annapolis. He noted the recent passing of Gary Jones, an original paramedic in Talbot County who spent his life in service building a cardiac care program in Easton.

Chairman Stamp asked for approval of the May 11, 2021, EMS Board meeting minutes.

ACTION: A motion was made by Dean Reece, seconded by Mr. Tiemersma, and unanimously approved by the Board to accept the May 11, 2021, minutes as written.

MIEMSS REPORT

COVID-19 Update

Dr. Delbridge said that hospitalizations for acute care beds and critical care beds are down to levels not seen since last March. He added that each day queries to hospitals through the FRED system regarding hospital capacity and current census status collected by MIEMSS

staff members, who work with MDH and MHA to validate the data. Patients continue to be cared for at the alternative care sites, including Laurel Regional and the old Washington Adventist Hospital in Takoma Park. The Baltimore Convention Center (BCC) alternative care site stopped accepting new patients; but it may re-open should there be a new surge in COVID patients. The BCC continues as a testing center, monoclonal antibody infusion site and COVID vaccine center.

Cardiac Arrest Termination of Resuscitation (TOR)

Dr. Delbridge said Maryland is the only state testing cardiac arrest TORs for COVID on a statewide basis. In some cases, the first symptom of COVID is cardiac arrest. He said that the most prolific testing has been in Montgomery County. The test positive rate was zero in May, but it has started to tick up in June.

Critical Care Coordination Center (C4)

Dr. Delbridge gave an overview of the staffing for the C4. He said that MIEMSS is facilitating communications for the referral and transfer of patients needing ICU care from hospitals without sufficient ICU beds to other hospitals with ICU bed availability. So far, MIEMSS has taken 1015 calls requesting assistance with ICU patient transfer since the start of C4, averaging six calls per day. Every Maryland hospital has worked with the C4 in placing and receiving patients. The C4 assisted with the handling of about 40% of calls via physician consultation only, with no patient transfer required. Dr. Delbridge gave an overview of the referring and receiving hospitals.

Dr. Delbridge said that there is provisional funding for C4 for the first few months of FY22. There is interest in continuing this program after the Emergency order ends.

MIEMSS' @HA (Ambulances at Hospitals Dashboard)

Dr. Delbridge provided screen shots of the @HA Dashboard and @HA App for cell phones showing locations of ambulances at hospitals. He said that the App allows clinicians to filter the display to show hospitals of interest. Sign up for the App at <https://aha.miemss.org> for desktops, iPhones and androids.

Stars of Life Awards

Dr. Delbridge said that for approximately three weeks MIEMSS crisscrossed the State presenting Stars of Life and Right Care When it Counts awards to recipients. He gave an overview of a few of the scenarios that resulted in the awards.

Whole Blood in the Field

Dr. Delbridge

The Maryland Medical Protocols for EMS

Dr. Delbridge said that Maryland is one of a few states whose air medical program does not carry blood products. Dr. Floccare spent numerous hours working with coordinating with the Maryland Blood Bank, the University of Maryland Medical Center and the American Red Cross to advocate for whole blood use. Although the Board approved the use of whole blood on air transports, there have been extraordinary challenges in the blood supply. Procurement of blood products has been extremely difficult. It has been suggested that a statewide oversight structure be developed similar to systems in Northern Virginia and San Antonio, TX, based on the current hospital structure for monitor blood procurement and tracking. This would lend a hospital-like credibility to the planning. One of the challenges could be that this could expand whole blood usage to other EMS institutions throughout the state. Dr. Delbridge will update the Board as strategies are established.

Dr. Reece suggested that Dr. Floccare discuss this issue with Dr. Alan Doctor who is working to procure a grant to develop synthetic blood products. Dr. Delbridge said he would link Dr. Floccare with Dr. Doctor.

Medicaid Supplemental Payment Program

Dr. Delbridge said that MIEMSS has been working with MDH and CMS for over a year to develop the Medicaid Supplemental Payment Program. The Supplemental Payment Programs helps to rebalance reimbursement by calculating the appropriate portion of federal reimbursement for the unreimbursed costs of providing services to Medicaid patients. He gave an overview of the process for applying for reimbursement and the qualifying factors, including being a designated jurisdictional EMS operational program that receives funds by public (tax) dollars directly; billing Medicaid for EMS transports; and documenting expenses. Dr. Delbridge said that executed MOUs with Maryland Medicaid are due by July 15, 2021, and cost reports due 6-months thereafter to complete the cost accounting for reimbursement. Jurisdictions that do not qualify this year have the opportunity to redefine how funding flows through their system to be eligible in the future.

Chairman Stamp commended Dr. Delbridge and Ms. Gainer and the MIEMSS team for stepping into this arena. The Board appreciates MIEMSS leadership for taking this on for the Maryland EMS operational programs. Dr. Delbridge recognized the Medicaid team at MDH for their work on the project.

Governor's Executive Order #20-03-19-03 Augmenting the EMS Workforce

Dr. Delbridge said that under the authority of the Executive Order, MIEMSS developed the Viral Triage Protocol, changing the configuration of BLS Commercial Ambulances, the created nearly 1500 Nursing and 100 Respiratory Therapy Externs, and 800 EMT vaccinators. MIEMSS is assessing the impact of the end of the Executive order has on EMS and the Healthcare System for all nine initiatives that were implemented under the Executive order.

EMS Operational Programs (EMSOPS)

Dr. Delbridge said that there are three types of EMS Operational Programs: (1) Jurisdictional, (2) Commercial Ambulances Services and (3) other entities such as the military, wilderness rescue programs, law enforcement and MFRI. He said that our approach to EMSOPs is based on perspective of the EMS system at the time the regulation covering EMSOPs was approved, which was in 1999. At that time, existing JEMSOPs that were recognized by MIEMSS for the purpose of provider affiliation on 12-31-1998 did not have to apply to become a JEMSOP if they met the requirements of the new regulations, so were essentially "grandfathered-in." Although the regulations indicated that other entities wishing to become a JEMSOP must apply to MIEMSS for recognition as a JEMSOP, there was no specificity for the types of entities in the third category. Under the MIEMSS statute, Ed. Art. 13-517 (a) (5), a JEMSOP is defined as an "...institution, agency, corporation or other entity that has been approved by the EMS Board to provide oversight of emergency medical services for each of the local government's State and federal emergency medical services programs.

Dr. Delbridge said certain other governmental entities not currently approved as JEMSOPs had inquired about applying for approval. He said a definition of a JEMSOP (or some updated term) is needed as the authority responsible for ensuring the delivery of EMS, more specificity regarding JEMSOPs responsibilities and required commitments; and identification of other types of JEMSOPs (or some updated term), their responsibilities, and how they fit in the EMS system.

Dr. Delbridge advised the Board that he has requested that SEMSAC take on the task to review and provide advice regarding steps toward possible regulatory updates. Dr. Delbridge said that this is not a quick turn-around project and may require "build-in-flight" aspects.

Automatic External Defibrillators (AEDs)

Dr. Delbridge said that Maryland has a Public Access AED program defined in Education Article, §13-517 which established the Public Access AED program, provides that the EMS Board establish rules and regulations, the Board can delegate any responsibilities for the program to MIEMSS and offer immunity for acts of omission or commission if the rules are followed. The Board has delegated administration of the program to MIEMSS.

Dr. Delbridge gave an overview of the current Public Access AED registration process, which is administered by Ms. Rose in the Region IV office using an online registry program. Dr. Delbridge said that the current computer registry program is being challenged by a third party vendor that say that there is no evidence the Board designated MIEMSS as the administrating authority of the Public Access AED program. COMAR 30.06.02.04 states “*A facility seeking registration or renewal of registration shall submit an application and all required documentation to MIEMSS on the form required by MIEMSS*”. He added that MIEMSS is reviewing the information requested on the online AED registry to assure only needed data is collected. MIEMSS believes it has the authority under regulation and statute to request the information it deems appropriate and necessary for administering the program and the data be collected in the format and process it prescribes.

Dr. Delbridge asked the Board to consider re-affirming delegation of responsibility to MIEMSS for administering the statewide Public Access AED program to include collection of information MIEMSS to be appropriate and necessary for administering the program an using the format and process for the collection of information by MIEMSS.

A discussion regarding the regulation for public access AEDs ensued.

ACTION: A motion was made by Dean Reece, seconded by Ms. Adams, and unanimously approved by the Board to re-affirm delegation of responsibility to MIEMSS for administering the statewide Public Access AED program to include collection of information by MIEMSS as deemed appropriate and necessary for administering the program an using the format and process for the collection of information by MIEMSS.

SEMSAC REPORT

Chairman Tiemersma said that he is excited to take on another project for SEMSAC working on the JEMSOP regulation.

Chairman Tiemersma said that the SEMSAC met on June 3, 2021. The BLS Committee reported that it discussed issues with incomplete paperwork, including rosters, from instructors in the EMT and EMR programs. The Committee is working to rectify this. He said the Regional Affairs Committee is working to finalize the Cardiac Arrest grants.

SEMSAC discussed projected EMS staffing issues over the next five years and ways to mitigate it.

MIH workgroup is finalizing the educational criteria for MIH programs.

MSPAC

Captain DeCoursey gave an overview of the Lt. Governor’s visit to MSP Aviation Command.

Captain DeCoursey shared information on employees who recently received awards from Aviation Command, the State Employees Risk Management and for the EMS Stars of Life. He also announced two Aviation Command retirements.

RACSTC REPORT – No report

MSFA

1st VP McCrea shared greetings from the officers and members of the MSFA. VP McCrea said the MSFA Convention is virtual this year. A detailed convention schedule is online at www.convention.msfa.org He said most online classes are prerecorded with 10 live session via zoom.

VP McCrea thanked all state partner who provided training seminars for the convention.

OLD BUSINESS – N/A

NEW BUSINESS – N/A

ACTION: Upon the motion of Dr. Westerland, seconded by Ms. Vanhoy the EMS Board adjourned to closed session.

Adjourn to closed session to carry out administrative functions, to consult with counsel, to obtain legal advice on pending disciplinary actions under General Provisions Article §3-305(b) (7), and to maintain certain records and information in confidence as required by Health Occ. Art. §14-506 (b) under General Provisions Article §3-305 (b) (13).

In closed session:

Board Members Present: Clay B. Stamp, NREMT P, Chairperson; Sherry Adams, Vice Chairperson; Sally Showalter; Stephan Cox; William J. Frohna, M.D.; Wayne Tiemersma; Mary Alice Vanhoy, RN; Dany Westerland, M.D.; James Scheulen, NREMT P; Dean E. Albert Reece, M.D.

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

OAG: Mr. Magee; Ms. Sette

In Closed Session:

1. The Board considered Provider Review Panel appointments; and
2. The Board considered disciplinary matters.