



**State EMS Board
September 12, 2023
Virtual Meeting**

- I. Call to Order – Mr. Stamp
 - Call the role
 - Approval of the August 8, 2023 EMS Board meeting minutes
- II. MIEMSS Report – Dr. Delbridge
- III. SEMSAC Report – Chairman Smothers
- IV. MSPAC – Major Tagliaferri
- V. R Adams Cowley Shock Trauma – Dr. Snedeker
- VI. MSFA – Mr. Smothers / Ms. Loveless
- VII. Old Business
 - COMAR 30.02.02 – Proposed regulation changes – ACTION – Ms. Pierson
 - COMAR 30.09.12 – Commercial Services regulations – FINAL ACTION – Ms. Pierson
- VIII. New Business
 - Limited scope medical direction – INFORMATION – Dr. Chizmar
- IX. 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
September 12, 2023
Video Conference
Minutes**

Board Members Present: Clay B. Stamp, NREMT P, Chairperson; Dany Westerband, MD; Stephan Cox; William J. Frohna, M.D.; Molly Marra; Mary Alice Vanhoy, RN; Tom Scalea, MD; Jim Scheulen

Board Member Absent: Sally Showalter; Eric Smothers

MSPAC: Major Tagliaferri

RACSTC: Justin Graves

MSFA: 1st VP Carey; Ms. Loveless

OAG: Mr. Malizio; Ms. Pierson, Ms. McAlister; Ms. McAllister

MIEMSS: Dr. Delbridge; Dr. Chizmar; Mr. Abramovitz; Dr. Anders; Dr. Barajas; Mr. Bechtel; Mr. Bilger; Ms. Chervon; Dr. Chizmar; Mr. Cooney; Mr. Ebling; Ms. Gainer; Mr. Fiackos; Dr. Floccare; Ms. Gainer; Ms. Hall; Ms. Hammond; Mr. Huggins; Mr. Kelly; Mr. Kitis; Mr. Legore; Mr. Linthicum; Mr. Parsons; Mr. Robertson; Mr. Sidik; Mr. Tandy; Ms. Wilson; Ms. Witmer; Dr. Wooster; Ms. Wright-Johnson; Ms. Goff

Chairman Stamp called the meeting to order at 9:04 am and proceeded with calling the role. He thanked the MIEMSS staff for the work they do every day, and the EMS system partners for their continued support of the EMS system. Chairman Stamp said as we all look back 22 years ago on the tragic day of September 11th, and as a result of that tragedy, an amazing coming together of our country occurred. We saw that same thing happen during COVID as communities met the needs of their fellow citizens. As part of the glue that holds the EMS system together, we thank our EMS community for their service.

Chairman Stamp asked for approval of the August 8, 2023 EMS Board meeting minutes.

ACTION: Upon the motion made by Dr. Westerband, seconded by Dr. Frohna, the EMS Board unanimously approved the August 8, 2023 EMS Board meeting minutes as written.

MIEMSS Report

COVID-19

Dr. Delbridge said that there continues to be an uptick in the number of COVID hospitalizations. He added that the graphics showing the number of adult COVID-19 patients in acute care and the ICU are provided by Jeffrey Huggins, Michael Cooney and additional MIEMSS team members who query the hospitals, who reliably provide census data every day. The information is processed through MDH and CRISP. Dr. Delbridge said that as of last week, MIEMSS has reduced the number of questions asked and will only be querying the hospitals Monday through Friday.

Patient Transfer of Care Intervals

Dr. Delbridge reported that since January 1, 2024, EMS has transported approximately 386,000 patients.

Dr. Delbridge said that 90% of the time EMS should be able to effect a 30 minute transfer of patient care to hospital emergency department staff. Dr. Delbridge provided a graphic showing that more than half of Maryland emergency department struggle with attaining the 30 minute patient transfer of care time.

MIEMSS continues to work with the Health Services Cost Review Commission (HSCRC) on the Emergency Department Dramatic Improvement Effort (EDDIE) project working with hospitals to encourage the development of plans to increase ED throughput (ED arrival to admission, ED arrival to discharge, and EMS-to-ED transfer times) to increase using the Emergency Department quality metrics related to time of service.

Emergency Department Throughput Workgroup

Dr. Delbridge said that, although legislation did not pass regarding creating a taskforce to work on ED wait times, legislators directed MHA, with MIEMSS' assistance, to work on policy initiatives regarding ED throughput.

Mr. Scheulen said that the Maryland Hospital Association (MHA) and hospitals are trying to make sure that HSCRC is aware that this is a hospital issue and that the HSCRC are misguided in their attempt to look at ED performance factors. This is a hospital occupancy issue. The message from hospital is that we want to have efficient EDs and efficient hand-off times; patients are waiting for available in-patient beds after admission. This is not an ED problem.

Along with MHA, MIEMSS and hospital personnel the workgroup includes state legislators, members of the public, MHCC and HSCRC. Hospitals have made it clear to the HSCRC representatives that this is a hospital issue and not an ED issue. The challenge is defining actionable steps that have not been tried in the past.

Dailey, approximately 25% of patients are boarded in the ED after completing their emergency department care by mid-morning each day.

Commission to Advance and Strengthen Fire Fighting and Emergency Medical Services Within Maryland (SB 414 / HB 788)

This legislation established a Commission to study and make recommendations regarding: (1) the effectiveness and viability of uniform incentives, offerings, or practices employed in other states to attract, support, and retain individuals in firefighting and EMS roles; (2) the suitability of comparable or similar incentives, offerings, and practices as compared to the landscape of the

State; and (3) any other global issues the Commission may consider useful in enhancing and supporting career and volunteer fire fighting and EMS in the State.

The Commission, organized by the Department of Labor, chaired by Fire Chief Tiffany Green, PG County and Kate Loveless, Executive Director, MSFA includes MIEMSS, MFRI and two representatives designated by the MSFA. The Commission has sent out a recruitment and retention potential strategies survey. MIEMSS assisted in sending out the survey with approximately 1000 surveys completed the first day.

Dr. Delbridge said that MIEMSS has been working with the National Association of State EMS Officials (NASEMSO) over the last year on workforce measures. The Maryland EMS workforce has been stable over the last few years. Although Maryland's EMS workforce numbers are steady, the number of active paramedics, those who have completed eMEDs reports over the last six months, is down.

EMT Education Stipend

Dr. Delbridge said that all 500 stipends have been allocated to EMT students with 71% completion and a 6.8% attrition. MIEMSS received a no cost extension of the CDC workforce development grant through MDH for students who had not completed the EMT course prior to the end of FY 23 or have not taken / passed the National Registry exam. Dr. Delbridge gave a breakdown of the educational institutions of participating students and said that the funding is distributed to students as they complete various milestones, culminating when the student passes the NREMT exam.

Commission to Study Trauma Center Funding in Maryland (SB 493 / HB 675) –

MIEMSS and the Maryland Health Care Commission (MHCC) are co-chairing and staffing the Commission to study the adequacy of funding for designated trauma centers for their operating, capital and workforce costs. By December 1, 2023, the Commission is to report findings and recommendations regarding changes in staffing, recruitment, compensation or other factors that would impact the funding needed to operate a trauma centers, the amount of funding needed to adequately fund trauma centers, and other factors.

Dr. Delbridge said the Commission is currently focusing on the uncompensated costs attributable to regulation compliance of trauma centers and is waiting for completion of a survey of trauma center costs by hospitals. In addition, the legislature has allocated 9.5 million dollars to be distributed to trauma center, either in one fiscal year or spread out over time, by the MHCC. MIEMSS is assisting by providing data from the Trauma Registry.

The next Commission meeting is scheduled for September 29, 2023.

Medicaid Supplemental Payment Program

Dr. Delbridge said that Medicaid Supplemental Payment Program for EMS is to rebalance Medicaid reimbursement by providing the federal portion of Medicaid reimbursement, which is half of the remainder of allowable costs after Maryland Medicaid pays \$125.00 per transport State portion. Dr. Delbridge provided information on utilization of monies received by the jurisdictions that sought reimbursement.

Maryland EMS Operations Fund (MEMSOF)

Dr. Delbridge said that the MEMSOF will be insolvent by mid-2026 even with the infusion of 25 million into the fund. MIEMSS is working with the Governor's staff to develop a workable solution with legislators for infusing the EMSOF with additional funds.

Chairman Stamp commented on the huge expense of EMS and the importance of the Medicaid Supplemental Payment Program to local jurisdictions. He thanked MIEMSS for facilitating this program. Chairman Stamp also remarked on the need for funding infusion to the EMSOF and was encouraged by the support from Senators Jennings and Guzzone while attending the Maryland Association of Counties (MACo) conference.

Chairman Stamp welcomed Dr. Tom Scalea as the newly appointed Board of Regents' University of Maryland-Baltimore representative to the EMS Board. Dr. Scalea said he appreciates the opportunity to join the EMS Board and to work with the EMS community.

SEMSAC – No report

MSPAC Report

A written report was distributed.

Major Tagliaferri highlighted items in the written report including the Maryland State Police Aviation Command's current numbers of EMS providers and pilots, current training, personnel recruitments (11 pilot vacancies), maintenance updates (two helicopters are at the vendor for heavy maintenance and 1 in-house), mission data including IFR flights, and ongoing projects. He added that Toby Bernard has been promoted to director of maintenance.

Major Tagliaferri said that all sections are now carrying 2 units of whole blood on the helicopter with 32 patients having received whole blood so far. He said that the WESCAM simulator project is moving forward and that MSPAC continues with the development of the Unmanned Aircraft Systems program.

Major Tagliaferri provided an update on the number of MSPAC mission's year-to-date, highlighting 10 IFR medivacs, and several hoist missions. He also highlighted a few recent hoist missions.

Dr. Scalea said that the roll-out of the Whole Blood program is worthy of an important publication and would be happy to meet with Dr. Delbridge to discuss. Dr. Floccare said that he, Dr. Stein, Dr. Galvagno have met and have started the planning process.

RACSTC

Dr. Snedeker echoed Chairman Stamp's comments regarding support from legislators at the MACo conference.

Dr. Snedeker asked for assistance in returning the abundance of backboards left at the trauma center to the EMS community. The number of backboards is becoming over burdensome in the cages.

Dr. Snedeker reminded everyone to save the date of November 18th for the Shock Trauma event.

MSFA

A written report was distributed.

Mr. Cox said that the next MSFA Executive Committee meeting will be held in Westminster on December 2nd and 3rd, 2023.

Mr. Cox said that, at the last Executive Committee meeting, President Smothers appointed three new committees: a drone committee, a fire/police committee, and a lithium battery committee.

Fire Prevention week is October 8th through the 14th.

Ms. Vanhoy announced the passing of Fred Cross, former EMS Board member and past president of the MSFA.

OLD BUSINESS

COMAR 30.02.02 proposed Licensure regulation changes

Ms. Pierson said that the proposed regulation changes was provided to the EMS Board at last meeting for review. There were no substantive recommendations or changes made. Ms. Pierson requested approval for the proposed changes to the Licensure regulations.

Ms. Goff said that the proposed changes were provided to SEMSAC for review, also with no substantive changes request.

ACTION: Upon the motion made by Ms. Vanhoy, seconded by Ms. Marra, the EMS Board unanimously approved the changes to the COMAR 30.02.02 for publication in the Maryland Register.

COMAR 30.09.12 Commercial Services Regulation (SCT & Neonatal)

Ms. Pierson said the EMS Board approved changes to COMAR 30.09.12 were published in the Maryland Register with no comments received. Ms. Pierson asked for final approval for the regulation,

ACTION: Upon the motion made by Mr. Scheulen, seconded by Dr. Frohna, the EMS Board unanimously approved COMAR 30.09.12 for final action.

NEW BUSINESS

Limited-Scope Medical Direction

Draft regulation was distributed.

Dr. Chizmar presented the alternative treatment via telemedicine and the concept of limited-scope medical direction for information and discussion. He said many of the EMS departments are heavily utilized especially the Baltimore City Fire Department (BCFD). BCFD made 155 transports per 1,000 residents in 2021 which is 4.5 times the volume of the FDNY. Demand for services is far greater than available ambulances.

BCFD is seeking to contract with telemedicine physicians to manage lower acuity patients on scene. Essentially, the physician would be giving advice to the patient, but the clinicians are still on scene. If the physician is advising non-transport with follow-up care, that constitutes medical direction. Currently, medical direction may only be given by EMS base stations or medical directors.

A proposal for limited-scope medical direction for telemedicine physicians, who are primarily interacting with the patient, could advise only on destination for low acuity patients. An EMSOP may submit a plan to MIEMSS and the EMS Board if contracting with a non-base station for limited-scope medical direction and must meet base station requirements for QA/QI, consult audio recording, and must utilize Maryland-licensed physicians with EMS base station training.

Dr. Westerband asked if consideration had been given to have agreements with Maryland hospitals to provide this services to EMS. Dr. Chizmar said it would optimal for this service to be Maryland hospital based. One of the challenges is to assure the plan is scalable. Dr. Scalea asked what the quality control process for physicians will be. Dr. Chizmar said that the jurisdiction QA office and the jurisdictional medical director would be responsible for QA oversight. MIEMSS would ask for an updated list of physicians on a quarterly basis. The Board of Physicians would have ultimate oversight if the was an egregious incident.

A discussion ensued on challenges, possible solutions and funding.

MDTA EMSOP Approval

Dr. Chizmar said that the Maryland Transportation Authority (MDTA) was previously an EMR program only. MDTA requests to become an EMT EMSOP. The application has been reviewed and meets all COMAR 30.03.02 requirements.

ACTION: Upon the motion made by Dr. Westerband, seconded by Ms. Vanhoy, the EMS Board voted to approve the Maryland Transportation Authority (MDTA) as an EMS operational program for BLS clinicians. (Mr. Scheulen abstained)

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) (7).

The Board adjourned by acclamation.

In closed session:

Board Members Present: Clay B. Stamp, NREMT P, Chairperson; Dany Westerband, MD; Stephan Cox; William J. Frohna, M.D.; Molly Marra; Mary Alice Vanhoy, RN; Tom Scalea, MD

Board Member Absent: Sally Showalter; Eric Smothers

MIEMSS: Dr. Delbridge; Dr. Chizmar; Ms. Goff; Ms. Chervon

OAG: Mr. Malizio; Ms. Pierson; Mrs. McAllister

The Board considered:

(1) Disciplinary matters