



**State EMS Board  
April 11, 2023  
Virtual Meeting**

- I. Call to Order – Mr. Stamp
  - Call the role
  - Approval of the March 14, 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 Report – Ms. Snedeker
- VI. MSFA – President Kurtz / Ms. Tomanelli
- VII. Old Business
- VIII. New Business
- 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**  
**April 11, 2023**  
**Via Video Conference Call Only**  
**Minutes**

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*

**Board Members Present:** Clay B. Stamp, NREMT P, Chairperson; Dany Westerland, MD; James Scheulen, Mary Alice Vanhoy, RN; Sally Showalter; Stephen Cox; William J. Frohna, M.D.; Molly Marra; Eric Smothers

**MSPAC:** Major Tagliaferri

**RACSTC:** Dr. Snedeker

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

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

Chairman Stamp called the meeting to order at 9:02 am and proceeded with calling the role. He thanked Dr. Delbridge and the MIEMSS staff for the work accomplished every day supporting the Maryland EMS system. He also thanked the MIEMSS staff and the MEMSOF partners for working with legislators and the Administration in support of funding infusion and future sustainment of the EMSOF.

Chairman Stamp asked for approval of the March 14, 2023 EMS Board meeting minutes.

**ACTION: Upon the motion made by Dr. Westerland, seconded by Ms. Vanhoy, the EMS Board unanimously approved the March 14, 2023 EMS Board meeting minutes as written.**

### **MIEMSS Report**

#### COVID-19 Update

Dr. Delbridge said COVID patient hospitalizations have been below 200 for over a week. MIEMSS continues the daily hospital data queries to monitor any trend changes. Hospitals have requested scaling back on the daily queries and types of questions asked. The data collected from the daily queries is utilized by others and promulgated by CRISP to track ED patient trends. Although, MIEMSS anticipates transitioning to a request for this data two times per week in early May, there is a need to preserve some of the important aspects of the query.

### Emergency Department (ED) Patient Boarding

Dr. Delbridge said that boarding patients in the ED continues to be problematic. Dr. Delbridge added that there are over 2,000 active ED treatment spaces in Maryland each day. Approximately 25-30% of patients are boarded in the ED after completing their emergency department care. This does not correspond with the current number of licensed beds. There are approximately 600 patients boarding in Maryland hospital emergency departments by noon each day, nearly a third of ED space; approximately 100 are behavioral health patients. Although behavioral health patients represent around 25% of ED patients boarding in emergency department, they represent in excess of 2/3's of elapsed time in the ED.

Maryland has the longest wait times in the country.

### ED Patient Data

Dr. Delbridge said that Maryland EMS has transported approximately 135,000 patients to hospital emergency departments since the beginning of the year. The busiest hospital in the state is Anne Arundel Medical Center. On average, approximately 25% of ED arrivals are transported by EMS.

### Patient Transfer of Care Intervals

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 over half of Maryland emergency department struggle with attaining the 30 minute patient transfer of care time, especially in Prince George's County. He added that Dr. Chizmar continues to provide hospitals with performance data weekly.

Dr. Delbridge said that since January there have been 357 priority #1 patients who have waited over an hour for hospital ED staff to accept transfer of care from EMS.

### Collaborative of Hospital Emergency Services (CHES)

MIEMSS reconvened the CHES in December 2022 and two workgroups were formed:

Workgroup #1 was tasked with drafting a policy for statewide adoption that would hopefully emulate the new EMS policies. The workgroup developed a draft guidance document for transfer of patient care from the hospital perspective. Subsequently, members from workgroup # 1 met with EMS jurisdiction personnel and MIEMSS leadership to discuss.

Dr. Delbridge presented an amalgamation of the draft guidance document and the newly developed EMS transfer of care policies that was sent out to hospitals and EMS for comment. The hospitals have yet to comment. Thus far, comments from EMS have indicated a preference for a 30 minute hard stop for patient transfer of care from EMS to ED personnel.

Workgroup #2 is in the process of collecting and creating an anthology of best practices, scientifically based with proven strategies.

Dr. Delbridge said that due to multiple EMS jurisdictions having varying transfer of care policies and transporting patients to a single hospital, a statewide policy is needed optimize patient transfer of care.

A lengthy discussion ensued on timely patient transfer of care from EMS to the ED.

## Legislative Updates

### Bills that Passed:

SB 414 / HB 788 – Commission to Advance and Strengthen Fire Fighting and Emergency Medical Services Within Maryland – Establishes 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. Commission membership includes MIEMSS, MFRI and two representatives designated by the MSFA. The Commission must report to the Governor and General Assembly by December 1, 2023. Effective June 1, 2023.

SB 493 / HB 675 – Commission to Study Trauma Center Funding in Maryland – Establishes a Commission to study the adequacy of funding for designated trauma centers for their operating, capital and workforce costs. On or before December 1, 2023, the Commission must 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. MIEMSS and the Maryland Health Care Commission are to co-chair and staff the Commission.

HB 274 / SB 387 – Task Force on Reducing Emergency Department Wait Times – Establishes a Task Force to identify the root causes of ED wait times in Maryland; to study certain factors, including the regulatory environment, access and availability of health care services, and inpatient bed availability in other states; and to analyze reimbursement policies and their effect on hospital reimbursement. By January 1, 2024, the Task Force is to make recommendations, including legislative, regulatory or other policy initiatives regarding best practices, for reducing ED wait times. Task Force membership includes MIEMSS Executive Director, and MIEMSS is to provide staff for the Task Force. Effective June 1, 2023.

HB 288 / SB 299 – Grocery Stores and Restaurants – Automated External Defibrillator Program – Requires each owner and operator of grocery stores and restaurants, with certain exceptions, and beginning on January 1, 2025, to place an AED on premises and maintain its functionality. “Grocery store” is defined to be a store that has all major food departments (produce, meat, seafood, dairy, and canned / packaged goods), or has at least one major food department and at least 12,000 square feet of floor space. Grocery stores with an annual gross income of less than \$10 million are exempt, as are restaurants with annual gross income of \$1 million or less (exclusive of sales for off-premises consumption) or a restaurant seating capacity of less than 100 individuals. Restaurants and grocery stores subject to the AED requirement must register with MIEMSS (which is a requirement of MIEMSS’ Public Access Defibrillator Program), but are not subject to other PAD Program requirements, e.g., CPR / AED training for individuals expected to operate the AED. MDH and MIEMSS are jointly to adopt regulations that establish guidelines for periodic inspections, annual maintenance and assist the owner / operator of the grocery store and restaurant in meeting the statutory requirements. On or before December 1, 2024, MIEMSS must: (1) report on the grocery stores and restaurants that have registered with MIEMSS and the number of adverse cardiac events that required AED use in grocery stores and restaurants that registered with MIEMSS; and (2) evaluate the impact of expanding AED placement requirements to include more restaurants and grocery stores. Effective October 1, 2023.

Bills of interest that did not move forward:

HB 266: Public and nonpublic schools Bronchodilator and Epinephrine Availability and Use.

Requiring each county board of education and authorizing nonpublic schools in the State, before the 2024-2025 school year, to establish a policy to authorize a school nurse or other school personnel designated by the school nurse to administer in emergency situations a bronchodilator to a student who is experiencing asthma, reactive airway disease, or asthma-related symptoms; requiring the Maryland Departments of Health and Education to update State school health service guidelines for the management of students with asthma; etc.

HB 351: Health Occupations Licensed Direct Midwives-Previous Cesarean Section

Allowing a licensed direct-entry midwife to assume or take responsibility for a client who had a previous cesarean section and regulating the circumstances under which the responsibility may be assumed or taken; altering the required contents of a certain informed consent agreement; and requiring the State Board of Nursing, in consultation with certain stakeholders, to develop a transport protocol for clients who had a previous cesarean section.

Maryland EMS Operations Fund (MEMSOF)

Dr. Delbridge said that the MEMSOF received an additional \$25.5 million. The Senate stipulated that the MEMSOF provide the Shock Trauma Center with \$8.7 million in fiscal 2024 and \$3.7 million in fiscal 2025. In addition to the \$25.5 million infusion to the MEMSOF, MSPAC will receive \$2.6 million in general funds in FY24 for replacement radios for all ten helicopters. An additional \$9.5 million is being provided in fiscal 2024 to trauma facilities in the state, including the R Adams Cowley Shock Trauma Center, experiencing financial challenges. Funds from the dedicated purpose account will be awarded by MHCC. MHCC may allocate all the funds all in FY24 or over a multi-year period.

Hospital Designations

Dr. Delbridge said MIEMSS has approved the following hospitals for re-designations for 5-years:

Primary Stroke Center

- Holly Cross Germantown

Comprehensive Stroke Center

- The Johns Hopkins Hospital

Level II Trauma Center

- Sinai Hospital

EMS Educational Program Renewals

Dr. Delbridge said that the UMBC Paramedic program remains in good standing with continued CAAHEP accreditation. He requested Board approval for re-designation for 5-years.

**ACTION: Upon the motion made by Mr. Smothers, seconded by Mr. Scheulen, the EMS Board unanimously approved the UMBC Paramedic education program renewal for 5-years.**

Waiver to Extend EMT Certifications

Dr. Delbridge said that MIEMSS and partners are working on updating COMAR 30.02.02 Licensure and Certification regulations. While work continues on updating the regulations, Dr. Delbridge requested the Board's approval to waive the current expiration dates in regulation for EMT and EMR by 31 days.

**ACTION: Upon the motion made by Ms. Showalter, seconded by Dr. Frohna, the EMS Board hereby issues a waiver to extend the expiration dates by 31 days for current Emergency Medical Responder and Emergency Medical Technician certificates with expiration dates of December 31 or June 30, so that they will subsequently expire on either July 31 or January 31.**

Dr. Delbridge that this is the 50<sup>th</sup> anniversary of EMS as state system in Maryland. In 1973, by Executive Order, Governor Mandel established a statewide EMS system. MIEMSS is considering ways to celebrate during this calendar year.

### **SEMSAC**

Mr. Smothers thanked all of the partners during the legislative session in regards to the unified voice in support of all of the partners concerns especially the needs for sustaining funding of the MEMSOF.

SEMSAC elected Rick Koch as the new chairperson of the Regional Affairs Committee.

### **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 (15 pilot vacancies), maintenance updates including hiring additional personnel, mission data including IFR flights, and ongoing projects and initiatives including the Whole Blood Program.

On March 23<sup>rd</sup>, the American Federation of State, County, and Municipal Employees entered into an agreement with the state of Maryland that provides employees in civilian pilot classification with the equivalent of a three grade increase (18%) effective July 1, 2023.

Major Tagliaferri added that realizing that the MEMSOF is facing insolvency, MSPAC is looking for general funds to upgrade the fleet radio system at a cost of up to 3-million dollars.

Major Tagliaferri said, as Dr. Delbridge had reported, MSPAC will receive a \$2.6M from general funds in FY2024 to upgrade the fleet radio systems. Installations will be during scheduled heavy maintenance of each helicopter. The radio upgrades will take slightly over one year.

Dr. Floccare gave an overview of the scheduled walk-throughs with the Blood Bank.

### **RACSTC**

A written report was distributed.

Dr. Snedeker echoed that the teamwork and collaboration of the EMSOF coalition partners during the legislative session showed a positive presence.

Dr. Kristie Snedeker highlighted the RACSTC's current statistics on patient admissions, occupancy rates, OR volumes, clinic volumes, and lost inter-hospital transfer volumes including air scene transport. She said that RACSTC continues to work on improving capacity and throughput due to issues with staffing. Dr. Snedeker gave an update go-team activations, and organ donation

percentages and initiatives. She added that April is “Donate Life Month”. Dr. Snedeker provided information on the global outreach - the trauma observation program, the Center for Injury Prevention & Policy outreach program and the EMS outreach and education activities. A statewide Stop the Bleed campaign has begun.

Save the date for the Shock Trauma Celebration to be held on September 9<sup>th</sup> 6pm – midnight.

### **MSFA**

A written report was distributed.

Mr. Smothers, 1<sup>st</sup> Vice President, said that the MSFA Executive Committee meeting, held last weekend in Flintstone, was well attended. He thanked the partners for their attendance and input. He said that there has been an increase in the number of clinicians attending the EMS seminars that the MSFA hosted in March and April. The Cancer walk will be held on April 23<sup>rd</sup>. He added that preparations continue on the June MSFA Convention in Ocean City.

### **OLD BUSINESS – N/A**

### **NEW BUSINESS – N/A**

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).

**ACTION: Upon the motion made by Mr. Cox, seconded by Mr. Scheulen, the EMS Board unanimously voted to adjourn to closed session.**

### **In closed session:**

**Board Members Present:** Clay B. Stamp, NREMT P, Chairperson; Dany Westerband, MD; James Scheulen, Mary Alice Vanhoy, RN; Sally Showalter; Stephen Cox; William J. Frohna, M.D.; Molly Marra; Eric Smothers

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

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

The Board considered:

- (1) Disciplinary matters; and
- (2) SEMSAC nominations