Statewide EMS Advisory Council (SEMSAC)

AGENDA
September 4, 2025 - 1:00pm
Virtual Meeting

I. Call to Order – Mr. Smothers

- Call the roll
- Approval of the May 5, 2025 SEMSAC minutes.

II. SEMSAC Chair Report – Mr. Smothers

III. MIEMSS Report – Dr. Delbridge

IV. MSPAC Report – Major Tagliaferri

V. MSFA Update – Ms. Mott

VI. National Study Center – Dr. Teeter
- Research Initiatives

VII. Committee Reports
- ALS Report – Dr. Fillmore
- BLS Report – Mr. Zaccari
- MIH Report – Chief Matz
- Regional Affairs – Mr. Chisolm

VIII. Old Business

IX. New Business

State of Maryland
Maryland Institute *for* Emergency Medical Services Systems

Wes Moore
Governor

Clay B. Stamp
Chairman, EMS Board

Theodore R. Delbridge, MD, MPH
Executive Director

State EMS Advisory Council
Virtual meeting
September 4, 2025
Meeting Minutes

SEMSAC Members Present: Eric Smothers, Chairperson; Scott Haas, Vice Chairperson; Jeffrey Sagel; Kathleen Grote; Michael Tagliaferri; Tim Kerns; Matthew Levy; William Teeter; Kathryn Burroughs; Ben Kaufman; Danielle Katz; Lisa Tenney; Lisa Lisle; Jeffrey Fillmore; Justin Orendorf; Danny Platt; Elliott Haut; Doug Beitzel; Susan Mott; Kristie Snedeker; Farheen Qurashi; Michael Cox; Bruce Klein; Danny Platt; Eric Zaney;

SEMSAC Members Absent: Erik Abrahamson; Linda Young; Wayne Dyott

OAG: Mr. Malizio; Ms. Pierson

Other: Alan Butsch, Montgomery County FD; Gordon Wallace, Howard County FD; Scott Curtin, MSPAC

MIEMSS: Ted Delbridge; Tim Chizmar; Todd Abramovitz; Chris Bechtel; Mark Bilger; Rich Berg; Abby Butler; Jason Cantera; Lisa Chervon; Bryan Ebling; Aaron Edwards; Doug Floccare; Pat Gainer; Kelly Hammond; Alex Kelly; Dwayne Kitis; Scott Legore; Randy Linthicum; Christian Miele; Michael Parsons; Luis Pinet-Peralta; Andy Robertson; Patrick Tandy; Todd Tracey; Wayne Tiemersma; Elizabeth Wooster; Cyndy Wright Johnson; Barbara Goff

Vic Chairman Haas called the meeting to order at 1:05pm. The roll was called.
Vice Chairman Haas for approval of the May 1, 2025 SEMSAC meeting minutes.

ACTION: A motion was made by Ms. Mott, seconded by Ms. Tenney, and unanimously voted upon to approve the May 1, 2025 SEMSAC minutes as written.

MIEMSS Report

<u>EMS Transports</u>
Year-to-date, EMS has transported over 390,645 patients to emergency departments. The four busiest receiving emergency departments continue to be Anne Arundel Medical Center, Frederick Health, Franklin Square, and, Meritus. Dr. Delbridge said that, on average, EMS arrivals to the ED represent a little more than 26% of ED admissions on per hospital basis.

The goal remains that 90% of the time hospitals receive patients within 35 minutes. This allows five minutes to get the patient out of the ambulance while giving the ED staff 30 minutes to accommodate the patient. At this time approximately 44% of hospitals are attaining this goal. Hospitals are updated

on a weekly basis as to its status of EMS to hospital staff transfer times. MIEMSS provides data to the HSCRC for tracking and publishing. The data shows a significant improvement from when data publishing was started in 2023.

ED Wait Time Reduction Commission

The ED Wait Time Reduction Commission, coordinated by the HSCRC, meets regularly and collects and shares data with that group. Chief Knatz represents the EMS interest along with Dr. Delbridge as we continue to press on for solutions to ED Boarding and EMS to ED transfer intervals. The Commission is due to provide the legislature with a report in November.

Dr. Delbridge said that ED weight time is somewhat inaccurate as it starts tracking time as patients come in the door until they leave the emergency department either to be admitted to the hospital or to go home. There are many things that happen in that interval of time that is not "wait time". Although patients who could be treated at other healthcare facilities add into the issue of overcrowding, Maryland sees less ED patients per capita than most other states or than the United States as a whole and actually has been declining over the course of time.

When the Commission has visited different hospitals throughout the state its members have been told that the real challenge is the number of patients boarding in emergency departments. And so most hospitals will tell you that their emergency department is the right size for the number of patients they see. It's the remainder of the hospital that backs up in the emergency department, but it's problematic.

Emergency Department Advisory System (EDAS)

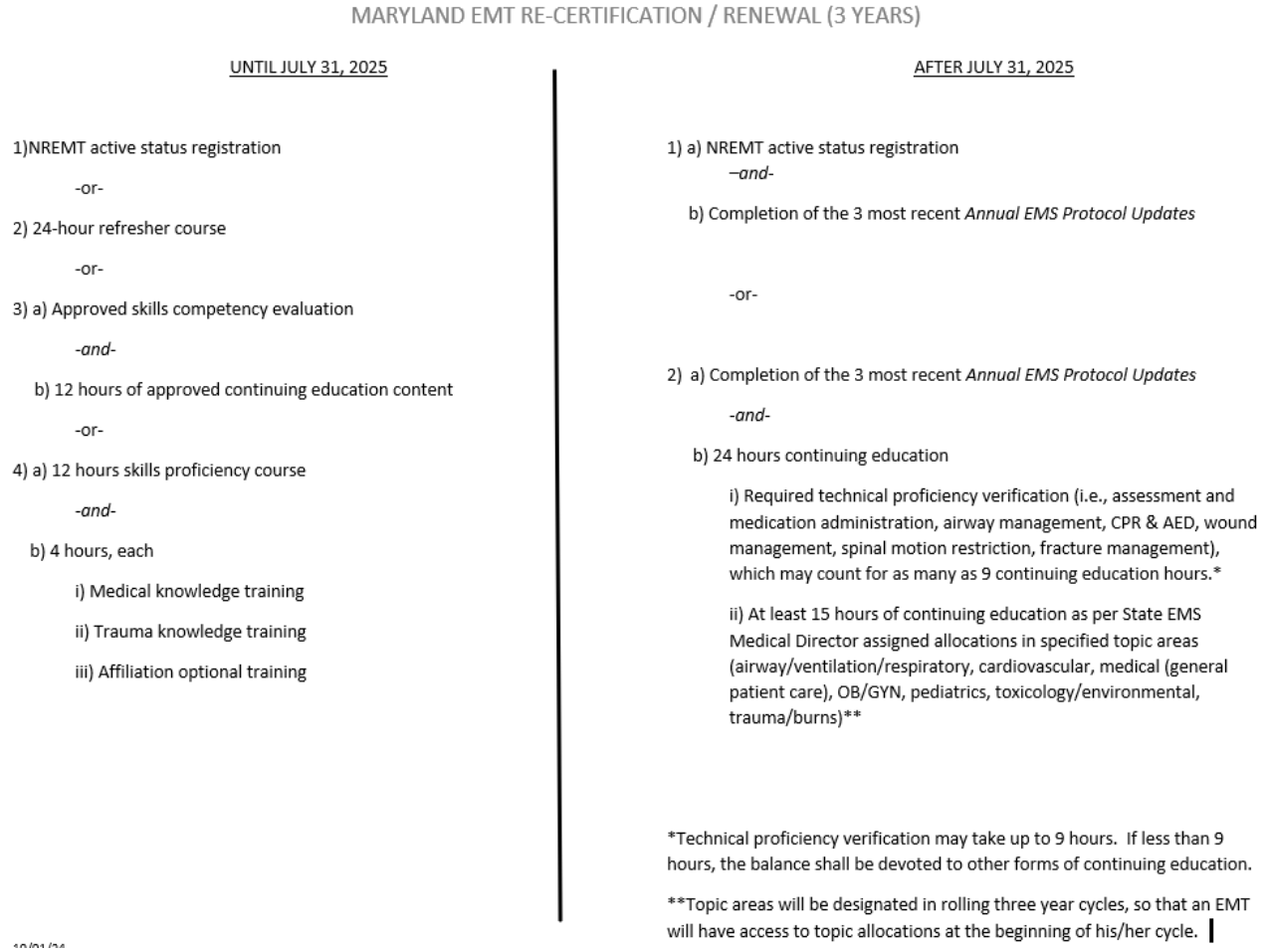
Dr. Delbridge said that the MIEMSS' advisory program, whereby hospitals will update its emergency department (ED) census throughout the day, is up and running and CHATS has been turned off. He recommended that emergency departments (ED) manually update information throughout the day. If a hospital enters a status of #4 the program will automatically drop back to #3 after a little over three hours.

A lengthy discussion ensued regarding the several glitches encountered, data collected, and next steps for improving the system.

Certification and Licensure Regulation

Dr. Delbridge gave an overview of the changes to COMAR 30.02. He said that 30.02.02 waives the licensure fee for commercial ambulance services employees; 30.02.03 clarifies the requirement for protocol orientation for paramedic applicants and also clarifies requirements for EMD; 30.02.04 elucidates requirements for reciprocity; 30.02.05 explains that there is no re-take EMT class if unable to pass the practical exam after three attempts; 30.02.06-09 clarification, and 30.02.07 explanation of renewal update.

The chart below shows the changes to EMT re-certification / renewal:



Dr. Delbridge said that changes were made to afford flexibility with a modular approach to continuing education hours, allows for more online didactic education, and provide scaled flexibility for technical training for the practical exam. He added that for those who took the "old refresher" MIEMSS will crosswalk the requirements for EMT certifications that expire after July 31, 2025. EMTs, who are due to recertify by Jan 31, 2026, should take continuing education in the "new" model.

Military Medical Center

Dr. Delbridge said that the proposed regulation change to COMAR 30.08.01 General Provisions .02 Definitions creating a "Military Medical Center" (a hospital located within Maryland and operated by the United States Department of Defense) category, was discussed by a subcommittee of SEMSAC as requested by the EMS Board. The subcommittee met several weeks ago to discuss the issue but did not reach any definitive conclusions regarding proceeding with change.

A lengthy discussion ensued regarding the possible merits and consequences of adding "military medical centers" as a category in regulation.

EMS Compact (REPLICA)

Dr. Delbridge said that there are currently 25 states participating in the EMS Compact. Approximately a year ago and after the subject had been discussed amongst the MSFA, Metro Fire Chiefs and a few other organizations, it was decided that this may not be the best fit for Maryland EMS.

Dr. Delbridge said that since that time, the Commercial Ambulance Services Advisory Council (CASAC) and a legislative representative have once again raised the possibility of joining the EMS COMPACT. He noted that CASAC thought that the COMPACT would assist with more timely hiring practices due to the length of time to process reciprocity for clinicians coming into Maryland.

MIEMSS' Office of Clinician Services has been able to streamline clinician reciprocity to be as efficient as possible so that people's potential employment or affiliation is not held up.

After a lengthy discussion on the EMS COMPACT, Dr. Delbridge asked for member to discuss with their association to ascertain if they were still of the same mind not to join participate in the compact.

Ms. Mott, MSFA representative, said that she did not be believe the decision from the MSFA leadership would change, but will take for discussion at the next committee meetings.

MSPAC
A written report was disseminated.

Major Tagliaferri highlighted items from the written report including current personnel vacancies and recruitment efforts.

Major Tagliaferri introduced Mr. Scott Curtain as the Director of Fleet Operations (DFO) for MSPAC. He said that Scott has been with MSPAC for two years and has been serving as the DFO for approximately six months.

Mr. Curtain presented a slide depicting the helicopter maintenance schedule and notifying the Board of gaps in service due the number of helicopters available due to scheduled heavy maintenance especially in November. He added that helicopters being returned to sections will need a week of testing prior to be returned to service. He also provided additional information on staffing levels of pilots.

Major Tagliaferri said that if ground providers need an aircraft, they must contact SYSCOM. SYSCOM personnel will decide if an aircraft is available or if an allied agency resource is needed for response.

Major Tagliaferri provided the mission statistics by section and highlighted a few notable events.

A discussion regarding the availability of statistical analysis of whole blood provided in the field ensued. Drs. Floccare, Chizmar, and Levy will collaborate on the collection of data for whole blood administered by aviation and ground clinicians.

MSFA
A written report was distributed.

Ms. Mott thanked Director Aaron Edwards, MIEMSS' Office of Clinician Services, who provided clarification regarding the EMT recertification process and the status of MFRI's curriculum approval status distributed at the last MSFA Executive committee meeting.

Ms. Mott outlined the discussions at recent committee meetings:

<u>July 16, 2025 ALS Subcommittee</u>
- Stop the Bleed program is updating to clarify for civilians 1the real need for tourniquet.
- Increase large scale civilian CPR. Looking for large areas. Target the vulnerable.
- Cpap BLS pilot program.

<u>July 18, 2025 BLS Subcommittee</u>
- COMAR Regulations proposed changes.
    - Reciprocity changes were approved.
      Reinstatement changes were approved.

- Discussed quarterly mental health training.
- BLS recert: Aaron stated the EMSOPs will be contacted every 30 days to prepare for the recerts.
- Students are reminded to use legal names & personal email when registering for a MFRI class.

August 17, 2025 MSFA EMS Committee

- MSP to have 3 units down due to maintenance – call early for transport.
- Meeting information is not getting back to members at large.
- 7.1.26 Video laryngostomy no longer optional.
- Need to document Narcan administration in dropdowns for data collection.
- National Registry Paramedic Re-entry requirement for certification reviewed.
- VAIP is up to date.

National Study Center (NSC)

CAVALIER

Dr. Teeter said that the National Study Center (NSC) is partnering with the LITES Network, a trauma investigation network out of UPIT and gave an overview of the CAVALIER (CAlcium and VAsopressin Following Injury Early Resuscitation) trial research project. He said that the study will assess whether giving calcium, vasopressin, or both early in the course of treatment following trauma will affect outcomes including blood transfusion.

The prehospital phase will include injured patients at risk of hemorrhagic shock being transported from scene or referral hospital by MSPAC to Shock Trauma who meet the following criteria:

A.) Systolic blood pressure ≤ 90mmHg and tachycardia (HR ≥ 108) at scene, at outside hospital, or during anticipated transport to a participating CAVALIER trial site or

B.) Systolic blood pressure ≤ 70mmHg at scene, at outside hospital, or during anticipated transport to a participating CAVALIER trial site.

Prehospital phase exclusion criteria are as follows:

A. Wearing NO CAVALIER opt–out bracelet
B. Age > 90 or < 18 years of age
C. Isolated fall from standing injury mechanism
D. Known prisoner or Known pregnancy
E. Traumatic arrest with > 5 consecutive minutes of CPR without return of vital signs
F. Brain-matter exposed or penetrating brain injury
G. Isolated drowning or hanging victims
H. Objection to study voiced by subject or family member at the scene or at the trauma center
I. Inability to obtain IV/IO access

Eligible patients will receive 1 gram calcium gluconate (provided via intravenous or intraosseous access over approximately 2-5 minutes) or placebo over approximately 2-5 minutes.

Dr. Teeter said that there will be ongoing community consultation this fall and asked for SEMSAC members to share the flyer with their communities.

SEMSAC Committee Reports

ALS Committee

Dr. Fillmore said that policy statement document regarding charging students for training time at clinical sites has been finalized and was distributed to SEMSAC via email. The ALS committee advises that Maryland EMS does not support charging students for attending clinical sites.

Mr. Malizio said that SEMSAC is an advisory body to the EMS Board and any recommended policy changes or request need to be taken to the Board for consideration.

Upon the motion by Ms. Mott, seconded by Dr. Teeter, SEMSAC voted to recommend that the EMS Board accept and approve the written policy from the ALS Committee stating that Maryland EMS does not support charging students for clinical site training with two abstentions (Dr. Sagel and Dr. Klein).

BLS Committee Report
No Report

MIH Committee
No Report

Regional Affairs Committee (RAC)
Mr. Kitis said that the Regional Affairs Committee discussed the cardiac devices grant. The are currently seven companies needing to submit paperwork for reimbursements. Notifications for the 2026 grant period have been sent. Applications need to be submitted by October 16, 2025.

ALS educational grant funding will now be discussed during RAC meetings to assure funding is handled appropriately.

Old Business

EMT Re-certification
Mr. Edward said that he would like to reiterate Dr. Delbridge's description of the changes in EMT recertification. MIEMSS is in the process of cross-walking old EMT refreshers that have been taken for blending into current categories.

Mr. Edward said that all EMTs seeking renewal must be affiliated with and EMSOP or commercial service and have taken the last three years of Maryland protocol updates. He gave an update regarding the process for attaining technical proficiencies and the streamlining of the EMT reciprocity process.

Mr. Edwards noted that MIEMSS and MFRI have been working diligently to assure the educational requirements are met. He asked that for anyone with any questions or concerns regarding the changes or process for EMT renewal, to please contact the Office of Clinician Services.

New Business – N/A

Election of SEMSAC Officers
Ms. Goff said that the request for Chair and Vice Chair nominees will in October. Voting will take place at the November 2025 meeting.

The next SEMSAC meeting is scheduled for October 2, 2025.

Upon the motion by Chief Knatz, seconded by Ms. Burroughs, SEMSAC unanimously voted to adjourn.