



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
March 5, 2026
Meeting Minutes

SEMSAC Members Present: Scott Haas, Chairperson; Kathi Burroughs, Vice Chairperson; Ben Kaufman; Bruce Klein; Danielle Katz; Danny Platt; Doug Beitzel; Elliott Haut; Eric Zaney; Jeffrey Fillmore; Farheen Qurashi; Jeffrey Sagel; Kathleen Grote; Linda Young; Lisa Lisle; Lisa Tenney; Michael Cox; Michael Tagliaferri; Tim Kerns; Tony Rose; Susan Mott; Wayne Dyott

SEMSAC Members Absent: Eric Smothers; Justin Orendorf; Kristie Snedeker; Matthew Levy; William Teeter;

Others: Jim Matz, BCFD

OAG: Adam Malizio; Claire Pierson

MIEMSS: Ted Delbridge; Tim Chizmar; Mark Bilger; Aaron Edwards; Pat Gainer; Jeff Huggins; Dwayne Kitis; Scott Legore; Randy Linthicum; Christian Miele; Michael Parsons; Luis Pinet-Peralta; Patrick Tandy; Todd Abramovitz; Elizabeth Wooster; Cyndy Wright Johnson; Jason Cantera; Mustafa Sidik; Barbara Goff

Chairman Haas called the meeting to order. The role was called and a quorum was determined.

Chairman Haas called for the approval of the December 4, 2025 SEMSAC meeting minutes.

ACTION: A motion was made by Ms. Mott, seconded by Mr. Zaney, and voted unanimously to approve the December 4, 2025 SEMSAC minutes as written.

SEMSAC

Chairman Haas said that he did not attend the February EMS Board meeting due to legislative obligations advocating for the 9-1-1 service across the state.

The Chairman reported he has been reviewing SEMSAC bylaws with the Vice Chair and is working to confirm leadership for all SEMSAC committees. Current committee chairs will be contacted to verify their willingness to continue serving.

MIEMSS Report

EMS Transports

Dr. Delbridge said that EMS has transported approximately 99,000 patients to emergency departments so far this year. The largest receiving hospitals continue to include: the University of Maryland Medical Center; MedStar Franklin Square Medical Center, and Baltimore Washington Medical Center. Children's National Hospital and MedStar Washington Hospital Center were added to system reports due to the number of Maryland EMS transports they receive.

Hospital Status, ED Capacity, and EDAS reporting

Hospitals experienced significant strain during the recent respiratory virus season. Dr. Delbridge said that a few key indicators include hospitals spending extended periods at EDAS Level 4 status along with frequent EMS reroutes occurring, particularly at the following facilities:

- Baltimore Washington Medical Center
- UM Capital Region Medical Center
- Calvert Memorial Hospital
- Union Hospital

Respiratory illness activity peaked in early January and has since declined.

ED Boarding

Dr. Delbridge said that hospitals reported a peak of over 800 patients boarding in emergency departments statewide earlier this year. He added that Maryland has approximately 1,921 emergency department treatment spaces. Boarding patients occupying more than 25–30% of those spaces significantly impacts EMS operations.

The ED Wait Time Reduction Commission, created by the Maryland General Assembly, will operate through June 2027. Its mission is to address emergency department wait times and boarding. Dr. Delbridge and Chief Knatz, Baltimore County FD, participate on the Commission to provide the EMS perspective on ED wait times.

Rural Health Transformation Program

Dr. Delbridge said that federal legislation allocated \$50 billion nationally for rural health initiatives. Maryland has been allocated \$1.68 million that include two EMS related programs:

- \$976,000 to support rural EMS whole blood programs; and
- Funding Mobile Integrated Health (MIH) initiatives coordinated with local health departments.

Naloxone Placement with AEDs

Maryland is implementing legislation requiring naloxone to accompany AEDs in certain public locations by October 2027. Over 17,000 AEDs are registered in Maryland with approximately 1,300 currently co-located with naloxone kits.

Affected facilities include:

- Schools and higher education institutions;
- Public recreation facilities; and
- Transportation facilities supported by public funds.

Andy Robertson, formerly MIEMSS' Region V Coordinator, has transitioned to coordinator the naloxone co-location project. MIEMSS continues to identify unregistered AEDs for naloxone kit distribution.

A discussion ensued regarding the effectiveness of naloxone placement.

Legislative Update

Dr. Delbridge summarized several bills currently under consideration in the Maryland General Assembly.

HB 276 / SB 24 - AED Statute Update

Modernizes outdated AED statutory language. Passed the Senate sub-committee and is moving forward.

HB 117 / SB 219 - Airway Clearing Devices in Schools

Requires schools to maintain airway clearing devices.

Dr. Delbridge said that MIEMSS and the Maryland Department of Health oppose the bill.

HB 212 / SB 111 - Out-of-State Vehicle Registration Enforcement:

Addresses vehicles registered out-of-state to avoid Maryland fees.

If passed could possibly generate approximately \$950,000 annually to the EMS Operations Fund.

SB 242 / HB 420 - Occupational Licensing for Military Families

Allows military personnel and spouses to practice in Maryland using out-of-state licenses.

MIEMSS expressed operational concerns regarding oversight and continuing education requirements.

Medical Cannabis for Public Safety Personnel (SB 439 / HB 797)

Prohibits employment discrimination related to authorized medical cannabis use.

EMS Equipment and Reporting Requirements (SB 159)

Would require minimum equipment standards and quarterly reporting to MIEMSS.

Dr. Delbridge noted the bill was introduced following a constituent EMS encounter and highlighted the importance of improving public awareness of complaint reporting mechanisms.

MSPAC

A written report was distributed.

Major Tagliaferri provided an operational update. He said that MSPAC currently have vacancies of 14 trooper-medics, 6 pilots (which is approximately 10% of staff), and 2 maintenance technicians. Four helicopters are out-of-service completing heavy maintenance inspections; with two due to return in late March.

Major Tagliaferri reported on mission statistics and current status of the administration of whole blood.

MSFA

A written report was provided.

Ms. Mott highlighted a few of the current happenings within the MSFA and the SEMSAC ALS and BLS sub-committees.

- The MSFA opposes proposed legislation on the airway clearing device, cannabis employment , and is not supporting the ambulance inspection bill (SB 159).
- MSFA Scholarships are available online for applicants. The deadline for submission is April 15th.
- BLS Subcommittee:
 - The new BLS refresher program continues successfully with a focus on retaining EMS clinicians.
 - There are currently no planned changes to the VAIP.

- MIEMSS continues to legislate for Buprenorphine.
- The Whole Blood program is expanding to additional jurisdictions.
- 2026 Protocol changes are complete.

SEMSAC Committee Reports

ALS Committee – No additional reports beyond those provided by MSFA.

BLS Committee Report - No additional reports beyond those provided by MSFA.

MIH Committee

Chief Matz said that the next MIH meeting is scheduled for later in March.

Regional Affairs Committee (RAC) – No report

Old Business N/A

New Business

2027 Maryland Protocols for EMS

Dr. Chizmar said that the Protocol Review Committee, in collaboration with a multidisciplinary group of subject matter experts from across the State, has proposed the following protocol revisions for the SEMSAC review and recommendations. SEMSAC received the proposed changes via email in February, with no substantive comments received.

- **Abuse / Neglect:** This revision adds the new statewide hotline for child and vulnerable adult abuse and neglect reporting, 1-800-91PREVENT, pursuant to a recent change in Maryland law.
- **Angioedema:** This proposal addresses an adverse reaction associated with ACE inhibitor medications. Patients may experience isolated, but severe swelling of the lips, tongue or throat. The protocol defines treatment with epinephrine and tranexamic acid (TXA) after medical consultation.
- **Chest Pain:** This protocol revision includes guidance for the treatment of suspected aortic syndrome (aortic dissection). Labetalol may be given with medical consultation.
- **Choking / Foreign Body Airway Obstruction:** This proposal incorporates new American Heart Association guidelines for the treatment of choking for patients of all ages.
- **Critically Unstable Patient:** This revision adds a pediatric section that describes immediate interventions for critically ill pediatric patients prior to initiating transport.
- **Crush Syndrome (Hyperkalemia):** This protocol modification simplifies the dosing of sodium bicarbonate (bolus only) and removes the consult for high-dose albuterol. The timing of medication administration for patients with hyperkalemia due to crush syndrome is further defined (e.g. pre- and post-extrication).
- **MODEL-T (Buprenorphine):** This protocol revision enables Cardiac Rescue Technicians (CRTs) who have additional training to administer buprenorphine.
- **Newly Born Protocol:** The ALS and BLS protocols have been consolidated into a single protocol. A Newly Born resuscitation checklist has been added.

- **Patient-Initiated Refusal of Care:** The protocol has been revised to focus on the assessment of a patient's capacity to make an informed medical decision. The checklist has been reconfigured for clarity, so that any "no" answers lead to transport or medical consultation.
- **Seizure – Adult and Pediatric:** This proposal increases the maximum patient dose of midazolam to 10 mg IV/IM/IN, and removes the medical consultation for a second IV dose. Ketamine has been added as a second-line medication for seizures that continue after the maximum dose of midazolam.
- **Stroke:** Patients with severely elevated blood pressure (SBP \geq 220 and DBP \geq 120) may be treated with labetalol 10 mg IV x2 doses. Higher doses of labetalol may be given with medical consultation.
- **Trauma, Multiple/Severe & Traumatic Arrest:** This proposal adds the "X-ABC" approach to the initial management of a trauma patient, which focuses on prompt hemorrhage control. The use of the abdominal aortic and junctional tourniquet (AAJT) has been added for ALS clinicians who have additional training. A tourniquet conversion to pressure dressing procedure has been added.

Dr. Chizmar said that the proposed changes were presented to the EMS Board at the February meeting and will be voted upon at March 2026 meeting of the Board.

Upon the motion by Ms. Grote, seconded by Dr. Sagel, SEMSAC unanimously voted to recommend the Board's approve of the 2027 Maryland Protocols for EMS.

Upon the motion by Ms. Burroughs, seconded by Ms. Mott, SEMSAC members voted to adjourn the meeting.