

## **CASAC Meeting**

### **Minutes – March 25th, 2025**



Meeting called to order by Chairman Rosenberg

Approval of minutes – the minutes from the January meeting were sent out by SOCALR.

Are there any additions or corrections to the minutes? None

Motion to approve: Jill Dannenfelser, Seconded by Jonathan Siegel.

No objections to the motion – minutes approved.

Will Rosenberg: Moving onto the State EMS Medical Report, Dr. Chizmar.

### **State Medical Director's Report – Dr. Tim Chizmar**

Dr. Chizmar: All right. Thank you, Chairman Rosenberg. I know we covered the upcoming 2025 protocols in great detail last time, so I'll truncate just to remind everybody the protocols are approved by the EMS board. We're in the process of going through and reconciling for inconsistencies with a goal to have the draft over to the printer by actually one week out on Monday by the 31st so that we can have the protocols printed and here ideally by May 1st so that we're not running up against the deadline. We're working on the video updates as well with a goal to deliver those by May 1st so that'll give everybody a full two months to do that ahead of July 1st, 2025 implementation date.

Some of the things that are relevant across the board are the new ALS medications, Labetalol and Cephasolin. Labetalol, I think we had discussed previously, would be relevant for this group. Cephasolin, not relevant for this group. That would sort of fall in with the other antimicrobials that many of the ALS services already have. Hospitals starting an antimicrobial ALS level can continue to transport that. So for inspection purposes, as I work with Scott, Labetalol would appear on the list, Cephasolin would not. We already talked about it at the last meeting, video laryngoscopy and some other devices that might be available to meet that need at a very low cost and actually disposable. So again, that is put off for an entire calendar year to July 1 of 2026. The implementation date on that one.

We've had a few questions since last we met. One and I don't recall the service, not important, but was OG and NG tubes that are placed to suction. The protocol does not necessarily specify that or carve that out. Certainly it does not need SCT transport or RN transport. I wanted to see if there was any

reservation from this group about just carving that out and specifying that, again OG or NG to suction not just an OG and NG on its own which, would stay BLS, but OG NG to suction carving that out and running those calls as ALS. Right now the service that was asking was like is this SCT, is this RN, what is this. Does anybody have any thoughts, comments, or concerns about that? If not we can make that change with the protocols that are rolling out here in 2025. Clarify it. The other one that has come up, while you're thinking about that, are Foley catheters that are receiving continuous bladder irrigation. Right now it just says Foley catheter in there. Obviously just the presence of a Foley catheter doesn't imply that we need to do anything special. Those patients can continue to go BLS. But the question is, does the BLS clinician have the knowledge, skill and ability to manage a Foley catheter that's getting continuous bladder irrigation? The answer is probably no. But it's probably well within the scope of at the ALS level and so carving that out and making sure that that's clear. Again, these are questions that I received from services in between meetings. Anybody have any questions comments or concerns on that one? All right. Hearing none, and I'll pause again at the end of the report.

The other big shortage that we've been faced with is that several of the metropolitan fire companies, and I'm sure you guys probably are seeing this as well, is amiodarone. I don't know how widespread or how long the amiodarone shortage will be. Luckily for this one, we do have a workaround, which is lidocaine. So we've brought back portions of the old protocol, added the lidocaine pharmacology page, as a backup medication for amiodarone. Sure, many of you on this call will remember using it as the primary drug. I believe Scott has put together a process similar to what we do with some other things to commercial services, a waiver that basically says, "hey, we're out of Amiodarone, we've tried suppliers". And then for a period of time, Scott would say, "go ahead and carry the lidocaine, just keep us informed". But it erred on that, Scott.

Scott Legore: That's correct.

Dr. Chizmar: And you sent out the memo to all the services as well. So the memo and the amended protocol page should have gone out to everybody. The other one that's on the horizon that's still not entirely clear is Diltiazem. There is some thought that one of the major manufacturers is going to discontinue Advantage Diltiazem. One of the things in front of the Protocol Review Committee right now is looking at removing Verapamil as a backup drug. It's not a great drug, it causes a lot of hypotension, and putting Metoprolol in the ALS formulary as a backup to Diltiazem. So that is in front of the PRC right now. I think that's a far better substitution for Metoprolol than Verapamil is. That would give us another option if we do end up experiencing this shortage over the long haul.

The last piece on the protocols, again, our goal date is to have printed copies here by May 1st. We do farm out printing of the spirals. We will keep the cost at \$10 per spiral. We are going to bring the full-size 8 ½ by 11 protocol printing in-house this year. The utilization of the full-size 8 ½ by 11 has been very, very low. It's important to let Scott know if you anticipate purchasing some big bulk number of full 8 ½ by 11s. Last year we ordered around 400 and we're left with a little less than half of those. So again, I think people have migrated. For those that are maybe not tuned in, we did not print the pockets last year. We will not print the pockets this year. We will update the app and continue to add to the protocol app which is free of charge and Apple and Android available. Generally the feedback on that as a whole has been good. There are some people that still say that they liked having the pocket protocol, but those same people also told me they needed a magnifying glass to see the words on the page. I don't find that argument persuasive and I think we'll stick with the course to print full-size spirals and have the protocol app unless something else comes to light. I told you I would keep it short, Will, that's under 10 minutes, I'm happy to take any questions.

Will Rosenberg: Any questions for Dr. Chizmar? Any thoughts on constant bladder irrigation, or constant suction?

Dr. Chizmar: Continuous suction or continuous bladder irrigation?

Will Rosenberg: Constant continuous, sorry.

Dr. Chizmar: We should have Christian for like legislative trouble, I believe Christian is on here, legislative updates. Aaron Edwards is here in the room for us as far as education and licensure. Yeah i don't know if they can see all the way back there. Will didn't zoom in on you.

Will Rosenberg: I did not. Anything else for the State EMS Medical Director? If I hear nothing else we'll move. We will jump right into legislative updates. I don't see him on the call. So I guess he won't give us any legislative updates.

Dr. Chizmar: So very, very briefly, from a synopsis standpoint. If he joins us, he can definitely shed more light on this. There are a couple of bills that we're tracking. Scott, you may have the bill numbers written down. There is one bill that I think is probably particularly relevant to all EMS services, and that is the bill that would require the school systems to staff high school football games with either an EMT or paramedic, physician, or nurse. And I'll look through my notes and see if I can find the bill number here. That essentially is being put on the school systems to do that. It obviously has a lot of comment at this point. It's definitely far from finalized. I can get a bill number over to Scott so that you know what that bill number is. But it is morphed several, several times over. There is another bill as well that deals with perinatal standards for level one and level two centers. Right now, those are done by policy, and this would require regulation, COMAR regulation for perinatal centers one through four. There's another bill that would require an AED in every library. That's the place de jour. There's also another bill that we've been working with the

sponsor on regarding buprenorphine. The original bill was to require every ambulance in the state to carry buprenorphine and to have every clinician in the state be able to administer it. We thought that that was probably not the greatest direction to go and we worked with the bill's sponsor to morph that into a training grant to allow jurisdictions predominantly, but not restricted jurisdictions, to initiate buprenorphine. We'll see how that goes. All these bills, many of them have crossed over, but they're still not finalized. One bill that is very likely to pass is a bill from DHS that would essentially make us mandatory reporters for vulnerable adult suspected abuse. Christian worked very closely with the bill sponsor on this. We already require this in protocol. It turns out that the law did not require us to actually do it, so the protocol was actually a little bit stricter if you want to call it that. Then the law required, working with the bill sponsor though if that passes, would not go into effect until October 1st of 2026. We'd have an entire year to make sure that everybody understands this. It would enable us to call a statewide 24-7 hotline. That would suffice as having met our reporting burden. So again, just wanted to highlight those. I apologize that I do not have the bill numbers here. Certainly happy to take any questions and bring them back to Christian if you have them.

Will Rosenberg: Any legislative questions? I guess we will move on to Mr. Edwards in the clinician services report.

#### **Clinician Services – Aaron Edwards**

Aaron Edwards: So not too much to report. We're in the middle or in the throes of the ALS recertification season. One of the issues we've come up with or we found is that ImageTrend is not talking nicely with the National Registry. So we literally have to open each person who applies to recertify as an ALS clinician. And that will also happen again at the end of April when we're with the EMTs that need to be certified with their national registry. We've been doing two or three psycho motor exams a week for the last month. We're going to continue doing that. We're trying to work on some reports. Right now we have information that we had 55 reciprocities last month. We're working on trying to streamline that process. I don't know how it's worked so far. I know that we, myself and Scott, we are taking care of the \$35 fee. Or MIEMSS is taking care of it, but so far is taking care of it. That's pretty much it. Anybody have any questions? Concerns?

Will Rosenberg: Anyone have any questions for Mr. Edwards? Alright, I guess we'll go to the SOCALR then.

#### **SOCALR Report – Scott Legore**

New Service – Scott Legore

Scott Legore: So, we licensed the new BLS service last month, TBM Ambulance. They have locations in Chads, Ford, Pennsylvania and

Newark, Delaware. They're looking at the northeast corner.

#### Inspection/License/Renewal Update – Scott Legore

Scott Legore: For the inspection license update, Marty has already sent out the April renewals and we have already have two of them on the schedule for next month and May should be going out on the first of next month.

#### QA Review/Data Import – Scott Legore

Scott Legore: Data import, if you have any issues with your data imports, Scott Barquin's been a touch base with you. We've had a couple of folks that have run into problems with TraumaSoft in some of their updates so we're working through those.

#### Equipment Update - Scott Legore

Scott Legore: On the equipment update, so once we finalize the protocols, which seem to be pretty well finalized, we'll get the updated equipment list out, which will go and affect July 1st with the protocols. A couple items that have come up since our last meeting, so we've had two complaints brought to SOCALR about services not bringing their medications and/or not bringing their aid bags inside, when it's below freezing outside. The medications are freezing. So again, please put a mechanism in place to keep your medications from freezing. Keep bringing your bags inside at the end of the shift.

#### Base Inspections – Scott Legore

Scott Legore: We restarted the base inspections. Looking at about a 3 to 3 ½ years in between. If it's been 3 years since you've done a base inspection, be on the lookout to be contacted by me. I'm looking at doing one a month until we knock them all out. Just an update for everyone's knowledge on random inspections.

#### Random Inspections – Scott Legore

Scott Legore: Just an update for everyone's knowledge on random inspections. So for January and February, we conducted 16 random inspections. We identified deficiencies on seven units, so 43% of the time. One unit had missing equipment, three had unsecured items, and three had expired medications.

#### Smartsheet – Scott Legore

Scott Legore: On the Smartsheet front, if you have not noticed, we've updated the Commercial services dashboard with a couple more items. There is now a document portal where if you have updated documents like MSIs and registrations, you can submit them directly in the Smartsheet. We also added a vehicle form section, so add vehicle, drop

vehicle, or transfer license. Those can be submitted directly from the Smartsheet, from the Smartsheet dashboard right into the system. If you have not used those, they're there, they're turned on, and they are working. We'll have a transition period where we'll take either way until everybody's comfortable with Smartsheet, but we're transitioning there a whole lot on the back end. It makes it a whole lot smoother on our end.

#### Reg Change – Scott Legore

Scott Legore: I saw Claire click her camera on. She can give you an update real quick on where our rate changes stand.

Claire Pierson: So ALR approved, or I guess failed to exercise their option to stop the ALS waiver regs last week, so I pushed them forward to publication. I think they're going to be in the April publication (first week of April) in the register. I think it's the 4th, whatever that Friday is. I think April 4th they go out for publication and then we have the 30-day comment period. We should be able to push them to final if we get no comments. Probably late May.

Scott Legore: That's all I have.

Will Rosenberg: Does anyone have anything for either Claire or Scott?

Leah McGuin: Hi, it's Leah. I just have a question about the QA review data import. I was going back and forth with Scott. He sent me the first deficiency list on the 22nd and then I actually talked to him on the phone because every single one that I audited were cancelled. So I asked him to repeat another list and he gave me another list like a week and a half later and it's the same list. So I don't know if there's like an issue with the filtering process, but like if anybody could just give me some guidance so that I can have an updated list and see where my deficiencies are. That would be super helpful.

Scott Legore: Will do. I'll have him touch base with you and we'll work on filtering out the cancel codes.

Leigha McGuin: Awesome, thank you.

Will Rosenberg: Anyone else? All right, there are none. We'll move onto our committee reports.

### **Committee Reports**

#### **PEMAC Report – Jill Dannenfelser**

Jill Dannenfelser: Two things to report. First of all, that the pediatric reference posters and cards will be available shortly with a burn assessment listed on them as well, so they'll be coming out. The second thing is that PMAC drafted a critical patient protocol that's going to look a lot like the adult one, and a draft is going to be ready in May if anyone is interested in seeing it and reviewing it. That's it.

Will Rosenberg: Anyone have any questions for Jill? All right.

**SEMSAC** Report – Danny Platt unavailable, Teddy Baldwin advised no report.

**MIH** Report – Deb Ailiff unavailable, Will Rogers advised no report.

**Old Business** – Will Rosenberg – No old business.

**New Business** – Will Rosenberg – No new business.

**For the Good of the Committee** – Will Rosenberg

Will Rosenberg: Anything for the good of the committee?

Dr. Chizmar: Just a very quick one, April the 9th, Wednesday, April the 9th at 8 a.m. is the 30th Annual EMS Medical Directors Symposium. I know Scott shared the invitation. It is 8 a.m., we're kicking off at 8 a.m., 30th Annual one at Howard County Training Academy. So we look forward to seeing as many of you there that can make it and your medical directors. Also the deadline for the "Right Care When It Counts in the EMS" awards is this week. So if you have not submitted any, the deadline is this week.

Will Rosenberg: Anyone else have anything?

**Adjournment**

Will Rosenberg: Take a motion to adjourn.

Motion to adjourn by Matt Larrabee. Adjourned at 13:23 hours.

**Attendance:**

In Person: Will Rosenberg, Dr. Tim Chizmar, Scott Legore, and Aaron Edwards.

Virtual: Claire Pierson, Jill Dannenfelser, John Olivera, Jonathan Siegel, Leigha McGuin, Teddy Baldwin, Tyler Stroh, Will Rogers, Chenelle McQueen, Jason Moore, Jeff Huggins, Jeff Kreimer, Jimmy Harsh, Joel Atwell, Justin Webster, Lara Snyder, Mary Bell, Matthew Larrabee, Mike Moretti, Randy Linthcum, Rob Weiss, and Stephanie Ermatinger.

Callers: #1 – Janet Tubman