



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 Board Meeting
April 8, 2025
Agenda

- I. Call to Order – Chairman Stamp
 - Call the role
 - Approve minutes from March 11, 2025
- II. MIEMSS Report – Dr. Delbridge
- III. MSP Aviation Command – Major Tagliaferri
- IV. RACSTC – Dr. Snedeker
- V. MSFA Update
- VI. Old Business
- VII. New Business
 - Legislative Update – Mr. Miele
- VIII. Adjournment

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 8, 2025
Minutes**

Board Members Present: Clay B. Stamp, Chairperson; Jim Scheulen; William J. Frohna, MD; Sally Showalter; Stephan Cox; Nilesh Kalyanaraman, MD; Dany Westerband, MD; Tom Scalea, MD

Board Members Absent: Eric Smothers

MSPAC: Major Tagliaferri

RACSTC: Mr. Graves

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

Others: Mr. Cole;

MIEMSS: Dr. Delbridge; Mr. Abramovitz; Mr. Bechtel; Mr. Bilger; Mr. Cantera; Ms. Chervon; Dr. Chizmar; Mr. Ebling; Ms. Gainer; Ms. Hall; Ms. Hammond; Mr. Huggins; Mr. Kitis; Mr. Legore; Mr. Linthicum; Mr. Miele; Mr. Parsons; Dr. Pinet-Peralta; Mr. Robertson; Mr. Tandy; Mr. Tiemersma; Mr. Tracey; Ms. Wright-Johnson

Chairman Stamp opened the meeting at 9:05am and called the role.

Chairman Stamp thanked the MIEMSS staff for their hard work and accomplishments achieved every day. He expressed his appreciation of the EMS system partnerships.

Chairman Stamp asked for approval of the minutes from March 11, 2025.

ACTION: Upon the motion made by Mr. Scheulen, seconded by Dr. Westerband, the EMS Board unanimously approved the March 11, 2025 minutes as written.

MIEMSS

EMS Transports

Year-to-date, EMS has transported 142,207 patients to emergency departments. Approximately 3.5% are transported out-of-state; mostly to Virginia and West Virginia. Anne Arundel Medical Center, Frederick, Franklin Square, Meritus, and Baltimore Washington Medical Center continue to be the busiest hospitals in the state. Dr. Delbridge said that EMS patients' make-up approximately 29% of ED patients overall with 27% of hospital patients arriving by EMS.

Respiratory virus season is waning. The CDC says that 10 admissions per 100,000 population is the hospital's indication to go into source control mode. Maryland had reached that point for several months this year. The biggest culprit has been influenza.

Boarding ED Patients

During the peak of the respiratory season over 700 patients boarded in Maryland emergency departments daily. This affected EMS transfer-of-care intervals. As of yesterday, the number of boarded patients in the ED is slightly less than 400. It is too early to ascertain the impact on EMS transfer-of-care times.

The goal is for hospitals meet the target of 35 minutes 90% of the time. MIEMSS continues to work with ED staff and hospital leadership on EMS transfer-of-care times. EMS wait times is shared with HSCRC. MIEMSS also continues to participate in the ED weight time reduction commission representing EMS along with Chief Daniel Knatz from Baltimore County.

Emergency Department Advisory System (EDAS)

Dr. Delbridge said that MIEMSS is still on a path to implement a new ED advisory system. Instead of being based on the subjective interpretation of the status of the emergency department by a person or people, the Emergency Department Advisory System (EDAS) will rely on a ratio of the number of patients currently in the emergency department compared to what the emergency department has indicated its capacity to be.

Every hospital in the state agreed on a capacity number at the end of 2024, MIEMSS is in the process of verifying the number of treatment spaces with hospital EDs. Capacity is all patients, including boarding patients, patients in treatment rooms, EMS patients on stretchers, and people waiting for treatment in the waiting room. Dr. Delbridge added that if a hospital goes on black advisory (currently mini disaster) and is closed to EMS, MIEMSS intends to send out a press release to notify the public since the implication is that the emergency department is unsafe to take care of new patients. The press release will refer questions to hospital PIO's for explanation of closure.

Dr. Delbridge presented a graph showing how the EDAS app will appear on clinician phones and tablets. He said that MIEMSS is creating an advisory program whereby hospitals will update its emergency department (ED) census throughout the day manually. If a hospital enters a status of #4 the program will automatically drop back to #3 after three hours. Therefore, hospitals should update its ED data at least every three hours.

MIEMSS anticipates the new EDAS to be operational in May 2025.

Educational Program

Dr. Delbridge requested the Board's approval of the Carol County Department of Fire and EMS as an ALS and BLS continuing education program.

ACTION: Upon the motion made by Ms. Showalter, seconded by Dr. Frohna, the EMS Board unanimously approved the Carol County Department of Fire and EMS as an ALS and BLS continuing education program for five-years.

MSPAC

A written report was disseminated.

Major Tagliaferri highlighted a few items within the written report.

Currently, the sworn vacancy rate is 19% with the civilian vacancy rate at 9%. Three helicopters are in heavy maintenance with Axnes PNG Wireless Intercom System upgrades underway. He said that the Whole Blood Program has utilized 242 units used since inception administered to 185 patients with 1039 units rotated back to the University of Maryland blood bank prior to expiration with zero waste.

National Stop the Bleed Day is on Thursday, May 22, 2025. A public outreach event with UMD, STC, and MSPAC will be held at Trooper 1 Hangar - Martin State Airport. Classes will run from 8:00 AM to 6:00 PM.

Major Tagliaferri provided an update on the MSPAC's current budget mission data and a few notable events including a medevac with Delaware. He said he will provide the Board with a comparison of mission data in 2024 and 2025 at the next EMS Board meeting.

RACSTC

A written report was distributed.

Mr. Graves said that RACSTC goals for 2025 include improving capacity and throughput, expanding wraparound services, and the statewide subsidy program.

RACSTC's current statistics for Q3 to showing OR volumes up by 10% and an increased length of stay in surgical patients of about 1%. Most patients are over 56 years of age, with falls as the predominant mechanism of injury. RACSTC continues to focus on fall prevention work. RACSTC is down to 21 lost interfacility transfers and is aiming for zero.

Mr. Graves said that, in large part to the investment that the state has made in shock trauma, RACSTC has put additional funding to grow our injury prevention efforts across the state, adding new staff and expanding outreach in programs such as "Stop the Bleed" and fall prevention. Shock Trauma's school goals include having all high school students be trained in Stop the Bleed (STB), ensuring all schools have public access STB kits, training for all school nurses and health educators, provide training equipment, incorporate STB training into mandated Health I/II classes. Shock Trauma wants to ensure all Marylanders are trained in STB. Dr. Snedeker said that although funding is now available to build a foundation, this is a partnership and RACSTC is working with every trauma center to make this happen. National Trauma Survivors Day is May 21, 2025.

A lengthy discussion ensued regard "Stop the Bleed" training and training sites.

Mr. Graves said that RACSTC welcomes any EMS provider to come and spend time in the TRU so that they can observe and understand how the process works and to enrich their knowledge of the whole trauma and EMS system. He added that the international outreach program has a new director, Dr. Marcelo.

Dr. Scalea added that RACSTC continues to concentrate on the process of care. Lost admissions continue to go down and capacity is very low. It only ever happens when we get a bolus of patients.

MSFA

A written report was disseminated.

Mr. Cox said that the upcoming MSFA executive committee meeting is scheduled for April 26 & 27th at Midland

Old Business – N/A

New Business

Legislative Update

Mr. Miele said that the 2025 legislative session ended at midnight last night. He provided a synopsis of the bills that MIEMSS had been tracking during the session.

Bills that passed

HB 246 / SB 205 – Human Services – Adult Protective Services

This legislation specifies that certain provisions of law relating to confidentiality do not prohibit the disclosure of certain information by state or local government employees or the United States if the officer or employee is responsible for conducting an adult protective services (APS) investigation. It also expands the definition of “health practitioner” for the purposes of mandatory APS reporting, to include EMS clinicians, except for emergency medical dispatchers. Additionally, the bill adds calls to the statewide reporting hotline administered by the Department of Human Services as a reporting method. While the bill generally goes into effect on October 1, 2025, the mandatory reporting requirement for EMS clinicians will not go into effect until July 1, 2026, which will provide the necessary time for 2 MIEMSS to revise its clinical protocols to ensure that the relevant statute and associated regulations are in alignment.

HB 1131 – Public Health – Buprenorphine – Training Grant Program and Workgroup

This legislation (1) establishes a Buprenorphine Training Grant Program (Program) to assist EMS Operational Programs with offsetting the cost of training paramedics to administer buprenorphine, (2) includes this Program as an authorized use of funding from the Opioid Restitution Fund, and (3) requires the Maryland Office of Opioid Response to convene a workgroup to study access to buprenorphine in the State. The workgroup, to include a representative of MIEMSS, will examine how and where buprenorphine services are offered and identify strategies to improve buprenorphine services in Maryland. The bill includes a provision that will require the Governor to include in the annual budget bill an appropriation of at least \$50,000 from the Opioid Restitution Fund for the Program. Based on projected training costs and the amount of this annual appropriation, the number of paramedics to be trained to induce buprenorphine therapy could be achieved in four years assuming interest among EMS Operational Programs. Currently, several of Maryland’s Mobile Integrated Health programs include administration of buprenorphine as an Optional Supplemental Protocol. MIEMSS estimates that it would cost approximately \$500 to train each paramedic, or \$200,000. Effective July 1, 2025

HB 1380 / SB 676 – Health Care Facilities – Hospitals and Freestanding Birth Centers – Perinatal Care Standards

This legislation requires the Maryland Department of Health (MDH), in coordination with MIEMSS, to adopt regulations establishing minimum perinatal care standards for hospitals that meet or exceed the

Maryland Perinatal System Standards for each hospital that provides obstetrical services. MDH is also to establish by regulation minimum perinatal care standards that meet or exceed the Maryland Perinatal System Standards for freestanding birthing centers. Under this new law, compliance with these standards will be a condition of licensure for these hospitals and freestanding birthing centers. Effective October 1, 2025

SB 369 / HB 593 – Public Libraries – Automated External Defibrillator Program (Raymono A. Russell Act)

This legislation requires each branch of a county library system or the Enoch Pratt Free Library to place an Automated External Defibrillator (AED) in a prominent area, accessible to employees and library users, and comply with the requirements of the Maryland Public Access AED Program. Effective Date: October 1, 2025 By December 1, 2026, MIEMSS must report to the Senate Committee on Education, Energy, and the Environment and the House Ways and Means Committee on the libraries that registered AEDs in accordance with regulations adopted under §23-102.2 of the Education Article and the number of adverse cardiac events at registered libraries that required the use of an AED.

HB 421 / SB 36 – Public Safety – 9-1-1 Trust Fund – 9-8-8 Suicide Prevention Hotline

This legislation expands the permissible uses of the 9-1-1 Trust Fund to include sharing the operational costs of the 9-8-8 Suicide Prevention Hotline with 9-1-1 activities, including software interfaces and joint training.

Effective Date: October 1, 2025.

HB 459 – Counties – Cancer Screening for Professional Firefighters – Required Coverage (James “Jimmy” Malone Act)

This legislation requires counties that offer self-insured benefit plans to provide coverage for preventative cancer screenings for eligible firefighters in accordance with current cancer screening guidelines of the International Association of Fire Fighters. Counties may not impose a copayment, coinsurance, or deductible on the screenings. Counties must collect and submit to the Maryland Health Care Commission (MHCC) specific data on cancer screenings provided to eligible firefighters in 2026 and 2027. MHCC must study and report to the General Assembly on the impact of expanding preventive cancer screenings to the commercial insurance market by December 1, 2028.

Effective date: January 1, 2026

Bills that did not Pass

HB 737 – Public Health – Nonopioid Advance Directive

This bill would have authorized a competent individual to make a nonopioid advance directive stating that the individual refuses the offer or administration of opioid medication including during an emergency. It would have also required the Maryland Department of Health to develop a nonopioid advance directive and make the form available on the Department’s website.

SB 397 – Motorcycles – Protective Headgear Requirement – Exception (In Remembrance of Gary “Pappy” Broward)

This bill would have established an exception to the prohibition against operating or riding on a motorcycle without certain protective headgear for an individual at least 21 years of age who has been licensed to operate a motorcycle for at least 2 years or has completed a certain motorcycle safety course.

HB 935 – Venue-Specific Emergency Action Plans – High School Football Games – Requirements

As introduced, this bill would have made changes to the requirements of venue-specific emergency action plans to include the on-site presence of a licensed athletic trainer or an ambulance (staffed with the appropriate emergency medical services personnel) at each high school football game. As later amended, the bill removed the above requirement and instead sought to require that emergency action plans for high school football programs mandate the presence of a volunteer or local school system employee who is one of the following trained health care professionals: (1) a licensed athletic trainer; (2) a licensed EMS clinician; (3) a licensed nurse; or (4) a licensed physician; OR an ambulance staffed with the appropriate emergency medical services personnel if said ambulance is located within 3 driving miles of the high school football game at a fire, rescue, or ambulance facility

ACTION: Upon the motion by Mr. Scheulen, seconded by Dr. Westerband, the Board adjourned to closed session.

In closed session:

Board Members Present: Clay B. Stamp, Chairperson; Jim Scheulen; William J. Frohna, MD; Sally Showalter; Stephan Cox; Niles Kalyanaraman, MD; Dany Westerband, MD; Tom Scalea, MD

Board Members Absent: Eric Smothers

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

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

The Board considered disciplinary matters.