



State EMS Board Meeting September 9, 2025 Agenda

- I. Call to Order – Chairman Stamp
 - Call the role
 - Approve minutes from June 10, 2025
- II. MIEMSS Report – Dr. Delbridge
- III. MSP Aviation Command – Major Tagliaferri
- IV. RACSTC – Mr. Justin Graves
- V. MSFA Update
- VI. Old Business
- VII. New Business
 - Educational Programs – Dr. Delbridge
 - ❖ ALS and BLS EMS refresher programs
 - Ft. Meade Fire / EMS Department
 - MSP
 - Pulse Medical
- 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
September 9, 2025
Minutes**

Board Members Present: Clay B. Stamp, Chairperson; William J. Frohna, MD; Stephan Cox; Dany Westerband, MD; Eric Smothers; Tom Scalea, MD; Yonnia Waggoner; Jeff Hobbs; Trisha Wolford

Board Members Absent: Jim Scheulen

MSPAC: Major Tagliaferri; Mr. Curtin

RACSTC: Mr. Graves

Others: Mr. Cole, JH Bayview; Meg Sullivan, MD, Deputy Director, MDH

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

MIEMSS: Dr. Delbridge; Mr. Linthicum; Mr. Abramovitz; Ms. Butler; Dr. Barajas, DNP; Mr. Bechtel; Mr. Bilger; Ms. Butler; Mr. Cantera; Ms. Chervon; Dr. Chizmar; Mr. Ebling; Ms. Ermatinger; Dr. Floccare; Ms. Gainer; Ms. Geisel; Ms. Hall; Ms. Hammond; Ms. Harne; Mr. Kitis; Mr. Legore; Mr. Miele; Mr. Parsons; Dr. Pinet-Peralta, PhD; Mr. Tandy; Mr. Tiemersma; Ms. Wooster; Ms. Wright-Johnson; Ms. Goff

Chairman Stamp opened the meeting at 9:00am and called the role.

Chairman Stamp thank the MIEMSS staff and the EMS system partners that do the work, day in and day out, to coordinate EMS across Maryland. He said it was nice to see Dr. Delbridge and the team in every region of the state, during EMS week, recognizing and appreciating the extraordinary people in Maryland.

Chairman Stamp asked for approval of the minutes from June 10, 2025.

ACTION: Upon the motion made by Mr. Smothers, seconded by Dr. Westerband, the EMS Board unanimously approved the June 10, 2025 minutes as written.

MIEMSS

Dr. Delbridge welcomed and thanked the three new board members, Yonnia Waggoner, Trisha Wolford, and Jeff Hobbs.

EMS Transports

Year-to-date, EMS has transported approximately 398,000 patients to emergency departments which is in-line with the number of transports around the same time in 2024. Anne Arundel Medical Center is the busiest receiving facility, followed by Frederick, Franklin Square, Meredith and Baltimore Washington Medical Center.

The goal remains for a transfer of patient care from EMS to ED staff of 30 minutes allowing an additional five minutes for the EMS clinicians to transfer the patient from the ambulance and then through the hospital doors. About 44% of facilities in the state meet that goal which accounts for 37% of the patients who are transported to facilities. In the last month receiving hospitals exceeded 50% but the outliers tend to be the same outliers over and over again.

This has been a focus of the customer review commission's ED weight time reduction commission which was appointed by the legislature the year before last. As we visited hospitals in the state over the course of the past several months, the one message that comes through is that the receiving facilities are relatively confident that the ED is sized correctly for the number of patients they see, but it's not sized right for the length of stay of those patients.

ED boarding continues to be a consideration. It is not unusual for 20 to 25% of the state's emergency department capacity to be used up by boarding patients. Those are people in the emergency department who are ready to be transferred to another facility or in-patient care. The issue appears to be the lack of availability of space or resources. In region three, four, and five, this is more of a challenge than the western part of the state or the far eastern shore. MIEMSS continues to monitor this. One hospital president indicated that the number of patients in the ED waiting for skilled nursing facilities is equal to the number of patients in the ED waiting for a bed in the hospital.

The Health Services Cost Review Commission considers transfer-of-care times in the performance criteria that they use to grade hospitals and to help them develop strategies to make improvements overall. Dr. Delbridge and Chief Knatz continue to participate on the ED wait time reduction commission studying individual hospital emergency department throughput.

Emergency Department Advisory System (EDAS)

Dr. Delbridge said that CHATS was turned off on August 4, 2025. He provided a screen shot showing how the EDAS app will appear on clinician phones and tablets and said that the advisory program will be updated by emergency departments (ED) manually throughout the day. MIEMSS recommends that hospitals update data around every three hours, but no less than once in twenty-four hours. If a hospital enters a status of #4 the program will automatically drop back to #3 after a little over three hours.

Hospitals can still use trauma bypass, capacity alert for, the shot trauma center, STEMI bypass, and Stroke bypass. Dr. Delbridge provide a view of EDAS and explained the different levels as they appear on a cell phone. MIEMSS is collecting feedback from the hospitals regarding the ability to generate reports. He explained how ED treatment spaces were determined.

Chairman Stamp said that EDAS is a significant advancement for EMS field clinicians and supervisors for a real-time assessment of ED status.

COMAR Amendments 30.02.02

Dr. Delbridge gave an overview of the Certification and Licensure regulation changes that went into effect on July 31, 2025. He said that 30.02.02 waives the licensure fee for commercial ambulance service employees; 30.02.03 clarifies the requirements for protocol orientation for paramedic and EMD applicants, 30.02.04: clarifies requirements for reciprocity, 30.02.05 says there is no re-take EMT class if practical exam failed x3, and 30.02.07 is regarding renewal update.

Dr. Delbridge said these changes affords flexibility with a more modular approach to continuing education hours. It also allows for more didactic education to be distributive (online) and provides scaled flexibility for technical (practical components).

MIEMSS will crosswalk the requirements for EMT certifications that expire after July 31, 2025 if the clinician has already completed the old refresher program.

Military Medical Center

Dr. Delbridge said that he met with a committee of SEMSAC members to discuss the proposed addition of "Military Medical Center" to regulation. Since the committee members were less than enthusiastic, MIEMSS believes this discussion should be tabled for now. Committee members recognize the value in creating structure to a situation that has been a bit amorphous to them for a while, but also appreciate, in some respects, living in the gray. Although living in the gray is uncomfortable on some days, it can be an advantage on different days and would rather leave well enough alone.

REPLICA

Maryland belongs to a number of professional licensure compacts which generally provide for expedited reciprocity when a professional is licensed in one state and wants to move to Maryland. EMS compact is such that if you're licensed in one state that's a compact member, you have what is called a privilege of practice in any other state that is a compact member state. It bypasses the licensure process in the state that the candidate is wanting to practice in remotely. The EMS compact was initiated in 2020 and currently have 25 participating states.

When addressed last year, the MSFA and Metro Fire Chief had decided it was not needed in Maryland. Commercial Services are rethinking not participating in the Compact due to the length of time to achieve reciprocity. MIEMSS is working on a few internal mechanisms for expediting the reciprocity process within licensure. There would be no mechanism for assuring a Compact clinician has taken the Maryland protocols. In addition, the required biometric background checks for all new personnel could be cost prohibitive. Participation would also require changes in current regulation.

Mr. Smothers said that the COMPACT was discussed at SEMSAC and was not supported by the membership.

Whole Blood

In addition to the MSB Aviation Command, whole blood in the field is currently being carried by Howard County, Montgomery County, Carroll County, and Washington County. Harford and Calvert counties will carry whole blood in the near future. Excluding MSPAC, whole blood has been administered by EMS to 76 patients in the field in 2025. The majority are trauma patients and GI bleeds.

A lengthy discussion regarding the compilation of data for the whole blood program ensued. Dr. Floccare said that he has been working with University and NSC personnel and should have something to report soon. Dr. Scalea asked to be kept in the loop.

EMS Buprenorphine

Currently, Frederick County, Baltimore County, Baltimore City, Salisbury, Montgomery County, and the City of Salisbury can provide Buprenorphine to patients. Charles County is pending. So far in 2025, fourteen patients have received Buprenorphine in the field by EMS.

Hospital Designations

Dr. Delbridge reported that MIEMSS has presented designations to the following facilities.

- Freestanding Emergency Medical Facility (5 years)
 - TidalHealth McCready Pavilion
 - UM Shore Regional Health Queenstown Emergency Center
- Pediatric Burn Center (3 years): Johns Hopkins Children's Center
- Hospital EMS Base Station (5 years)
 - Holy Cross Hospital
 - Adventist HealthCare Ft. Washington Medical Center
 - Frederick Health Hospital
 - Ascension Ct. Agnes Hospital (balance of 5 years after 1-year provisional)
 - UM Capital Region Health, Bowie Health Center (balance of 5 years after 1-year provisional)
 - Meritus Medical Center (1-year provisional designation)

MSPAC

A written report was distributed.

Major Tagliaferri gave a brief summary of the written report.

Currently, the sworn vacancy rate is 22% with an 8% civilian vacancy rate. Major Tagliaferri provided an update on the MSPAC's current mission data and notable events.

Major Tagliaferri advised that there are currently three helicopters are in heavy maintenance. MSPAC has been working with the helicopter manufacturer on strategies to improve the process for heavy inspections as there has been aircraft at the manufacturer waiting on parts for inspecting and repairing the aircraft. He said that there is a worldwide shortage of aircraft parts impeding the swift completion of required maintenance.

Major Tagliaferri introduced MSPAC's Director of Flight Operations, Scott Curtain. Director Curtain provided additional information on personnel, training, maintenance, and radio upgrade issues. He provided a calendar showing the helicopter heavy maintenance schedule through the end of the year. He said there may be one week with four helicopters scheduled out at the same time.

Major Tagliaferri said that year-to-date, the Whole Blood Program has utilized 92 units to 71 patients. MSPAC has been asked for the mechanism of injury and types of incidents used when using whole blood in the field. Preliminary stats show that 128 are traffic related, 21 are motorcycle crashes, 17 pedestrian and five bicycle incidents. MSPAC is working with Dr. Floccare on this reporting.

A lengthy discussion regarding helicopter maintenance and section coverage ensued.

RACSTC

A written report was disseminated.

Mr. Graves provided highlights of RACSTC's stats including patient volumes (down 1.66%), length of stay (up .24 days to 9.66 days), age demographics, mechanism of injury, interhospital transfers, lost interhospital transfers (160), capacity alert hours (down), the Go Team (12 activations with 6 deployments), Center for Injury Prevention and Policy activities and Stop the Bleed trainings, and EMS training and outreach. He added that the Observer Program hosted 52 observers (31 international observers from 12 countries).

Mr. Graves said that the RACSTC goals for FY26 include "fall prevention" focusing on efforts in post-discharge navigation and reduction of re-admissions and re-injury. Expansion of wrap-around services for victims of violence, and further statewide Stop the Bleed reach with expansion of public class offerings into every county.

A discussion ensued regarding capacity alert and lost interhospital transfers.

MSFA

A written report was disseminated.

Mr. Smothers highlighted a few of the items in the written report. He said that the MSFA is working on a post-MSFA Convention survey for vendors and attendees.

He reported that Maryland is getting ready to start/roll-out the National Emergency Response and Information System. It will be a different way of capturing data across the state from fire departments reporting of incidences to the state Fire Marshall. This will affect reporting and funding that the fire/EMS volunteers receive from the state.

The Maryland Fire and Rescue Services Memorial is scheduled for Saturday, September 27th at the Double Tree in Annapolis.

Mr. Smothers said that recruitment and retention of volunteers fire/EMS part of the issue is the time commitment for training.

Mr. Cox added that the MSFA convention committee has discussed changing the day for the parade from Wednesday to Saturday.

Old Business – N/A

New Business

Educational Programs

The Office of Clinician Services reviewed the following educational programs and recommends five-year designations.

ALS and BLS EMS refresher programs

- Ft. Meade Fire / EMS Department
- MSP
- Pulse Medical

ACTION: Upon the motion made by Dr. Frohna, seconded by Mr. Smothers, the EMS Board unanimously approved the designation of Ft. Meade Fire/EMS Department, MSP and Pulse Medical as ALS and BLS EMS refresher programs for five-years.

Chairmans Stamp welcomed the new EMS Board members. Jeff Hobbs, Yonnia Waggoner, Trisha Wolford, and Meg Sullivan introduced themselves.

ACTION: Upon the motion made by Dr. Frohna, seconded by Mr. Smothers, the EMS Board unanimously approved adjournment to closed session.

In closed session:

Board Members Present: Clay B. Stamp, Chairperson; William J. Frohna, MD; Stephan Cox; Dany Westerband, MD; Eric Smothers; Tom Scalea, MD; Yonnia Waggoner; Jeff Hobbs; Trisha Wolford

Board Members Absent: Jim Scheulen

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

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

The Board considered

1. SEMSAC member appointments, and;
2. Disciplinary matters