



**State Emergency Medical Services Board
June 10, 2025
Minutes**

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

RACSTC: Mr. Graves

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

MIEMSS: Dr. Delbridge; Mr. Linthicum; Mr. Abramovitz; Dr. Barajas; Mr. Bechtel; Mr. Bilger; Ms. Butler; Mr. Cantera; Ms. Chervon; Dr. Chizmar; Ms. Ermatinger; Ms. Gainer; Ms. Hall; Ms. Hammond; Mr. Huggins; Mr. Legore; Mr. Miele; Mr. Parsons; Mr. Tandy; Ms. Wooster

Chairman Stamp opened the meeting at 9:05am 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 May 13, 2025.

ACTION: Upon the motion made by Mr. Smothers, seconded by Dr. Frohna, the EMS Board unanimously approved the May 13, 2025 minutes as written.

MIEMSS

Dr. Delbridge said that Nilesh Kalyanaraman, MD, the MDH representative, has left state service. Secretary, Dr. Meena Seshamani, will be designating a new representative for the governor's approval.

Dr. Delbridge recognized MIEMSS staff, Todd Abramovitz and the media services team, Cyndy Wright-Johnson, and Dr. Jen Anders for their amazing work coordinating the "Stars of Life" and "Right Care When IT Counts" presentations around the state during EMS week. He highlighted a few of the awards presented. He added that MIEMSS plans to update the award nomination process for 2026.

EMS Transports

Year-to-date, EMS has transported approximately 254,000 patients to emergency departments which is in-line with the number of transports around the same time in 2024.

MIEMSS continues to monitor the length of time for EMS to transfer responsibility of care from themselves to hospital emergency department staff. The goal remains 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. There are hospitals that do this well and hospitals that do not do as well. 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.

Dr. Delbridge said that Maryland has seen some improvement and provided statistics of ED patients per 1000 in Maryland (303) compared to the national average (426). He added that West Virginia has the highest national rate of almost 600 per 1000 people per year. The ratio for Maryland indicates that the number of patients presenting at the ED but more of the inability to process the patients through the facility.

Cardiac Arrest Registry to Enhance Survival (CARES)

CARES was conceived as a project from the CDC more than a decade ago and it's run through Emory University. MIEMSS is one of the few states that submit statewide data to the registry. This means that every hospital in Maryland has a CARES coordinator, somebody that tracks cardiac arrest metrics for patients transported to the hospital. MIEMSS receives follow-up data and survival data, CPC scores, and performance measures that can be compared with other places in the country.

Dr. Delbridge said that Maryland's overall cardiac risk survival is 9.7% compared to 10.5% in the country. Maryland responds to more cardiac arrests where the initial rhythm isn't a shockable rhythm and are unwitnessed. Maryland responds to more cardiac arrest in nursing homes than elsewhere in the country. But, when a cardiac arrest is witnessed by a bystander and the bystander performed CPR or applied an AED, the cardiac arrest survival rate is about 5% better than the nation. Therefore, there are better outcomes when EMS arrives to a sudden cardiac arrest where a bystander rendered care.

Emergency Department Advisory System (EDAS)

Dr. Delbridge said that the MIEMSS has spent the last couple of weeks ensuring that the hospital ED has the necessary access to EDAS and working with hospital IT staff at the a few facilities to assure security principles are met. As MIEMSS provides the education roll-out for EMS and hospital personnel, CHATS will continue to run concurrent with EDAS.

Pediatric Readiness Program

MIEMSS is in the process of recognizing hospitals that provide pediatric care resources to Maryland communities and that meet federal performance measures to ensure pediatric readiness for all children. Pediatric facility recognition is a mandated measure for the EMS for children program in every state.

Hospitals that complete the application process and fulfill requirements will be recognized as having a pediatric ready emergency department able to provide general care, stabilization, and

capabilities for the transfer of ill and injured children to pediatric resource hospitals that have the capacity for observation, inpatient care, pediatric ICUs, and the availability of pediatric operative care.

EMS Supplemental Payment Program (ESPP)

Dr. Delbridge provided updated statistics along with the distribution of ESPP funds to date.

MSPAC

A written report was distributed.

Major Tagliaferri gave a brief summary of the written report.

Currently, the sworn vacancy rate is 22% with trooper medic vacancies rate at 18%. The civilian vacancy rate is rather low. Three helicopters are in heavy maintenance and Trooper 6 section is down due to unexpected maintenance issues. Trooper 1 and Trooper 4 are covering. It is anticipated that Trooper 6 will be up and running again in approximately 2 weeks.

A lengthy discussion ensued regarding helicopter maintenance, replacement and pilot vacancies.

Major Tagliaferri said that the Whole Blood Program has utilized 275 units used since inception administered to 213 patients.

MSPAC hosted a very well attended Stop the Bleed event at Trooper 1 Hangar - Martin State Airport on May 22, 2025.

Major Tagliaferri provided an update on the MSPAC's current mission data and a few notable events. He also updated the Board on anticipated budget deficits.

RACSTC

Mr. Graves highlighted the Stop the Bleed events that took place during EMS week. He expressed Shock Trauma's appreciation for all of the partner participation.

MSFA

A written report was disseminated.

Mr. Smothers said that the MSFA is looking forward to seeing everyone at the MSFA Convention.

Old Business

COMAR 30.08 Accreditation regulation

Mr. Malizio said that the regulation changes, were previously passed by the Board in December 2024, published in the National Register, with one comment regarding a possible future inclusion of ACPC certification. The current iteration of the regulation aligns with the Department of Health's requirements for accreditation.

ACTION: Upon the motion made by Mr. Smothers, seconded by Dr. Frohna, the EMS Board unanimously approved for final action COMAR 30.08 as published in the National Register.

COMAR 30.09.04.08 Waivers

Ms. Pierson said that changes to COMAR 30.09.04.08, previously approved by the Board, is ready for final approval. It amends the commercial ambulance regulation regarding the use of non-EMS licensed or certified drivers for an ALS ambulance in addition to a BLS ambulance. It also allows SOCALR and the Office of Integrity to refuse the use of certain drivers that have been determined to be a health and safety threat to the public as EMS clinicians.

ACTION: Upon the motion made by Ms. Showalter, seconded by Dr. Scalea, the EMS Board unanimously approved for final action COMAR 30.09.04.08 as published in the National Register.

New Business

Military Medical Center – Regulatory amendments

The proposed regulatory amendment is as follows:

30.08.01 General Provisions

.02 Definitions.

- A. In this subtitle, the following terms have the meanings indicated.
- B. Terms Defined.

...

(32) “Military medical center” means a hospital located within Maryland and operated by the United States Department of Defense.

.03 System Administration.

...

D. Designation of a military medical center.

(1) A military medical center may apply for designation as a trauma or specialty referral center in accordance with COMAR 30.08.02.03.

(2) The procedures of COMAR 30.08.02 shall apply to an application submitted under §D(1) of this regulation.

(3) With the approval of the EMS Board, MIEMSS may enter into an agreement not to exceed 3 years with a military medical center that meets the requirements of Chapter .02 of this subtitle to ensure access of Department of Defense beneficiaries and other patients to appropriate levels of trauma and specialty care. Such an agreement shall:

(a) Be tantamount to designation by MIEMSS and approval by the EMS Board;

(b) Require the military medical center to accept any patient who meets the criteria for referral to the level of trauma or specialty referral center that MIEMSS has designated the military medical center to be;

(c) Require the military medical center to comply with the Maryland regulations applicable to the level of trauma or specialty referral center that MIEMSS has designated the military medical center to be; and

(d) Require MIEMSS and the military medical center to follow the procedures in COMAR 30.08.02.10 for reverification of its designation agreement.

Dr. Delbridge said that this identifies the hospital as a military medical center that is located within Maryland, operated by the DoD, and basically would subject a military medical center

before a designation as a specialty center leaving the Board approval if a request for specialty center designation is requested.

A lengthy discussion ensued regarding the need for the regulation and specialty center designations.

Upon the motion by Mr. Scheulen, seconded by Dr. Scalea, the Board voted to send the regulation to SEMSAC for its review and recommendation prior to Board consideration. (Mr. Cox abstained from voting)

ACTION: Upon the motion by Mr. Smothers, seconded by Dr. Frohna, 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; Dany Westerband, MD; Eric Smothers; Tom Scalea, MD

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