



**State EMS Board / SEMSAC
Annual Joint Meeting
January 13, 2026
9:00 a.m. – 12:00 a.m.
Virtual Meeting**

- I. Call to Order - Mr. Stamp, EMS Board Chair; Mr. Haas, SEMSAC Chair
 - Call the role
 - EMS Board
 - SEMSAC
- II. MIEMSS Report – Dr. Delbridge
- III. MFRI – Mr. Cox
- IV. MSP Aviation Command – Major Tagliaferri
- V. National Study Center – Dr. Teeter
- VI. R Adams Cowley Shock Trauma – Mr. Graves
- VII. MSFA – President Simpson
- VIII. Old Business
- IX. New Business
- X. Adjourn



**State EMS Board/SEMSAC Joint Meeting
Virtual
January 13, 2026
Minutes**

Board Members Present: Clay B. Stamp, Chairperson; Scott Haas; Stephan Cox; William J. Frohna, MD; Meg Sullivan; James Scheulen; Eric Smothers; Tom Scalea, MD; Yonnia Waggoner; Jeff Hobbs

Board Members Absent: Dany Westerband, MD

SEMSAC Members Present: Scott Haas, Chairperson; Kathryn Burroughs, Vice Chairperson; Michael Cox; Jeffrey Sagel, MD; Elliott Haut, MD; Michael Tagliaferri; Linda Young, MD; Tim Kerns; Bill Teeter, MD; Danielle Knatz; Lisa Tenney; Lisa Lisle; Bruce Klein, MD; Tony Rose, Susan Mott; Doug Beitzel; Danny Platt; Kathleen Grote; Mathew Levy, DO; Eric Smothers; Tony Rose;

SEMSAC Members Absent: Justin Orendorff; Wayne Dyott; Kristie Snedeker; Ben Kaufman; Farheen Qurashi, MD

Others: Justin Graves (RACSTC); Gai Cole, (JH Bayview); President Charlie Simpson (MSFA)

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

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

Mr. Stamp opened the meeting. Ms. Goff conducted roll call and introductions. Members stated their names and representation.

Chair Stamp welcomed all board members and SEMSAC participants and noted that this meeting represents the annual joint meeting of the State EMS Board and SEMSAC. He recognized the MIEMSS staff and partner organizations for their continued work in supporting and maintaining the state EMS system, emphasizing their role in the system's past, present, and future success.

Chairman Stamp turned the meeting over to the SEMSAC Chair, Scott Haas.

Chairman Haas provided opening remarks and formally called the SEMSAC component of the meeting to order. He said that he grateful and honored to fulfill the role of Chairman on SEMSAC and expressed his appreciation to the council for its confidence and support. Chairman Haas recognized Vice Chair, Kathi Burroughs, noting the shared passion for the statewide EMS systems.

Chairman Haas acknowledged the outgoing SEMSAC Chair, Eric Smothers for his leadership and institutional knowledge. He said that he and Ms. Burroughs are committed to building on the strong foundation established by prior leadership emphasizing SEMSAC's critical advisory role in EMS delivery, regulation, and future planning. He said that the goals for this year is to foster open dialogue, encourage respectful debate, promoted data-driven recommendations, and reflect diverse perspectives across EMS systems.

Eric Smothers, Immediate Past Chair of SEMSAC, addressed the Board and Council. He expressed that it has been his honor to serve as SEMSAC Chair for the last three years. He noted his long-standing involvement dating back to the inception of SEMSAC and the EMS Board emphasizing the collaborative relationship between SEMSAC and the State EMS Board as a key reason Maryland's EMS system is viewed nationally as a model. He shared his perspective from prior leadership roles, noting that other states frequently reference Maryland's EMS, hospital, and trauma systems as exemplary. He recognized the nearly 50 years of system development and continuous improvement.

Past Chair Smothers thanked SEMSAC members for their support during his tenure and congratulated Scott Haas and Kathryn Burroughs on their new leadership roles. He reiterated his appreciation for the opportunity to serve and his commitment to continued collaboration.

MIEMSS

Dr. Ted Delbridge presented an overview of the EMS system status, recent activity, and emerging challenges. He said that Kenny Barajas, Chief, Office of Care Integration, would assist with portions of the presentation.

EMS Activity & Transport Data

Dr. Delbridge said that, in 2025, there were 441,000 EMS patient transports to Maryland hospitals with an additional 278,000, BLS, ALS, and Specialty Care transports conducted by commercial ambulance services. He emphasized the essential role of commercial ambulance services in the statewide EMS system.

The goal is for hospitals to receive patients within 35 minutes 90% of the time, allowing five minutes to get out of the ambulance, giving ED staff 30 minutes to accommodate the patient. Approximately 50% of hospitals are attaining this goal. He attributed improvement to focused efforts by hospital emergency departments and added that weekly data is shared with hospitals by Dr. Chizmar; hospitals are actively reviewing and responding to performance data.

ED Patient Boarding

Dr. Delbridge said that another extremely important issue is patient board in emergency departments which is unprecedentedly higher levels in last few weeks partly due to the increase in respiratory viruses. There are approximately 2000 treatment spaces across the state with nearing 1,000 boarded patients, resulting in over half of the ED Capacity occupied by admitted patients awaiting inpatient placement. HSCRC and MDH task groups continue to address systemic flow issues.

Emergency Department Advisory System (EDAS)

Dr. Delbridge said that EDAS Level 4 indicates EDs operating above 130% capacity. A significant number of hospitals are reporting Level 4 status. From January 1, 2006 – January 12, 2026, several hospitals reported Level 4 status more than 75% of the time with JH Bayview reporting 100% Level 4 status during this period of time. EMS providers actively use EDAS data in destination decision-making.

Several hospitals experienced over 50 hours of reroute during December 2025 into early January 2026. Extended reroutes indicate hospitals are effectively offline for prolonged periods; 50 hours of reroute connotes that the hospital is basically offline for two entire days.

Reciprocity & Credentialing

Dr. Ted Delbridge reported on clinician services and licensing activities. The current average processing time for reciprocity is approximately 10 days but can be as short as 22 hours when applicants complete online protocol orientation promptly. Primary delays involve completion of protocol orientation and verification of out-of-state licensure.

The Office of Clinician Services processed 290 new paramedics, 97 obtained through reciprocity, in 2025.

State Office of Commercial Ambulance Licensing & Regulation

The state office of commercial ambulance licensing regulation conducted 543 scheduled vehicle licensing inspections and 72 random inspections. Approximately 30% of random inspections resulted in identifiable deficiencies. Some of the deficiencies were significant including expired medications.

Two new ground ambulance service licenses were issued in 2025.

Office of Integrity

Dr. Delbridge highlighted integrity and disciplinary oversight activity. He said that over 10,000 background checks were conducted in collaboration with the Office of the Attorney General. Also, 57 cases were reviewed by the PRP and EMS Board (consistent with 2024), 3 administrative hearings were conducted, 34 clinicians were placed on probation, 7 clinician suspensions, 10 clinician revocations (up from 3 in 2024), 3 clinician surrenders, and 5 clinicians requiring remedial education.

Pediatric Facility recognition program

Dr. Delbridge said that the program launched in Spring 2025 and has currently received 10 applications across multiple recognition levels that include Pediatric Ready Emergency Departments, Resource Hospitals, and Comprehensive Pediatric Care Facilities. There are currently 5 site visits scheduled. On February 25, 2026 the first Pediatric Ready Conference will be held. It is planned to be an annual event.

Office of Care Integration (OCI)

Dr. Delbridge said that the OCI effectuated 7 hospital designations, has 1 out-of-state trauma center renewal under review (Christiana Care, Delaware), conducted 25 consultative visits, and presented 27 educational lectures.

Dr. Barajas, PhD, Chief, Office of Care Integration presented for information to SEMSAC and the Board proposed changes to the Trauma & Specialty Referral Center regulations. He said that the issues surrounding the current regulations included redundant and outdated language, ambiguities and inconsistencies, and misalignment with current clinical practices. The goals of the revision include evidence-based standards, alignment with national accrediting bodies, improved clarity and consistency, and enhanced patient safety and quality of care.

Extensive consultation with trauma medical directors and program managers, quality improvement leaders, stroke program (leaders, neurologists, neurosurgeons), perinatal and neonatal specialists, and Maryland Department of Health partners have occurred. Trauma updates include mandatory demonstration of pediatric readiness and completion of a pediatric gap analysis, continued alignment with the American College of Surgeons (ACS) standards.

Key proposed changes include changing from a five-year to a three-year designation cycle that would apply to trauma, stroke, cardiac, specialty referral centers, and freestanding emergency departments. This aligns with national standards (ACS, Joint Commission, DMV, American Burn Association. Dr. Barajas provided additional details on proposed legislation changes to the trauma and stroke programs.

Legislative Update

Dr. Delbridge provided information on Senate Bill 159 that would require the MIEMSS Executive Director to establish a minimum EMS vehicle equipment list, with a specific focus on neonatal care. The bill would also require six Regional Operational Programs (ROPs) to conduct quarterly performance reviews, submission of reports to MIEMSS to include defined performance metrics, complaints received regarding EMS systems or services with outcomes of investigations related to those complaints.

Dr. Delbridge invited feedback from jurisdictions and stakeholders to be directed through the legislative process

Personnel Update

Dr. Delbridge announced that Rich Berg, Director of Communications Engineering Services, retired following a long career at MIEMSS. Chuck Rollman, who has over 20 years of service with MIEMSS, assumed the position.

Protocol Update

Dr. Chizmar provided a protocol update regarding a medication shortage involving diltiazem, commonly used for atrial fibrillation with rapid ventricular response. The powdered formulation has been discontinued by a major manufacturer. An emergency protocol has been implemented to allow use of alternative formulations•

Maryland Fire and Rescue Institute (MFRI)

Mr. Michael Cox said that MFRI is the state's comprehensive training education system for Maryland's responders. MFRI is part of the University of Maryland, headquartered in College Park with satellite training facilities around the state. It's mission and vision for 2025 is to develop and deliver quality programs that prepare first responders to save lives, property, and the environment and to maintain status as a premier emergency services training organization through high-quality programs and adaptation to emerging needs.

He reported on MFRI's 2025 statistics regarding student enrollment, approximately 28,000 students were trained. He noted long-term impact of COVID on workforce participation, that Fire and EMS training remain the most heavily attended program with 3,755 classes offered. He provided an update on recent investments in equipment and training resources, the utilization of additional grant funding, regional training facilities, the National Registry testing partnership, and the participation in Governor Moore's Service Year Option Program.

Instructor availability, utilization, and course quality was discussed. Mr. Cox will chat with Dr. Sagel offline with more detailed information.

MSPAC

Major Tagliaferri gave an overview of the Maryland State Police Aviation Command's 2025 mission data. He said that there were 1,971 medevac missions and gave an update on the number of flight hours, section missions, aircraft maintenance schedules and costs, current numbers of EMS clinicians and pilots, personnel recruitments, and ongoing projects and initiatives including the Whole Blood Program that have utilized 364 units used since inception administered to 279 patients.

Major Tagliaferri gave an overview of the BATDOK (Battlefield Assisted Trauma Distributed Observation Kit) program that is a grant-funded collaboration with the Air Force research laboratory deploying devices to transmit real-time patient data from the field to trauma centers.

Dr. Scalea commended the BATDOK program, noting its potential to enable trauma centers to monitor patients prior to aircraft landing and improve readiness for resuscitation upon arrival. He said that BATDOK is a major advancement in continuous monitoring from injury through trauma center arrival.

Dr. Floccare said that significant progress has been made in aggregating the data for the Whole Blood program. Efforts are focused on resolving technical and data logistics challenges. Collaboration is underway with Dr. Teeter on in-hospital data. He said it is anticipated to begin formal analysis in the near term.

National Study Center (NSC)

Dr. Teeter provided the NSC's mission statement, organizational chart, and list of faculty members. He welcomed new faculty members Drs. Elizabeth Powell, Floccare, and Levy. He provided an overview of ongoing NSC collaborations with the Institute for Health Computing and STAR. The NSC is primarily grant funded.

Dr. Teeter continued his presentation highlighting the Center's work in applying artificial intelligence and machine learning to large clinical datasets, with a primary focus on trauma, and expanding into cardiac and EMS care. Key capabilities include predictive analytics and clinical decision support tools, AI-driven video analytics for trauma resuscitation, over 25 years of trauma data, representing approximately 70,000 patients, and access to approximately 5,000 prehospital helicopter medevac patient records through collaboration with MIEMSS and the Maryland State Police Aviation Command. Dr. Teeter noted this represents one of the largest acute-care clinical data repositories in the United States.

Dr. Teeter highlighted some of the national and federal research collaborations including the LITES Network (University of Pittsburgh) that is department of defense funded in nearly 50 trauma centers nationwide focusing on field-level interventional clinical trials and upcoming enrollment in the CAVALIER Trial (Calcium and Vasopressin Following Injury and Early Resuscitation) program. CAVALIER is a randomized controlled trial examining early calcium and/or vasopressin administration following traumatic injury conducted in partnership with the R Adams Cowley Shock Trauma Center and the MSPAC.

The NSC has a strong collaboration with MIEMSS, particularly on the Illness and Injury Outcomes Data Evaluation System (IODES) which is longitudinal analysis of patient outcomes from injury/illness through long-term recovery. EMS data is identified as a critical common data source. Initial findings are highly promising.

Dr. Teeter specifically thanked Dr. Delbridge and the MIEMSS team for assistance with regulatory approvals and prehospital data integration. Upcoming IODES-Supported Studies include the Whole Blood Program Outcomes Study and the Western Trauma Association Multi-Institutional Study.

RACSTC

Mr. Graves presented the Q2 FY26 update, highlighting clinical volumes, operational performance, outreach, prevention efforts, and new program initiatives.

RACSTC's current statistics for Q2 FY26 show patient volume is slightly higher than last year, indicating continued growth in demand. Length of Stay (LOS) is trending downward compared to the same period last year and reflects sustained efforts to improve throughput and bed availability.

Falls remain the number one cause of admission, consistent with historical trends with an emphasis placed on fall prevention as a strategic priority for the Center and statewide trauma system.

Capacity alert status is recognized by MIEMSS whereby non-critically injured patients should be considered for transport to the next appropriate hospital. This ensures that the Shock Trauma Center can accept all critically injured patients from the scene and critically injured/ill interhospital transfers statewide. Capacity alert is implemented when the volume and or acuity of arriving patients require additional beds and resources, with consideration to the current census and acuity of the inpatient units. Shock Trauma continues to direct prehospital care decisions while on capacity alert. STC was on capacity alert for 10 hours in Q2. Lost interhospital transfers is trending near zero.

STC's continues its commitment to EMS training and collaboration through in-house simulation center and field-based simulation and training. Recent training included the joint Baltimore City and Baltimore County Fire Department training medically directed rescue and confined space operations with the GO Team. An open invitation extended to jurisdictions interested in partnering on training initiatives.

Mr. Graves said that the Fall Recovery and Prevention (PREP) program launched July FY26. The program pairs patients admitted for falls with a licensed physical therapist navigator, an in-hospital engagement prior to discharge, and post-discharge follow-up for up to six months. He added that STC has a new clinic launched October FY26.

MSFA

A written report was distributed

President Simpson provided an overview of the Maryland State Firefighters Association, including organizational structure, recent accomplishments, ongoing challenges, and collaborative efforts with state and EMS partners. He said that the MSFA represents 342 volunteer fire, rescue, and EMS companies statewide, comprising approximately 28,000 volunteers.

The Association's mission remains unchanged: to serve, promote, advocate for, and represent the interests of Maryland's volunteer fire, rescue, and EMS services. The MSFA seeks to ensure adequate training, education, and resources through collaboration with state and regional partners.

In 2025, MSFA relocated its headquarters due to changes at the shared Crofton facility with the National Fallen Firefighters Foundation located at 2138 Priest Bridge Court, Suite 9, Crofton, MD 21114. This new location provides centralized storage, administrative offices, and meeting space that includes a conference room that will accommodate to 15 participants. President Simpson said that the relocation significantly improved operational efficiency and committee collaboration.

President Simpson said that volunteer recruitment, retention & development efforts continue following COVID-19 disruptions. He added that firefighter health and safety initiatives also continue including the ongoing implementation of the firefighter cancer screening initiative.

The MSFA collaborated with the Fire Prevention Commission to update Maryland's 2024 Fire Prevention Code, continued partnership with the Maryland Fire Rescue Education and Training Commission to address the critical shortage of emergency services instructor-trainers, and placed an emphasis on expanding training capacity to meet statewide public safety needs.

The MSFA conducts six Executive Committee meetings annually. Approximately 65–70 committees meet regularly, accounting for over 100 committee meetings per year.

The MSFA holds an annual convention in Ocean City. The convention provides significant morale, recognition, and peer engagement benefits for volunteers. The EMS Committee is one of MSFA's most active committees. It reviews EMS regulations and vehicle specifications, engages with MIEMSS ALS and BLS workgroups and acts as a communication conduit MIEMSS, MSFA leadership, and member companies.

President Simpson said that the MSFA maintains three primary websites:

- msfa.org – Organizational and administrative information
- msfavolunteer.org – Recruitment and volunteer onboarding resources
- convention.msfa.org – Annual convention planning and coordination

Old Business – N/A

New Business – N/A

In closing, Chairman Stamp said that the combination of the Board and SEMSAC is the architecture that keeps passionate, dedicated, empathetic clinicians doing the job day-in and day-out. The statewide Maryland EMS system is consensus-based which is very unique across the country. I never forget the words that the previous chair of the EMS Board used to use “cooperative excellence” and what you heard today was from six organizations that work together to continue to make the EMS system work.

All presentations from today's meeting will be distributed to EMS Board and SEMSAC members and published on the MIEMSS website and can be found at: <https://miemss.org/home/Documents/miemss-open-meetings>

The EMS Board / SEMSAC meeting closed by acclamation.