



Statewide EMS Advisory Council (SEMSAC)

AGENDA

**November 6, 2025 - 1:00pm
Virtual Meeting**

- I. Call to Order – Mr. Smothers
 - Call the roll
 - Approval of the September 4, 2025 SEMSAC minutes.
- II. SEMSAC Chair Report – Mr. Smothers
- III. MIEMSS Report – Dr. Delbridge
- IV. MSPAC Report – Major Tagliaferri
- V. MSFA Update – Ms. Mott
- VI. Committee Reports
 - ALS Report – Dr. Fillmore
 - BLS Report – No report
 - MIH Report – Chief Matz
 - Regional Affairs – Mr. Chisolm / Mr. Kitis
- VII. Old Business
- VIII. New Business
 - Election of Officers – Ms. Goff



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 Advisory Council
Virtual meeting
November 6, 2025
Meeting Minutes

SEMSAC Members Present: Eric Smothers, Chairperson; Scott Haas, Vice Chairperson; Jeffrey Sagel; Kathleen Grote; Michael Tagliaferri; Tim Kerns; William Teeter; Kathryn Burroughs; Ben Kaufman; Danielle Katz; Lisa Tenney; Lisa Lisle; Jeffrey Fillmore; Danny Platt; Elliott Haut; Doug Beitzel; Susan Mott; Farheen Qurashi; Michael Cox; Bruce Klein; Eric Zaney;

SEMSAC Members Absent: Erik Abrahamson; Matthew Levy; Justin Orendorf; Danny Platt; Tony Rose; Tony Rose; Kristie Snedeker; Linda Young; Wayne Dyott

OAG: Mr. Malizio; Ms. Pierson

Other: Jim Matz, Baltimore City FD; Alan Butsch, Montgomery County FD; Gordon Wallace, Howard County FD; Scott Curtin, MSPAC

MIEMSS: Ted Delbridge; Tim Chizmar; Mark Bilger; Aaron Edwards; Doug Floccare; Pat Gainer; Jeff Huggins; Dwayne Kitis; Scott Legore; Randy Linthicum; Michael Parsons; Luis Pinet-Peralta; Patrick Tandy; Todd Tracey; William Thompson; Wayne Tiemersma; Elizabeth Wooster; Cyndy Wright Johnson; Barbara Goff

Chairman Smothers called the meeting to order at 1:04pm. The role was called and a quorum was determined.

Chairman Smothers called for the approval of the September 4, 2025 SEMSAC meeting minutes.

ACTION: A motion was made by Ms. Mott, seconded by Mr. Haas, and voted unanimously to approve the September 4, 2025 SEMSAC minutes as written.

SEMSAC

No Report

MIEMSS Report

EMS Transports

Dr. Delbridge reported on the number of commercial ambulance transports as of October 31, 2025. The number of commercial services transports:

- ALS – 31,971
- BLS – 194,172
- Critical Care – 12,001

Transfer-of-Care Intervals

Year-to-date, EMS has transported approximately 490,000 patients to emergency departments. The five busiest receiving emergency departments continue to be Anne Arundel Medical Center, Frederick Health, Franklin Square, Meritus, and PWMC. Approximate 3.5% of Maryland patients are taken out of state. Dr. Delbridge said that, on average, EMS arrivals to the ED represent a little more than 26% of ED admissions on per hospital basis.

The goal remains that 90% of the time hospitals receive patients within 30 minutes with an additional five minutes to get the patient out of the ambulance, leaving 30 minutes for the ED to accommodate the patient. At this time approximately 46% of hospitals are attaining this goal. Hospitals are updated on a weekly basis as to its status of EMS to hospital staff transfer times.

Emergency Department Advisory System (EDAS)

Dr. Delbridge said that EDAS the MIEMSS' advisory program, whereby hospitals update its emergency department (ED) census throughout the day, has been up and running since August. Thus far, the feedback has been very good with several suggestions being added to the list for EDAS 2.0. MIEMSS continues to work on reporting capabilities within EDAS.

COMAR Amendments as of August 1, 2025

Dr. Delbridge gave an update on the latest EMS changes and updates to regulations.

30.02.02: waives licensure fee for commercial ambulance svc employees.

30.02.03

- Clarifies requirement for protocol orientation for PM applicants
- Clarifies requirements for EMD

30.02.04: clarifies requirements for reciprocity

30.02.05: No re-take EMT class if practical exam failed x3

30.02.06-09: Clarification

30.02.07: Renewal update

The chart below shows the changes to 30.01 and 30.02 - EMT re-certification / renewal:

MARYLAND EMT RE-CERTIFICATION / RENEWAL (3 YEARS)

UNTIL JULY 31, 2025

- 1) NREMT active status registration
 - or-
- 2) 24-hour refresher course
 - or-
- 3) a) Approved skills competency evaluation
 - and-
 - b) 12 hours of approved continuing education content
 - or-
- 4) a) 12 hours skills proficiency course
 - and-
 - b) 4 hours, each
 - i) Medical knowledge training
 - ii) Trauma knowledge training
 - iii) Affiliation optional training

AFTER JULY 31, 2025

- 1) a) NREMT active status registration
 - and-
 - b) Completion of the 3 most recent *Annual EMS Protocol Updates*
- or-
- 2) a) Completion of the 3 most recent *Annual EMS Protocol Updates*
 - and-
 - b) 24 hours continuing education
 - i) Required technical proficiency verification (i.e., assessment and medication administration, airway management, CPR & AED, wound management, spinal motion restriction, fracture management), which may count for as many as 9 continuing education hours.*
 - ii) At least 15 hours of continuing education as per State EMS Medical Director assigned allocations in specified topic areas (airway/ventilation/respiratory, cardiovascular, medical (general patient care), OB/GYN, pediatrics, toxicology/environmental, trauma/burns)**

*Technical proficiency verification may take up to 9 hours. If less than 9 hours, the balance shall be devoted to other forms of continuing education.

**Topic areas will be designated in rolling three year cycles, so that an EMT will have access to topic allocations at the beginning of his/her cycle. |

Dr. Delbridge restated that changes were made to afford flexibility with a modular approach to continuing education hours, allows for more online didactic education, and provide scaled flexibility for technical training for the practical exam. He added that for those who took the “old refresher” MIEMSS will crosswalk the requirements for EMT certifications that expire after July 31, 2025. EMTs, who are due to recertify by Jan 31, 2026, should take continuing education in the “new” model.

Reciprocity

Dr. Delbridge said that the regulatory changes standardized EMT reciprocity. If an EMS clinician is granted reciprocity in Maryland, the license will not expire until either the July or January after one year of licensure. This will synchronize clinicians into the licensure system.

On average, it takes tens day to process a clinician seeking reciprocity. Nine of the ten days is usually waiting for the clinician to complete the protocol orientation and one day for MIEMSS to process.

Legislative Update

Dr. Delbridge said that MIEMSS legislation regarding the Public AED statute will streamline and simplify the process for registering. I will also clarify the role of the entity’s AED coordinator.

MIEMSS is monitoring suggested legislation regarding mandatory standardized equipment on ambulances.

EMS Board

Dr. Delbridge announced the addition of four new Board members.

- Jeff Hobbs, BSN, RN - Trauma Program Manager, UPMC Western Maryland (Emergency Services Nurse)
- Yonnia Waggoner, MSN, RN - Director of Emergency Services, Calvert Health Medical Center (General Public in a county <175,000)
- Trisha Wolford, NRP - Fire Chief, Anne Arundel County (Career Firefighter)
- Meg Sullivan, MD, MPH - Deputy Secretary of Public Health Services (Secretary of Health Designee)

Dr. Delbridge reminded everyone to get their flu shots!

MSPAC

A written report was distributed.

Major Tagliaferri highlighted items from the written report including current personnel vacancies and recruitment efforts, mission statistics, whole blood transfusions, and aircraft maintenance. He added that allied agencies and commercial asset missions were up quite a bit (63) due to maintenance issues.

MSFA

A written report was distributed.

Ms. Mott highlighted some of the items discussed in the MSFA EMS Committee including the need for better recruitment and retention within the EMS System, best practices for the use of ballistic protection on EMS units, challenges with clinical training for National Registry Paramedic courses, the VAIP committee consideration of the request to make CO detections a requirement, EDAS, and Shock Trauma, once again, having an overflow of backboards for pick-up. She added that the cancer screening grant (submission ending next week), and the cardiac device grants were also discussed.

SEMSAC Committee Reports

ALS Committee

Dr. Fillmore said that policy statement document regarding charging students for training time at clinical sites has been finalized and will be presented to the EMS Board for consideration. Ms. Mott said that the Committee discussed considering this as a position statement rather than as policy/procedure.

Ms. Mott said that meetings regarding the 2026 State content courses have begun. Topics under consideration include junctional tourniquets/bleeding control, epinephrine, de-gloving and antibiotics, hypertension in pregnancy, cardiac overview, refusals/capacity, hand center lecture, geriatric medication dosing, and elite documentation were discussed.

BLS Committee Report

Ms. Mott reported that the BLS committee discussed students being charged for being precepted, EMT recertification and reciprocity, and the new instructor curriculum.

Ms. Mott added that the Region III EMS Advisory Council discussed the junction tourniquet conversion education, the implementation of EDAS and feedback, base station card revisions, Region

III hospital off-load policy committee updates, wheelchairs transported to hospitals, and pediatric mental health destinations.

MIH Committee

Chief Matz said that the MIH Committee approved a new logo and the new newsletter and will be sent to MIEMSS for distribution.

The MIH Committee forwarded additional protocol change requests to the Protocol Review Committee including lowering the duration from 24 hours to 16 hours for long-acting opioid treatment and expanding access to CRT's.

The MIH Committee is in the process of creating a document on how to expand the use of BLS clinicians.

Regional Affairs Committee (RAC)

Mr. Kitis said that the Regional Affairs Committee discussed the cardiac devices FY25 grant. Currently, two requests are experiencing issues with the device companies and cannot submit until resolved. There is one submission for reimbursement in the process. The RAC awarded the FY26 grant requests. Left over funding has been allocated and requests are due by next Friday. Final prioritization will be made at the December RAC meeting.

ALS educational grant information has been sent through Regional Councils and RAC for funding requests. Information for EMD grant funding will be available soon.

Old Business

CAVALIER

Dr. Teeter said that most of the community consultation have been completed but UPIT has requested additional discussion engagement with the Black and African-American communities and for SEMSAC member assistance with contact information or identifying additional leaders or community consultation events.

New Business

Election of SEMSAC Officers

Ms. Goff said that only one nomination for SEMSAC Chair and one for Vice Chair were received during the nomination period. Scott Haas has been nominated for Chair and Kathryn Burroughs for Vice Chair.

Ms. Goff requested a vote to approve the slate of nominees for Chair and Vice Chair of SEMSAC.

ACTION: A motion was made by Ms. Mott, seconded by Dr. Sagel, and voted unanimously to approve Scott Haas as SEMSAC Chairperson and Kathryn Burroughs as Vice Chairperson for calendar year 2026.

The next SEMSAC meeting (virtual) will be held on December 4, 2025 at 1pm.

Upon the motion by Ms. Mott, seconded by Ms. Burroughs, SEMSAC unanimously voted to adjourn.