



*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***

**August 6, 2026**

#### **Meeting Minutes**

**SEMSAC Members Present:** Scott Haas, Chairperson; Kathi Burroughs, Vice Chairperson; Andrew Whitehead; Ben Kaufman; Danielle Katz; Danny Platt; Doug Beitzel; Eric Zaney; Jeffrey Fillmore; Jeffrey Sagel; Linda Young; Lisa Tenney; Michael Cox; Tim Kerns; Susan Mott; Niklas Brandt; Bruce Klein; Eric Smothers; Michael Tagliaferri

**SEMSAC Members Absent:** William Teeter; Lisa Lisle; Kristie Snedeker; Michael Cox; Farheen Qurashi; Justin Orendorf; Wayne Dyott; Kathleen Grote; Matthew Levy; Elliott Haut; Ton Rose (resigned)

**Others:** Zach Yerkie (QAC); Co-chair, Regional Affairs Committee; Jim Matz, MIH Committee; Stephan Cox (for Michael Cox, MFRI)

**OAG:** Adam Malizio

**MIEMSS:** Ted Delbridge; Tim Chizmar; Mark Bilger; Bryan Ebling; Aaron Edwards; Doug Floccare; Pat Gainer; Kelly Hammond; Jeff Huggins; Dwayne Kitis; Randy Linthicum; Michael Parsons; Luis Pinet-Peralta; Andy Robertson; Patrick Tandy; Stacey Gilbert, Wayne Tiemersma; Todd Tracey; Todd Abramovitz; Elizabeth Wooster; Cyndy Wright-Johnson; Barbara Goff

Chairman Haas called the meeting to order. The role was called and a quorum was determined.

.

Chairman Haas called for the approval of the June 4, 2026 meeting minutes.

**ACTION: A motion was made by Ms. Mott, seconded by Mr. Smothers, and voted unanimously to approve the June 4, 2026 SEMSAC minutes as written.**

### **SEMSAC**

Chair Scott Haas welcomed Andrew Whitehead as a new SEMSAC member representing the Maryland Professional Firefighters and expounded on his qualifications. Mr. Whitehead stated that he looked forward to participating in the committee's work.

## **MIEMSS Report**

Mr. Linthicum, MIEMSS' deputy director, presented the MIEMSS update on behalf of Dr. Delbridge. He said that Gai Cole, Chief Administrative Officer for the Department of Emergency Medicine for Johns Hopkins Medicine is the newest member of the EMS Board.

### EMS Transports

Emergency department activity was reviewed. Mr. Linthicum said that the report indicated 346,292 transports to emergency departments to date in 2026. The transfer interval remained generally unchanged, with slightly more than half of hospitals meeting the 35-minute goal for transferring a patient to a nurse or other hospital staff member.

### EDAS reporting

Emergency Department Alert System (EDAS) activity was reviewed. Level 4 represents hospitals operating at 130% or more of capacity. Four hospitals were reported as being at Level 4 most of the time. Hospital reroute activity was also reviewed.

### Rural Health Transformation Program

The Rural Health Transformation Program was discussed. Maryland has been allocated \$1.68 million that include two EMS related programs. \$976,000 to support rural EMS whole blood programs; and funding Mobile Integrated Health (MIH) initiatives coordinated with local health departments. Eighteen counties, along with Salisbury and Ocean City, are included in the rural area. Thirteen jurisdictions participated in the first year of the whole-blood funding initiative, and approval to begin spending those funds had been received. Applications and bids for the second year were also being collected.

Mr. Linthicum said that MIEMSS has applied for support to re-establish the Critical Care Coordination Center (C4) in May. A funding decision is expected shortly.

### AED and Naloxone Initiative

MIEMSS continues implementation of legislation requiring naloxone placement with AEDs at specified public, educational, recreational, and transportation facilities. Several thousand doses have been placed.

### Legislative Update

SB 159 - The legislation requires coordination with jurisdictional EMSOPs regarding minimum equipment, supplies, medications, and equipment, including items related to pediatric care. MIEMSS has begun the information-gathering process. Completion of this work is anticipated by the fall.

## **MSPAC**

A written report was provided.

Major Michael R. Tagliaferri provided the Maryland State Police Aviation Command update.

There were 13 sworn medic vacancies, representing approximately a 22% vacancy rate. Two new troopers/medics transferred from the field in June and began field training. Three certified medics began the Maryland State Police Academy on July 6, and 15 nationally registered paramedics were available within field operations and assigned barracks.

Civilian vacancies included 10 helicopter line pilot positions, approximately 16%, and two maintenance positions, approximately 7%.

Two aircraft were undergoing heavy inspections at Martin State Airport and were expected to return to service in early September.

The whole-blood program had treated 77 patients using 109 units of blood in 2026 to date.

Major Tagliaferri reported on MSPAC's missions including medevacs, hoists, and law enforcement missions.

The Aviation Command reported an appropriation of approximately \$56.7 million and expenditures of \$56.63 million, or 99.84% of the budget. Approximately \$30,743 was returned to the fund.

## **MSFA**

A written report was distributed.

Ms. Mott referred to the distributed written report. She will relay Chairman Haas's invitation for the new MSFA president to attend a future meeting of SEMSAC.

## **Committee Reports**

### ALS Report

No ALS Chair report. Ms. Mott said that updates could be found in the MSFA written report.

### BLS Report

Ms. Mott also included a BLS Committee update in her MSFA written report.

### MIH Committee

Chief James Matz provided an update on for the MIH Committee.

- The EMS Board requested a statewide MIH status report through SEMSAC. Work on the report was underway and will include a programmatic evaluation and discussion of potential BLS roles in MIH expansion.
- A draft developed from approximately 18 months of input is under review, with completion targeted for August or early September.
- Buprenorphine protocols are being developed for review, including considerations related to criteria for use and abstinence.
- MIEMSS and partners were working on ImageTrend integration and related data improvements.
- A Rural Health Transformation grant application was underway for approximately 18 eligible counties.
- Planning was beginning for an annual education event, with an initial meeting planned for August.

### Regional Affairs Committee (RAC)

RAC Vice Chair Yerkie reported on the Regional Affairs Committee meeting held earlier that day.

- The committee reviewed ALS education grants and jurisdictions that had not yet submitted reimbursement requests.
- Cardiac device grant requests were reviewed. Region I has completed both requests; Region II has completed three of four; Region III has completed three requests; Region IV has completed eight with one remaining; and Region V has completed its requests with five remaining for reimbursement.
- Approximately \$8,174 remained unspent from the cardiac device grant allocations.

## **Old Business N/A**

Dr. Tim Chizmar provided an update on protocol corrections and ALS state content.

### Protocol Corrections

- An error on the LED law page was corrected from a blood pressure of 105 to 110. The corresponding information was already correct on the hypertensive disorders of pregnancy page, and a correction memorandum was issued.
- The patient-initiated refusal of EMS section was revised following clinician feedback. Double negatives on the checklist in Protocol 2.6 were removed to improve clarity and ensure that responses consistently directed users toward transport or consultation as applicable. The revised checklist was reformatted to separate questions one through three from questions four through nine and to clarify the meaning of the response columns.
- The updated protocol was posted online. Regional coordinators and the Office of Clinician Services received replacement stickers for spiral-bound protocol copies.

### ALS State Content / Continuing Education

- MIEMSS continues to provide ALS state content as part of the National Registry recertification model. The model consists of national, state/local, and individual content.
- To make state content more predictable, MIEMSS plans to release four hours of ALS continuing education material each year.
- Although the material will be released annually and clinicians are encouraged to complete it each year, compliance will be checked every two years during recertification.
- The material is intended to provide free ALS-level continuing education and emphasize statewide trends identified through QA/QI activities and new protocols that may require more discussion than can be accommodated in the annual protocol update.
- The new ALS state content announcement was being distributed to ALS clinicians, jurisdictional officials, and medical directors.

## **New Business N/A**

**Upon the motion by Vice Chair Ms. Burroughs, seconded by Ms. Mott, SEMSAC members voted to adjourn the meeting.**