STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
152 STATE HOUSE STATION
AUGUSTA, MAINE 04333

JANET T. MILLS
GOVERNOR

MIKE SAUSCHUCK
COMMISSIONER

J. SAM HURLEY
DIRECTOR

Medical Direction and Practices Board – February 16, 2022
Conference Phone Number: 1-646-876-9923 **Meeting Number:** 81559853848
Zoom Address: https://mainestate.zoom.us/j/81559853848

Minutes

Members present:	*Matt Sholl, Kate Zimmerman, Mike Bohanske, Seth Ritter, Beth Collamore, Dave Saquet, Kelly Meehan-Coussee, Bethany Nash, Benji Lowry, Pete Tilney, Tim Pieh, Rachel Williams*
Members Absent:	*Claire DuFort*
MEMS Staff:	*Chris Azevedo, Darren Davis, Marc Minkler, Jason Oko, Ashley Moody, Melissa Adams, Sam Hurley*
Stakeholders:	*Chip Getchell, Chase Labbe, Joanne Lebrun, Paul Marcolini, Phil MacCallum, Rob Sharkey, Shawn Cordwell, Aiden Koplovsky, Chris Paré, Jay Bradshaw, Paul Marcolini, Sally Taylor, Steve Almquist, Dr. Tiffany Bombard, Dr. Jonnathan Busko*

MDPB Agenda – Meeting begins at 0930

1) Introductions – Dr. -Sholl
2) Jan 2022 MDPB Minutes
    a. Motion to approve January meeting minutes made by Dr. Collamore and seconded by Dr. Lowry. No discussion
3) State Update –
    a. Dr. Sholl gives a brief on the status of the process to fill the BLS Representative position on the committee.
        i. BLS position application period has closed. Getting ready to interview for the BLS position. We are narrowing down a date and hope to complete the process in the next month or so.
    b. Maine EMS new hires
        i. We have had several interviews for other positions going on. Ashley Moody was selected as Systems of Care Coordinator and Dave Davies was selected as Community Paramedicine Coordinator position.
    c. Director Hurley
        i. NOTE: *Director Hurley's brief was given at a point later in the meeting. However, the content is related here for consistency. The point at which Director Hurley gave his update is noted later in these minutes.*
        ii. The EMS Board will be Meeting next Friday February 25th, at 0930. Topics for discussion include the data RFP, EMS regional structure, the resolution review process (for resolutions made by the EMS Board) and exemption letter related to the Chapter 21 Rules. Rationale is that the March meeting had too many agenda items to adequately cover in the time allotted. There is a time deadline for decisions on some of those items, and so, another meeting is going to be held. Agenda and meeting invite to follow.

iii. Maine EMS has been contacted by DHHS. They have been directed to work through building out an explorer program in EMS.
    1. This is funded by DHHS. There have been many conversations about apprentice programs and explorer programs. This will be targeted to persons aged 16-24
    2. There is a precedent for doing this in other states. We have requested a full-time person to frame this out and administrate this, as well as to build curriculum. Four staff positions will be provided by DHHS for the purposes of curriculum building. They hope to see this in place by the summer.
iv. Working on legislative items
    1. LD1858- A bill regarding changing the statute regarding EMS Board's authority to regulate personnel working in clinics, hospitals. The bill revolves around defining where the line is for delegated practice for EMS in other environments? Discussion of this bill ensues.
    2. LD 1859- Community informed self-determination. Passed with $200K fiscal note. This is a grant process that Maine EMS would administer to municipalities to conduct self-determination model that has been led by Kevin McGinnis
    3. LD1757- A bill regarding the adding of two EMS persons to the Length of Service Award Program (LOSAP) committee. This will be a future agenda item for the EMS Board.
    4. LD1988- An act to establish that provision of EMS by an ambulance service is an essential service, and to establish a blue-ribbon commission to study EMS in the state. Proposed by Talbot Ross.
    5. LD1978- An act to support healthcare workers by waiving professional licensing fees. This would be legislation retroactive to 2020. Will be concern for Maine EMS. There was a similar bill in last session that did not make it through. There will be a large fiscal note attached to this bill.
v. Dr. Saquet discusses bill making EMS a mandatory service to be provided by municipalities.
    1. Director Hurley- we've raised a number of concerns regarding what this bill means and what it doesn't mean. We don't want this to be just lip service. There is no fiscal note. This concept the bill is intended to capture is actually much bigger than just "EMS is essential," because that doesn't mean anything by itself. There is no provision in this bill for who must provide the service or even that "municipalities must have EMS service.
        a. For purposes of eligibility for federal funding, emergency medical services provided by an ambulance service are essential services and as essential as services provided by a fire department or law enforcement agency.

4) Special Circumstances Protocol Review – NONE
5) New Devices– NONE
6) UPDATE – Medication Shortages – Dr. Nash
    a. Dr. Sholl thanks Bethany Nash for her vigilance around this subject. Also discusses roles of others in consideration of several ideas.
        i. Ketamine 500 mg/5 ml concentration – Bulletin sent out
        ii. Metoprolol- Dr. Nash
            1. Mid-Coast Hospital is almost totally out of this. This med is unique in that it is beta-selective. Not a great number of alternatives to this medication, though this is not a very frequently used medication in our EMS interventions. This is not supposed to resolve until possibly sometime in the summer.
            2. Dr. Sholl discusses possible considerations regarding the issue.
                a. How often do we use a given therapy/intervention? Metoprolol used around 221 uses in 2021, roughly

b. What are alternatives in current formulary? No real option for rate control. However, there is the cardioversion option.
c. Question remains, do we want to introduce an alternate med for rate control for a-fib?
    i. Options
        1. Diltiazem- there are several issues- reconstitution and shelf life with that packaging. Already made arguments for NOT using this medication.
        2. Another non-selective agent
        3. Amiodarone- several issues
        4. Hold on rate control in the context of otherwise stable patients.
    ii. Discussion on the topic
        1. Dr. Saquet asks regarding the estimated duration of this shortage. Dr. Nash replies that it is estimated to last possibly through the summer.
            a. Saquet- colleague cardiologist advised amiodarone may be reasonable under certain circumstances
        2. Dr. Ritter- There aren't really a lot of beta blocker alternatives, but diltiazem may be a reasonable alternative medication despite the shelf life. Discusses apprehension with amiodarone in different patient care paradigms.
        3. Dr. Bohanske- echoes Dr. Ritter's thoughts. Discussion revolving around beta blocker vs calcium channel blocker has always resulted in beta blockers being the better choice.
        4. Dr. Lowry- Discusses cautions around amiodarone use, and shortage of advantages of quickly changing to diltiazem.
        5. Dr. Collamore- recalls past discussion regarding metoprolol being the most commonly denied medication by OLMC. Imagine asking for esmolol or others? Advises caution around putting another medication in service short term that is likely not going to really be used.
        6. Dr. Pieh makes a motion to allow amiodarone in place of metoprolol with OLMC direction and with consideration of the PEARL existing in the current tachycardia protocol, but only until that medication is again available in supply chains. Dr. Saquet seconds the motion. Discussion ensues.
        7. Dr. Pieh withdraws motion with Dr. Saquet's second, in favor of issue of a statement regarding known shortage of metoprolol and encouraging conversation with OLMC regarding use of other medications/therapies pertinent to the present patient care situation. Dr. Pieh makes the motion to proceed as discussed. The motion is seconded by Dr. Nash. Discussion. Motion carries. Dr. Nash volunteers to help edit whatever bulletin/statement

is drawn up and distributed. Dr. Pieh to write up the advisory.

b. Report – Jackman Maine Pilot Project. This item is taken out of order after the metoprolol discussion above, due to limitations on Dr. Jonnathan Busko's availability to give an update on the topic.
    i. Dr. Jonnathan Busko
        1. Legal is currently working on contracts.
        2. From practice perspective, the paramedics in Jackman are still working under current paramedic scope of practice. During the day, they are doing clinic time with PAs, etc. They are not currently doing telemedicine. They are doing procedures authorized by MDPB for credentialing, but not as part of tele-practice or without supervision.
            a. HRSA is really pushing to get things started. Planned "go-live" date is no later than 31 Mar 2022.

c. Discussion returns to medication shortages, led by Dr. Sholl
    i. Activated Charcoal
        1. Dr. Sholl
            a. Notified by at least one agency of shortage. Nineteen uses of charcoal in 2021. Usage is rather low. There are no alternates to charcoal.
            b. We will have to reconcile that we will not have an alternate for this medication. Dr. Nash agrees and highlights recent topic of discussion with poison control regarding removal of this medication from the Maine EMS formulary.
            c. Dr. Ritter advises that the specific agency reporting shortage has found an alternate source for the medication. Also recommends discussion of removing this medication from the formulary.
    ii. Acetaminophen 80 mg chew tabs
        1. Dr. Sholl
            a. Shortage based upon manufacturer decision to no longer make that dosage tablet.
            b. There are currently a few alternate medication sources and alternates to this specific dosage packaging for use in EMS.
            c. For clinicians using the 160 mg tablets, the current medication table in the protocol will not be accurate and some changes will need to be made as the 80 mg tablets are deleted from field inventories. The current medication table in the protocols will need revision at that time.
    iii. Pre-filled Epi, Calcium, lidocaine, D50 medication packaging are increasingly in short supply.
        1. Dr. Nash
            a. Services may be getting vials in lieu of the pre-filled syringes. This is actually a plastic manufacturing issue and not a medication supply issue.
        2. Dr. Sholl discusses.
    iv. Magnesium Sulfate
        1. Dr. Nash
            a. The smaller vials are difficult to obtain. However, the larger vials with the same medication concentration are very available.
            b. We will add this to the coming medication shortage bulletin.

v. All IV fluids
    1. Dr. Nash
        a. This is true for all IV fluids in the EMS formulary.
vi. Dr. Ritter
    1. Discusses a proposal from one of his services to have the IV Tylenol as an "out of box" medication, as it is now in the protocols differently.
    2. Dr. Nash advises that all pharmacies handle their medications differently. This is not a controlled medication, allowing services to vary how they maintain their medications.
    3. Dr. Sholl suggests offline discussion with Dr. Ritter, who agrees.

7) NOTE: *At this time, Director Hurley is present. The meeting shifts to the previous topic of state updates so that Director Hurley may give his report at this time. This brief is described in these minutes above with the rest of the State Update content.*

8) COVID-19
    a. Dr. Sholl
        i. The group has opted to revert to monthly meetings for COVID updates. These will return to being held on the first Monday of every month.
9) Data Sharing Requests
    a. Dr. Sholl thanks Darren Davis, from the Office, for his work on this.
    b. MIT Lincoln Laboratory
        i. Project through office of behavioral health to develop a predictive model forecasting behavioral health and crisis service utilization in Maine. MDPB's concerns are to consider physical safety and protection of health information.
        ii. Floor open to discussion. No discussion.
        iii. Dr. Zimmerman makes the motion to proceed with data sharing with MIT Lincoln Laboratory. The motion is seconded by Dr. Ritter, who discloses that his wife works for the Office of Behavioral Health. No discussion. Motion is carried.
    c. University of Maine
        i. Margaret Chase Smith Policy Center has been reviewing data on behalf of the Maine CDC for syndromic surveillance. However, it has been deemed appropriate to extend a stand-alone agreement to the University of Maine and not Maine CDC. Motion made and seconded by Dr. Bohanske. No discussion. Motion carried.
    d. Portsmouth Hospital System
        i. Asked for access to Maine EMS hospital hub. It is useful for this hospital to have access to reports for Maine patients who arrive at their hospital. Granting access facilitates syndromic surveillance, data collection for patient care, etc. There are good clinical arguments for allowing this. Dr. Collamore makes the motion, seconded by Dr. Bohanske. No discussion. Motion carries.
10) 2021 Protocol Discussion
    a. Consideration of 2021 FAQ re: Metered dose inhalers at the EMT scope of practice
        i. Dr. Sholl discusses question to be added to 2021 FAQ regarding EMT use of patient's prescribed MDI. Asks for thoughts regarding the question and the provided answer. The group agrees this addition was well done.
        ii. Motion for approval by Dr. Collamore. Seconded by Dr. Nash. Marc Minkler asks if this should be added to existing FAQ? Dr. Sholl agrees it should be added to existing one. Motion carried.
11) 2023 Protocol review process
    a. Timeline review
        i. Dr. Sholl officially welcomes all to the 2023 Protocol Update Process. Shares screen with the group and discusses the timeline.

1. Tentatively thinking each section would need 1.5 months for review. But emphasizes there may be variations, requiring more or less time.
2. Discusses EMS Stakeholder Input form for submitting suggestions for protocol changes. The form is live on the website at this time.

b. Updated review materials/processes
   i. Decision re: timing of protocol update webinars – MS/KZ/BC
      1. Would like to begin these in October 2022, and hold them every other month, on the second Thursday at noon.
      2. Dr. Sholl asks the group for input regarding times and dates for the forums.
         a. Dr. Zimmerman suggests holding one in the evening. Dr. Sholl suggests discussing this at the first protocol forum, with the group that is present, as well as offline discussion of an off-cycle forum.

c. Gold section
   i. Dr. Meehan-Coussee leads the group through review of the section.
      1. Allergy/Anaphylaxis #2 protocol. Kelly motions to remove OLMC requirement, seconded by Bohanske. Discussion. Motion Carries.
      2. PEARLS #3. Regrading 3 criteria for anaphylaxis.
         a. PEARL to be reworded to shorten length of the passage. Accepted
      3. Altered level of Consciousness
         a. Add caveat after top line "Assess for trauma…"
      4. Diabetic Emergencies
         a. Reword of item #4.
      5. Review is tabled at this point for next month, due to time concerns.

12) Data Committee Position
   a. Dr. Sholl
      i. Dr. Saquet is the MDPB representative on the data committee, however, he can no longer continue. Dr. Sholl queries the group for interest in being Dr. Saquet's replacement on the committee.
      ii. Dr. Saquet describes his role on the committee.
   b. Jason Oko and Darren Davis discuss the purpose and functions of the Data Committee.
   c. Dr. Sholl solicits interest amongst the group for Dr. Saquet's replacement on the committee. Discussion with group members to be conducted offline.
13) Ongoing Items for Future Discussion:
   a. PIFT/IFT
      i. Dr. Tilney continues work on the PIFT model. Meeting today for work on this.
   b. Physician Field Response
      i. Drs. Sholl and Pieh continue to look at the ways physician field response can be of value.
      ii. Want to be sure there is some process to allow that physicians who wish to participate, may participate.
      iii. Looking at how Pennsylvania does this, that, perhaps, we can use to repeat here.
   c. Report – Portland Fire Department Mobile Medical Outreach Pilot Project – March 2022
      i. This report is now quarterly. Next report will be at the March meeting.

Old Business – 1245 -1300

1) Ops – Director Hurley, Ops Team Members
   a. Joanne Lebrun-
      i. Meeting was yesterday.
         1. Beginning to discuss EMS week, and possibility to resume giving out awards.
         2. Reviewing how the state is covered regarding special response calls for service and needs for updates.

3. Maine EMS has begun reviewing and updating of policies and procedures and plans on publishing them.
4. Discussion on QA/QI data and streamlining it. Looking at Medical Direction and gaps in medical direction coverage. Also, will be looking at what organizations are doing with QA plans and their lessons learned.

2) Education – C. Azevedo, A Koplovsky
    a. Joint work with the Exam Committee
    b. Review/revision of Training Center Standards
3) QI – J Oko, C Getchell
    a. Meeting at 1330 hrs today.
    b. Work continues on naloxone newsletter.
    c. Selecting KV Region for the committee
4) Community Paramedicine – J Oko, B Lowry
    a. Discussion around scope of practice and delineation of skills.
    b. Proceeding with developing an entry level role scope of practice.
    c. Developing vision statement.
    d. Looking towards beginning development of protocols
5) EMSC – M Minkler, R Williams
    a. Survey continues for EMS services
    b. Looking at BLSO/ALSO courses
    c. Pushed out a clinical bulletin regarding correct usage of pediatric AED and manual defibrillator multi-function pads.
6) TAC – K Zimmerman
    a. Onboarding Ashley Moody for both TAC and MSA.
    b. Reached out to subject matter experts for input on trauma plan revision
    c. Have several committee positions that we are going to be interviewing for.
    d. Data sub-committee looking at data for several different TAC related initiatives.
    e. Looking at site visits or hospitals
7) MSA – K Zimmerman
    a. In process of Board Chair nominations and also for membership.
    b. Will be posting a blog on posterior circulation strokes on MEMSEd, for credit.
    c. Looking at site visits for hospitals
8) Maine Heart Rescue – M Sholl, C Azevedo
    a. Nothing to report.

Next meeting is Wednesday, 16 Mar 2022.

Adjournment: Motion made to adjourn by Dr. Collamore. Meeting adjourned at 1252 hrs.