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 – April 19, 2023
Conference Phone Number: 1-646-876-9923 **Meeting Number:** 81559853848
Zoom Address: https://mainestate.zoom.us/j/81559853848

Please Note: This meeting will be shared with the LifeFlight of Maine CPC, which will begin at 1115. Please note, these meetings will be virtual. MDPB Agenda – Meeting begins at 0900

Members present:	*Matt Sholl, Emily Wells, Beth Collamore, Benjy Lowry, Kate Zimmerman, Mike Bohanske, Colin Ayer, Pete Tilney, Dave Saquet, Tim Pieh, Kelly Meehan-Coussee, Bethany Nash, Seth Ritter, Colin Ayer*
Members Absent:	*Rachel Williams*
MEMS Staff:	*Chris Azevedo, Jason Oko, Jason Cooney, Sam Hurley, Soliana Goldrich, Anna Massefski, Megan Salois, Darren Davis, Ashley Moody, Robert Glaspy*
Stakeholders:	*Jeremy Ogden, Joanne Lebrun, Tony Lagasse, Chip Getchell, Amanda Fielder, Dr. Jonnathan Busko, Cecily Swinburne, Dr. Kevin Kendall, Mike Choate, Myles Block, Sally Taylor, Myles Block, John Kooistra, Rick Petrie, Rob Sharkey, Joe Brichetto, Brian Langerman, Dwight Corning, Michael Reeney, Polly Wood, Joe Kellner, Dr. Peter Goth*

1) Introductions – 0900-0905 –Sholl
    a. Dr. Sholl discusses gun violence events in Maine yesterday and asks for a moment of silence in remembrance.
2) Approval of the March 2023 MDPB Minutes – 0905-0910 – Sholl
    a. Dr. Collamore makes the motion to approve the March 2023 minutes. Motion is seconded by Dr. Lowry.
    b. Discussion. Dr. Zimmerman puts forward a correction.
    c. Motion is carried with the corrections made by Dr. Zimmerman.
3) State Update – 0910-0925 – Director Hurley
    a. Director Hurley gives the state update
        i. Teresa Glick is the new office administrator and has started at Maine EMS.
        ii. The new Deputy Director, Anthony Roberts, is relocating from Tennessee and will be starting on 8 May 2023, in time for the May EMS Board meeting.
        iii. There are a multitude of legislative items that are being heard or are to be heard.
            1. LD-981 is an act requiring that all EMS providers be trained to dispense naloxone. This was voted “ought not to pass” by the committee. Relates to training of all EMS personnel to dispense naloxone. We have been approached about a potential amendment so that this would otherwise pass. The amendment inserts a date by which all EMS clinicians would

need to have completed the naloxone dispensation training. There has been some confusion regarding the "administration" and "dispensation" verbiage. Administration of naloxone has been in the protocols for a long time. However, dispensation has not. We do have concerns regarding requirements for EMS clinicians who are unaffiliated with a service. Discusses.

2. LD-1396 an act to clarify the laws regarding delegation of authority for services performed by EMS personnel or others as medical assistants . This came out of the group established by the 130th legislature and originally did not pass. There have been some changes to this. All are encouraged to familiarize themselves with this.
3. Funding Bills
    a. LD-526 – funding to provide funding to EMS organizations $31M. conversations in the Governor's office regarding how this money will be handled.
    b. LD-1515 funding of EMS for $45m first year, $70M second year.
    c. LD- 601 removes authority of the Board to require COVID or Influenza vaccination. We will testify to that. We have data in support of our testimony. There are other bills regarding the authority of DHHS to mandate vaccines as well.
    d. LD-1602 an act to implement the recommendations of the stakeholder group convened by the EMS Board on financial health of ambulance services. This requires payors to pay for community paramedicine as well as for treatment and no transport calls. It also adds two staff members to the Maine EMS office to provide cost reporting.
4. LD-1701 reinstates Blue Ribbon Commission to study EMS for another year.

iv. Director Hurley asks if the Maine EMS Staff updates to the EMS Board are being circulated to MDPB? Dr. Sholl advises that they currently are not. Director Hurley describes the staff update document contents for the group and will forward for distribution.

4) Special Circumstances Protocol Review – NONE

5) New Devices – NONE

6) Pilot Program Reviews 0925 – 0955– All
    a. Dr. Sholl presents two items:
        i. Jackman Pilot Project request for updates:
            1. This was reviewed by the same sub-group that initially reviewed the project.
            2. Dr. Busko is present to discuss requested changes.
                a. Dr. Busko discusses that the program is going on 1 year of being live. Much was learned by the project members by experience last summer. Discusses progress and improvements in the project since beginning.

ii. Dr. Sholl queries the project review team for questions and feedback for Dr. Busko. None given.
iii. Dr. Sholl opens the floor to feedback and questions from the rest of the group. None given. Discusses sentinel event reporting and absence of data space under "sentinel events under physician directed laboratory testing." Dr. Sholl asks if something should be put there, such as a misinterpretation of a test (e.g., misreading of a pregnancy test, etc.).
    1. Dr. Busko discusses question of acuity of reporting - is there anything that requires acute reporting of?
    2. Dr. Zimmerman discusses possibility of next-day reporting, along with a plan of action. Discussion by the group.
iv. Dr. Sholl makes the motion to accept the following additions to the Jackman pilot scope of practice:
    1. Urine dipstick
    2. Urine pregnancy test
    3. Rapid Strep test
    4. Influenza test
    5. Mononucleosis test
    6. New medications and routes of administration
        a. Ophthalmic antibiotics
        b. Otic antibiotics
        c. Antibiotic combination medications
        d. Oral antihistamines
        e. Oral steroids
        f. Topical local anesthetics
        g. Oral mucosal topical anesthetics
    7. Tick removal with a tick spoon
    8. Removal of superficially embedded splinters of less than or equal to 1 mm in diameter
    9. Accept associated QI forms, initial and ongoing credentialing standards, and QI reporting standards
    10. Add to QI reporting standards, under lab tests, that incorrect interpretation of tests be added to "immediate notice to Maine EMS" in the "Sentinel Events" section.
    11. Motion seconded by Dr. Zimmerman. Thank you, to Dr. Busko for his patience and for providing materials requested. Motion carries.

b. Maine Operational Physician Response – Pieh/Sholl
    i. Dr. Sholl describes the revisions for this policy, which had been sent to the group. The intent of this project is to benefit the system and not to usurp or detract from the system. This was sent out to a small group for consideration.
    ii. Dr. Pieh discusses further the intent of the project.
        1. The global intent is to outline access for physicians to participate within the EMS system. This gives access to MEFIRS for documentation but doesn't overstep Board of Medicine oversight of physician practice. This helps ensure that physicians involved are appropriately and safely interacting with EMS and that they are better augmenting and not disrupting. The details of the summary are in the document.

iii. The Review team gives their commentary.
    1. Dr. Ritter asks regarding the setup of the level of care of the organization in the system, i.e., EMR, physician, and dynamics.
        a. Dr. Pieh discusses that the term "EMR" was not adopted as a designation of personnel scope of practice, but rather the level of equipment that would be required of the "responding agency." Dr. Pieh discusses issues regarding equipping at EMR level versus paramedic level. Discussion.
        b. Dr. Sholl adds that the reason this is being done under the construct of a pilot project is that this is such a new concept. This will require new rules, the making of which is not a rapid nor easy process. The pilot process, however, is an effective way to introduce the concept and its nuances (such as self-dispatch).
        c. Discussion amongst the group.
        d. Director Hurley adds that the status is reflective of the "service" and not the scope of practice of the individual responding.
        e. Dr. Bohanske asks regarding the agency content. Do all physicians operate under the same EMR agency, or separate ones? Dr. Pieh replies that the idea is to have separate EMR agencies. Dr. Bohanske asks regarding response equipment for physicians. Dr. Sholl answers that it depends on the specific physician as well as the agency you may be responding with. Discussion.
        f. Dr. Sholl emphasizes that while the project is trying to follow the current pathway and current rules, that doesn't preclude the physician from bringing additional equipment that would allow the physician to practice at the physician level. This includes additional formulary and equipment. We're requesting participants forward any formulary and equipment lists, so that we may provide transparency about capabilities in any given area, and also have an understanding of how this practice is evolving across the state.
        g. Colin Ayer asks how it looks when it comes to agreements with the services and also the training that goes along with those service with regard to self-dispatch. The operational dynamics will be different between populated areas and rural areas area and will affect how those services will respond and operate at different times. Dr. Sholl discusses that there isn't currently an outline for training with services, and that there is a requirement for an MOU with services. Discussion by Dr. Sholl regarding Colin Ayers's question.
    2. Dr. Sholl discusses physician operational orientation training.
    3. Dr. Pieh discusses that there have been lessons learned around what it means to augment care, but also about what can disrupt care. There is an art to physician scene response. Agrees with Dr. Sholl's emphasis on the need to get the operational orientation correct.

4. Dr. Meehan-Coussee
    a. Asks regarding how the idea of ensuring that we continue to have the same components of licensure as other EMS agencies (i.e., designated education and training contact, infection control officer, etc.) with regard to a single-physician agency? Could the single physician be listed in all of those roles, or could the single physician rely on an agency they respond with to fulfill those roles?
        i. Dr. Sholl discusses. Most likely, the single physician would be affiliated with a service, and they can use the service's resources to fulfill those functions. Dr. Sholl discusses the dynamics of that framework.
5. Jason Oko asks regarding how physicians will document care given different agency plans.
    a. Dr. Sholl – the goal is to have physician response document template with same standards regarding timeliness of record submission as current EMS clinicians. The over-arching goal is to have a separate physician record document that gets attached to the same event.
6. Dr. Zimmerman asks for clarification regarding alternate transport destinations. Discussion.
7. Dr. Bohanske discusses guidelines for competency assessment for practice and qualifications for affiliation with the MOPR project. While it's obvious there is effort to be inclusive and allow for physicians of different backgrounds to demonstrate their competencies to work in the field, is there enough of a carve-out written in here for Board certified EMS physicians, who have already done these things? If we have someone who has graduated from a fellowship, perhaps that alone would be enough to satisfy the standard. Dr. Bohanske suggests provision stating that Board certification in EMS is the standard, and here are some other ways to meet that standard if you are not pursuing Board certification in EMS. Discussion by Dr. Sholl regarding pathways described in the draft document.
8. Dr. Zimmerman motions to move forward with the Maine Operational Physician Response pilot program. Motion is seconded by Dr. Bohanske. Motion is carried.

7) Discussion: K9 Protocols – Zimmerman/AG S. Morgan – 0955 – 1005
    a. AAG Samantha Morgan gives a brief regarding the K9 protocols.
        i. Dr. Zimmerman discusses the origin of the K9 protocol development for the group and issues encountered. There has recently been concern for lack of criminal immunity due to current Veterinary Practice Act. With regard to the K9 protocols we need to ensure we have legalities covered.
        ii. Samantha Morgan
            1. Suggests that MDPB goes into executive session for legal advice. Dr. Zimmerman motions and seconded by Dr. Saquet. No discussion. Motion passes.
        iii. The group enters executive session.

iv. The group exits executive session at 1048 hrs.
v. Samantha Morgan summarizes discussion topic.
    1. The MDPB received legal advice regarding the issue of its current K9 protocols. The MDPB discussed whether or not to bring the issue to the Board of veterinary medicine meeting on 17 May and whether or not to remove the protocols for the interim.
vi. Motion by Dr. Saquet motions to accept AAG advice. Motion is seconded by Dr. Sholl with the contingency that a bulletin be sent out explaining the rationale for that action.
    1. Discussion.
    2. Dr. Sholl reads amended motion as follows. Motion is to suspend and remove the K9 protocols and to take this to the Veterinary Medicine Board, and to explain these actions through a clinical bulletin.
    3. Motion carries.

8) UPDATE – Medication Shortages – Nash/All –1005 – 1020
    a. Review/Consider Ketamine Shortage Clinical Bulletin
        i. Dr. Sholl introduces the bulletin developed by himself and Dr. Nash.
        ii. Discussion by Drs. Nash and Sholl.
        iii. Motion made by Dr. Meehan-Coussee to accept and approve the bulletin as written. Motion is seconded by Dr. Saquet. Motion is carried.

9) Emerging Infectious Diseases – 1020-1035 – Sholl
    a. Board request to discuss Masking
        i. Dr. Sholl Discusses that Dr. Zimmerman was approached by Board Chair Libby to initiate a discussion within the MDPB regarding masking.
            1. Discussion amongst the group of various changes of hospital policies outside of Maine, the possibility that Maine hospitals will make similar changes, and of EMS preparing to mirror those hospital policies, should they occur.
            2. Dr. Sholl queries the group regarding comfort level with allowing the State and Associate State Medical Directors the authority to amend the EMS masking stance to mirror those of the hospitals.
            3. Dr. Sholl also queries the group if members would want to work on a clinical bulletin contingent upon changes of state/local hospital policies
            4. Discussion.
                a. Dr. Bohanske discusses difficulty of accommodating varying policies between hospitals and areas of mask requirements within given hospitals.
                b. Dr. Ritter addresses the need for updating the playbook.
        ii. Rick Petrie
            1. Suggests that, perhaps, like with policy regarding tuberculosis, the group could encourage to establish a close relationship with local hospitals and align with whatever policies they currently exercise.
        iii. Dr. Meehan-Coussee

1. Suggests there should be a caveat there that local services should have some local control to allow for local outbreaks and outbreak precautions.

iv. Dr. Pieh makes the motion that the State Medical Director and Associate State Medical Director be allowed to make the decision regarding masking policy change independent of the full MDPB body when deemed necessary. Motion is seconded by Dr. Bohanske. Discussion.

1. Dr. Sholl advises that it is not likely that masks will be completely eliminated, as none of the hospitals we've heard from have completely eliminated masks. There remain places and situations within the healthcare system wherein masks still apply. Asks that anyone interested in working on a bulletin draft, please reach out.
2. Motion carries.

b. Dr. Sholl acknowledges the time and the amount of material on the agenda still to be covered. Dr. Sholl recommends covering state updates and remaining medication shortages and queries the group for their preferences.

Note: All items below were not addressed in this meeting and were tabled for the May MDPB meeting due to time constraints.

10) 2023 Protocol review process – TABLED
    a. Timeline review – Sholl/Zimmerman/Collamore
    b. Reminder: Protocol Webinar Discussion – Review
        i. Next Protocol Review Webinar Discussion May 11, 12-1
    c. Pink Section – Lowry
    d. ? Purple/Brown/Grey/Black Sections – Collamore/Tilney

11) Ongoing Items for Future Meeting Discussion TABLED
    a. Update - PIFT – PT

Old Business – 1105-1115 ALL ITEMS TABLED

1) **Ops** – Director Hurley/Ops Team Members

2) **Education** – A Koplovsky/C Azevedo

3) **QI** – C Getchell/J Oko

4) **Community Paramedicine** – B. Lowry/J Oko

5) **EMSC** – M Minkler, R Williams

6) TAC – K Zimmerman, A Moody

7) **MSA** – K Zimmerman, A Moody
    a.

8) **Cardiovascular Council**, A Moody
    a.
9) **Data Committee –** K Meehan-Cousee

10) **Maine Heart Rescue** – M Sholl, C Azevedo

Meeting Adjournment:

1. The portion of the meeting for MDPB business was adjourned at 1120 hrs.

The LFOM CPC Meeting will begin at 1115. The QI Committee meeting will begin at 1330