



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

WIL O'NEAL  
DIRECTOR

**Medical Direction and Practices Board – September 17, 2025**

**In person and via Zoom**

**Conference Phone Number:** 1-646-876-9923 **Meeting Number:** 81559853848

**Zoom Address:** <https://mainestate.zoom.us/j/81559853848>

**Members present:** (In person) Dr. Matthew Sholl, Dr. Jack Lewis, Dr. Dave Saquet, Dr. Seth Ritter, Bethany Nash, PharmD, Dr. Benjy Lowry, Dr. Kelly Meehan-Coussee, Colin Ayer, Dr. Pete Tilney  
(virtual) Dr. Beth Collamore, Dr. Rachel Williams,  
**Members Absent:** Dr. Kelly Klein, Dr. Tim Pieh  
**MEMS Staff:** (in person) Marc Minkler, John DeArmond, Wil O'Neal, Soliana Harnish  
(virtual) Jason Oko, Jason Cooney, Darren Davis, Ashley Moody,  
**Stakeholders:** (in person) Chip Getchell  
(virtual) Sean Brackett, Michael Reeney, Joanne Lebrun, John Moulton, Steve Smith, John Lennon, Rob Sharkey, Ben Zetterman, Dr. Bob Brown, Dennis Russell, Dwight Corning, AJ Gagnon, Shawn Cordwell

*"The mission of Maine EMS is to promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care with standards for all clinicians. All members of this board should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this board, we commit to serve the respective clinicians, communities, and residents of the jurisdictions that we represent."*

- 1) The meeting begins at 0931 with a quorum. Sholl is chair.
- 2) Introductions
- 3) Previous 2025 Minutes
  - a. **Meehan-Coussee makes a motion to approve July 2025 minutes, 2<sup>nd</sup> by Collamore, passes unanimously**
  - b. **June minutes will be reviewed in October meeting**
- 4) State Update
  - a. O'Neal – Thanks all members for their consistent and hard work. States he just attended a session at NREMT in Columbus, OH for a workgroup on measuring EMS competence. Continues to work with NASEMSO, notes Moody was elected East Region chair for NASEMSO Trauma Advisory Committee. Discusses new addition of Licensing Board that will handle licensing and investigations, allowing the Maine EMS Board to manage regulations and future developments. Discusses work on Community Paramedicine and looking at stand-alone agencies that could provide CP (as opposed to having to be an EMS agency first). Discusses education needed for training centers to roll out for CP licensure. Additionally, licensing levels need to be approved

and that ability to roll this out may conflict with deadlines. Working on resolutions to ensure no interruption to CP delivery as currently done while transition occurs to formalized license levels. Minkler adds update on LD841 Island EMS workgroup, and the first meeting is that afternoon. Discusses regional transition for medical directors.

- i. Region 1 has 1 regional medical director and has appointed an associate medical director (Dr. Bob Brown).
- ii. Regions 2 and 3 are complicated as each has 2 regional medical directors
- iii. Region 4 has one medical director

Money for paying the regional medical directors is tied to a grant and bit complicated but O'Neal is leveraging this funding to work with the Public Safety Commissioners office and will be paying retro pay and for this year in a lump sum. Discusses with individual physicians who need to complete state paperwork as a vendor.

Saquet asks questions regarding data use agreement for his region. O'Neal states there was some communication gaps, but the main challenge is that the agreements are with the RAC as a business entity, which none are as of yet. In the meantime, O'Neal will get regional medical directors access to fulfill their responsibilities. Lengthy discussion on roles of medical directors and associate medical directors.

- b. Tiley delivers news that Central Maine Medical Center will not be renewing their status as a trauma center. They have been working under an ACS extension but when it expires, they will not be pursuing ACS verification, eliminating them as a trauma destination for air or ground for Maine EMS agencies. States the trauma leaders at CMMC, MMC, and EMMC have been meeting to discuss considerations of this. Sholl states that Maine EMS as a system owes a lot to CMMC, as it was Dr. Larry Hopperstead who was an initial and first leader in the trauma development in our state system. Tilney and Sholl will be sharing info with TAC and developing a clinical bulletin on this

5) Alternate Devices

- a. None

6) Special Circumstances Protocols

- a. None

7) Data Use Agreement

- a. Request from Harnish to have Community Paramedicine patient care reports to link with existing Maine Health Information Network (HIN). Currently, Maine EMS links patient care reports in MEFIRS with the HIN through an approved data use agreement and this would expand from just 911 responses to include community paramedicine PCRs to be included in patient records and thus allow access by medical care teams of the patient (based on HIN access). It would follow same pathways and process as for the other MEFIRS reports. Would still need to be reviewed and approved by the Maine EMS Board and the Maine EMS office. **Motion by Meehan-Coussee to approve the data request as written, 2<sup>nd</sup> by Ritter. Passes unanimously.**

8) Pilot Projects

- a. Sanford POCUS – Moulton provides report on 3 uses of device – questions have arisen if it is being underutilized. Moulton states Sanford has had a number of new hires and the training pipeline has been full for orientation and core classes and added education for the ultrasound has not been able to be achieved currently. Moulton states he is comfortable with the progression at Sanford of the project but it may benefit from additional agencies joining to get more data and patients.

- i. Group discusses how to add agencies to approved pilot projects and how that might work, more review and perhaps a policy would be beneficial in the future.
- b. MD3 pilot project reports out in October – no report this month is needed.
- c. Delta Ventilator project moved to end of meeting

9) Medication Shortages

- a. Nash states Pfizer will no longer be supplying the Abboject emergency syringe system (<https://www.fda.gov/media/188271/download>). This includes emergency medications and prefilled doses such as atropine, epi 1:10, calcium, D50, lidocaine and sodium bicarbonate. This is reported not as a safety or efficacy reason but rather supply chain disruptions and availability. Even though the medications themselves would still be available in other forms, it would likely be in vials (although other syringe manufacturers do exist, unsure of their availability). This could have significant effect

10) Emerging Infectious Diseases

- a. Sholl reports that the States of Texas and New Mexico have reported their outbreaks of measles are now resolved. There are still isolated cases.
- b. Sholl reports cases of West Nile virus in New England, but not widely an issue. COVID is increasing and we are entering flu season.

11) Member Changes

- a. Emily Bryant has stepped down as the BLS representative from MDPB to focus on family – congratulations on her new baby and thanks for her valuable input to the MDPB.
- b. Sholl will be working on recruitment to fill this position.

12) Protocol Update

- a. Sholl thanks all of the MDPB members for their work on recording education for the MEMSEd protocol presentation that is being stitched together. Sholl acknowledges the incredible number of hours and workload that so many have contributed and done for these updates, thanks DeArmond, Oko, and Minkler for their work from the office on this.
  - i. Noted that future webinars should use standardized audio equipment to improve recording quality, and discussed plans for the remaining three webinars scheduled for different times of day and on the weekend.
- b. 1<sup>st</sup> virtual webinar was held and was well attended - 266 registered and 258 actually attended. 9 MDPB members presented, and it lasted around 2.5 hours. The format and breakdown was
  - i. Intro
  - ii. Brown/Purple - 27 minutes
  - iii. Blue - 9 minutes
  - iv. Red - 19 minutes
  - v. Gold - 15 minutes
  - vi. Green - 21 minutes
  - vii. Yellow - 8 minutes
  - viii. Pink and Lavender - 10 minutes
  - ix. Orange - 14 minutes
  - x. Gray - 9 minutes
  - xi. Wrap-Up / Q&A
- c. There were around 40 questions in the Q&A, most focused on meeting logistics, but a few for future FAQ document and likely more from upcoming sessions.
- d. Minkler presented a review of the surveys at the end of the presentation. Had a 98% return rate on the surveys. A more detailed review will be completed once all webinar sessions are conducted. The feedback was overwhelmingly positive, with an average rating of 4.35 out of 5, and 89% of attendees rating it 4 or higher. Common suggestions for improvement included
  - i. providing documents ahead of the webinar

- ii. offering separate updates for each license level
  - iii. clarifying changes to protocols.
  - iv. The presenters were praised for their effectiveness, with an average rating of 4.48.
- e. Group discussed feedback on protocol updates, noting the need to better promote stakeholder input forms. They agreed to include reminders about providing feedback and to add QR codes linking to suggestion pages in future webinars. Decided to formalize the process of assigning presenters 24-48 hours before each webinar and to review slides and audio recordings to ensure consistency. There are three more webinars for September 23rd, October 21st, and November 15<sup>th</sup>.
- f. Sholl reviewed the deliverables for the protocol update, including white papers, OLMC summaries, and overall summary change documents, which are now available on the Maine EMS website. Confirmed the MDPB is on track for a December 1st implementation of the protocols.

### 13) New Business

- a. Regional Ops Update
  - i. Transport & Transfer Committee - Meetings scheduled for the second Monday of each month. Discussion on patient transfer care protocol challenges focusing on challenges with patient care during transfers, particularly regarding medication administration and communication between sending and receiving facilities. Participants discussed issues with controlled substance access for transport, as well as access and sedation protocols, with concerns raised about hospital staff may not be providing appropriate pain management during transfers. The group agreed that while they cannot directly influence hospital practices, they can work to establish better critical care transport systems across the state. They emphasized the importance of clinical staff speaking up about concerns and suggested creating clearer pathways for patient care during transfers, though they acknowledged the complexity of balancing resource allocation and patient needs.
  - ii. EdCom – New Education Chair – Paul Froman. Thanks were expressed to Aiden Koplovsky for his time as chair and his excellent leadership of the group.
  - iii. QI – Getchell reports on the Quality Improvement Committee's efforts to update the QI module and develop statewide QI markers
  - iv. CP – Lowry discussed educational challenges related to new CP standards and upcoming community paramedicine innovation sessions and conference at the Augusta Civic Center
  - v. EMS-C – Minkler reports on reports submitted to HRSA on grant and request for funding on additional Kangaroo-Fixes and NRP classes, as well as participation in national conferences and collaborations
  - vi. TAC – No report
  - vii. Data – Next meeting is on Sept 30, several minor updates to MEFIRS going into effect on October 1, reviewing some validation rules for possible future updates
  - viii. EMD – No Update
  - ix. Delta Pilot Project
    - 1. **Motion to enter executive session to discuss Delta Pilot Project by Sholl, 2<sup>nd</sup> by Meehan-Coussee. Approved unanimously. Entered at 1220.**
      - a. 1 M.R.S. § 405(6)(F) - Discussions of information contained in records made, maintained or received by a body or agency when access by the general public to those records is prohibited by statute
    - 2. **Exit executive session at 1314.**

### 14) Meeting “To-Do’s”

- a. Present June 2025 minutes for review at Oct meeting
- b. Sholl/Tilney to present info on CMMC trauma closure to TAC
- c. Sholl/Tilney to develop clinical bulleting on CMMC closure

15) **Motion by to Meehan-Coussee to adjourn, 2<sup>nd</sup> by Ritter, meeting adjourned at 1317**

16) Next MDPB meeting will be October 15, 2025, at 0900.

*Minutes by Marc Minkler.*