



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 – October 15, 2025
via Zoom**

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

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

Members present: Dr. Matthew Sholl, Dr. Jack Lewis, Dr. Kelly Meehan-Coussee, Dr. Seth Ritter, Dr. Tim Pieh, Dr. Dave Saquet, Dr. Benjy Lowry, Dr. Beth Collamore, Bethany Nash, PharmD, Colin Ayer, Dr. Rachel Williams
Members Absent: Dr. Kelly Klein, Dr. Pete Tilney, Dr. Bob Brown
MEMS Staff: John DeArmond, Wil O'Neal, Jason Oko, Ashley Moody
Stakeholders: John Moulton, Chip Getchell, *(technical issues prevented full list)*

"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 0902 with a quorum. Sholl is chair.
- 2) Introductions
- 3) Previous 2025 Minutes
 - a. **Saquet makes a motion to approve June 2025 minutes, 2nd by Collamore, passes unanimously (Williams abstains) with some grammatical edits**
 - i. Meehan-Coussee asks clarification of Item #13 which were corrections from previous draft from Dr. Zimmerman. Will add a note that these were previously discussed and voted changes and no additional vote was needed
 - b. **Saquet makes a motion to approve September 2025 minutes, 2nd by Collamore, discussion, tabled while awaiting clarification from O'Neal and will bring to November meeting**
- 4) Pilot Projects
 - a. MD3 pilot project – Pieh presents on MD3 MOPR on first 22 months in service
 - i. Started Dec 15, 2023
 - ii. 7 physicians involved
 - iii. Alternate Destination and Treat and Release
 1. In last 2 months (since last report)
 - a. Laceration repair
 - b. Suture removal
 2. In past 22 months
 - a. 9 cases of treat and release
 - b. Cases with procedures beyond paramedic level

- i. 4 Vent adjustment during IFT
 - ii. 6 Vent initiation in field
 - iii. 11 Ultrasound
 - iv. 1 Ultrasound guided IV
 - v. 7 RSI cases
 - vi. 5 laceration repairs
 - vii. 1 nasal packing
 - viii. 1 blood product administration
 - ix. 1 hyper angulated VL intubation
 - c. Cases with medications beyond paramedic level
 - i. 4 succinylcholine
 - ii. 2 rocuronium
 - iii. 5 phenylephrine
 - iv. 3 etomidate
 - v. 1 IV nitro
 - vi. 1 esmolol
 - d. Not beyond scope but involved
 - i. 5 terminations of resuscitation
 - ii. 1 BLS BVM ventilation
 - iii. 10 medication usages within paramedic scope
 - iv. 3 intubations
 - v. 1 IV access
 - vi. 1 defibrillation
 - vii. 1 cricothyrotomy
 - e. 18 CCT IFT transports (if LFOM not available or time critical)
 - f. 26 Complex decision-making assistance on scene
 - 3. Significant efforts around QI, both at time of incident and retrospective
 - 4. MDPB has discussion around some of these cases for clarification and insight. Pieh asks about change from pilot to next phase, Sholl states pilot programs have up to 3 years, and can discuss further offline, Pieh appreciates this
 - b. Sanford POCUS – Moulton reports 1 use since last month, unsuccessful. Training continues with clinicians during down time
 - c. Delta Ventilator project update moved to end of meeting
- 5) State Update
- a. O’Neal – Provides update that this month is sudden cardiac arrest awareness month and provides data from Maine CARES report. New podcast released. 1st Maine innovation session for Community Paramedicine conference completed, expressed thanks to all who contributed and attended the conference. Working with UMaine leadership to facilitate opportunities for degree. 1st licensing board meeting this Friday. LD35 update around CMS reimbursement, advocating for Community Paramedicine reimbursement.
- 6) Medication Shortages
- a. Nash states Pfizer still has shortage, Lorazepam still intermittent shortage but reports state it should be resolved mid-November
 - b. Sholl discusses DEA licensing of EMS agencies through the “Protecting Patient Access to Emergency Medications Act”. Many proposed rules that were submitted, Maine EMS and NASEMSO provided comments on these. There is a presentation from the NAEMSP tomorrow, several MDPB members state they will be attending and will take notes.
- 7) Alternate Devices
- a. None

- 8) Special Circumstances Protocols
 - a. None
- 9) Data Use Agreement
 - a. None
- 10) Emerging Infectious Diseases
 - a. Sholl reports that Texas states measles have been eradicated, some activity and small outbreaks across the US, nothing near Maine. We are in midst of Flu and RSV season and COVID(still), so vaccinations, handwashing and respiratory precautions are key.
 - b. O'Neal reports Maine EMS and the Maine CDC have identified 5 agencies to provide specialized transport of infectious patients based on National Emerging Special Pathogens Training
 - c. Moody reminds all that EMS agencies need to obtain clinician mandatory flu vaccinations or masking agreements by end of November
- 11) Protocol Update
 - a. Sholl states next webinar is Tuesday, October 21 at 5pm, last is Saturday, November 15 at 9am
 - b. Discussion with group on who is attending each webinar
 - c. DeArmond provides update on protocol app and states he has been talking with the app developer and that the process should be fairly painless and quick. Sholl states the app will look fairly similar to current, and opportunities to expand app functions may exist and need to be explored for future app development. DeArmond states he discussed this with O'Neal in March and April and decision was to wait until 1st quarter of 2026 for new possibilities.
 - d. Sholl states Minkler is currently on vacation but provided slides (shared with MDPB) on feedback on protocol webinars.
 - i. 572 attendees in 1st 2 webinars
 - ii. First webinar
 1. 255 attendees
 2. 90% rated the webinar as 4 or higher on 5-point scale (5 being very satisfied).
 - iii. Second webinar
 1. 319 attendees
 2. 92% rated the webinar as 4 or higher on 5-point scale (5 being very satisfied).
 - iv. No one rated either as a 1, 3 people rated the first as a 2
 - v. Average overall ratings (1 to 5 scale, 5 is highest)
 1. Overall satisfaction – 4.4
 2. Clarity and Organization – 4.5
 3. Did it meet your expectations – 4.4 (89% 4 or higher)
 4. How effective was the presenter – 4.5
 5. How ere the technical aspects of the webinar – 4.5 (89% 4 or higher)
 - e. Discussion by members on feedback
 - f. Saquet asks if MEMSEd has always had a test, Sholl states yes, it is a requirement for non-live courses. Saquet asks what happens if you fail. DeArmond states he had many ideas on type and number of questions, references failing an ACLS test – remediation is needed if that occurs. This test is open book. In the past, the protocol quiz was to complete a section, then take a quiz on that section and pass before you could move on to the next section. Decision was made to present the whole update and then take a test on the entirety of the update. States in the academic world, remediation is to go back and review the material. If you miss more than 2 questions, the individual will have to remediate by viewing the protocol update all over again. Collamore asks what the numbers look like passing, DeArmond did not have those numbers available.

- g. Discussion on free text responses to the webinars. Overall, the attendees seemed very happy with the content, length, and presentation. More info will be assembled for the complete set of webinars.
- h. Sholl discusses that this cycle we did not have separate MEMSEd classes for BLS vs ALS due to bandwidth and resources, however there are two separate tests (BLS vs ALS) for clinicians when completing the MEMSEd sessions.
- i. Discussion by all on opportunities to improve, such as navigating the Q&A section of the webinar, being aware that that resources (such as the protocol itself and white papers) were available prior to the webinar for individuals to be able to review and become familiar with, and having a summary sheet of changes by license level instead of just an overall list. Suggestion to add caveats on what should be documented and ways to document care with new protocols.
- j. Discussion by all on FAQ document. Sholl shares some of the questions received after the webinars and begins process of documenting questions and answers to have a reference document available to all clinicians to help clarify any confusion or questions that arise. Group makes suggestions and will work on documents and bring them back for November.

12) New Business

- a. Regional Ops Update
 - i. EdCom – DeArmond reports the state is looking at out of state education programs and how that fits within current rules and statutes
 - ii. QI – Getchell states QI meeting today is cancelled. Work continues on QI manual updates and discussion with AG for some clarifications
 - iii. CP – Praises the recent CP conference and thanks Soliana for her work. Looking to fill Medical Director position on the CP Committee
 - iv. EMS-C – Williams reports lots of great pediatric topics at upcoming MaineHealth EMS conference
 - v. TAC – Moody reports that TAC has a meeting on the 28th
 - vi. Data – Meehan Coussee reports continuing to review data requests and materials
 - vii. EMD – Adams reports EMD meeting tomorrow and working on QA plans for EMD centers with some recent grant funding through the ESCB
 - viii. Delta Pilot Project
 - 1. **Motion to enter executive session to discuss Delta Pilot Project by Sholl, 2nd by Collamore. Approved unanimously. Entered at 1103.**
 - 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 1123.**

13) Meeting “To-Do’s” from July

- a. Sholl/Tilney to present info on CMMC trauma closure to TAC

14) Meeting “To-Do’s” from this meeting

- a. Present September 2025 minutes for review at Nov meeting
- b. Sholl to discuss with O’Neal about the clarification regarding Brown’s appointment as Associate Medical Director for Region 1.
- c. Sholl to talk to Minkler about adding a note in the June minutes that certain changes were previously discussed and did not require formal motions.
- d. Sholl and Meehan-Coussee to develop a white paper on the importance of written documentation for EMS providers, with Meehan-Coussee taking the first draft by November 12th.
- e. MDPB members to provide feedback on FAQs to Sholl, Lewis, and Collamore by November 5th.
- f. Sholl to send the FAQ document to all MDPB members after the meeting.

- g. DeArmond to continue work on updating the protocol app with the app manager.
- h. Sholl and Collamore to add an explanation about the MDPB's role and responsibilities to the beginning of the next two protocol webinars.

15) **Meeting adjourned at 1301**

16) Next MDPB meeting will be November 15, 2025, at 0930.

Minutes by Marc Minkler.