



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 – December 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. Kelly Meehan-Coussee, Dr. Seth Ritter, Dr. Kelly Klein, Dr. Tim Pieh, Dr. Dave Saquet, Dr. Benjy Lowry, Bethany Nash, PharmD, Colin Ayer, Dr. Rachel Williams, Dr. Pete Tilney
(virtual) Dr. Beth Collamore, Dr. Bob Brown
- MEMS Staff:** Marc Minkler, John DeArmond, Wil O'Neal, Ashley Moody, Melissa Adams, Jason Cooney, Darren Davis, Rob Glaspy (1053), Soliana Harnish (1010)
- Stakeholders:** John Moulton, Chip Getchell, Sean Brackett, John Lennon, Michael Reeney, Rob Sharkey, David Ireland, Shawn Cordwell, Ashley Wax-Armstrong, Jeremy Ogden, Dr. Norm Dinerman, Eric Wellman, Dr. Emory Liscord, Chirs Pare (1006, Prianka Maria Sarker (1046), Dr. Marcella Sorg (1048), Aiden Koplowsky (1150), Chris Mitchell (1205), Dr. Steve Diaz (1300)

“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.”

NOTE: This meeting had technical audio problems for first 45 minutes and is best interpretation of recording.

- 1) The meeting begins at 0930 with a quorum. Sholl is chair.
- 2) Introductions
- 3) Previous Minutes
 - a. **Nash makes a motion to approve September 2025 minutes, 2nd by Klein, approved unanimously**

- b. **Nash makes a motion to approve October 2025 minutes, 2nd by Klein, approved unanimously** with removal of LFOM CPC section as they record minutes separately

4) State Update

- a. O'Neal – *(note – this section of the recording is particularly distorted and unreliable with many unintelligible portions)* Provides update on the progress of the EMS license board, and all members have been seated. and the challenges in funding high-cost institutions. The office is working on a pilot project to address post-crash care and is considering the use of AI in healthcare. Legislative updates included the passing of a bill creating an EMS Oversight Commission, which the director expressed disappointment over due to lack of coordination.

5) Pilot Projects

- a. MD3 pilot project – Report moved to January
- b. Sanford POCUS – Moulton reports 1 use since the last meeting and scaling up the program with 4 new members possibly to be trained
- c. Delta Ventilator project – tabled to January

6) Medication Shortages

- a. Lengthy discussion on medication access for EMS, and possible new DEA rules. Additional discussion on medication agreements with hospitals. In past, regional EMS offices provided agreements and facilitated this. Many agencies now have independent agreements with hospitals for medications, but not all. Topic for regional managers to research and assist the MDPB and EMS Board with update.

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 cases of COVID are still present and measles has not yet hit Maine but are increasing in the US. Flu is ramping up and becoming a problem. Reminds all to get vaccinated and use proper hand washing and Personal protection devices.

5 MINUTE BREAK TAKEN TO ADDRESS AUDIO ISSUES

11) BLS Position Update

- a. Sholl has sent a doodle poll to MDPB members for interview dates in February for candidates for the BLS position. As the position is open until the end of January, the final number needed is still to be determined.

12) Region 2 Medical Director

- a. Adams updates that the Region 2 Advisory Council has selected Dr. Ritter as the Regional Medical Director and Dr. Pieh as the Associate Regional Medical Director as directed by the rules, however the roles and authority will be exactly the same for both. As this requires consultation with both the EMS Board (consulted at their last meeting) and the MDPB, this is the process to seek input. **Sholl makes a motion to approve Dr. Ritter as the Regional Medical Director and Dr. Pieh as the Associate Regional Medical Director for Region 2, 2nd by Meehan-Coussee.** Discussion on titles on roles, and review of rules requirements. **Pieh and Ritter abstain; all others vote Yes and motion passes.**

13) Togus VA Emergency Department

- a. Dr. Emory Liscord presents on Togus VA Emergency Department to begin accepting 911 ambulances, with a date to be determined as processes and policies are finalized. The federal government has issued a directive that if a VA facility is an Emergency Department, they must accept community ambulances or the hospital will lose their OR, ICU and inpatient beds and become an urgent care center. Adams reports that Maine EMS has not added a destination hospital in decades, and not within any staff, Board or MDPB members terms. Adams sought insight from former Maine EMS Director Jay Bradshaw who provided helpful information for historical purposes. The Maine Attorney General's Office, in consultation, did state Maine EMS has no authority to approve an ED as a receiving destination, but does have the ability to approve the appropriate destination for EMS. A draft algorithm is shared, with intent to meet with the Maine EMS Board in January, and to hold an EMS Town Hall in 2026 with regional EMS agencies. The algorithm indicates how to contact the VA hospital ED, types of conditions it is equipped for, and methods of utilizing OLMC. Lengthy discussion by all about potential complications and concerns, including IFT and LifeFlight usage. Dr. Liscord maintains notes and will address concerns during this development process. Adams and Pieh will be point people for efforts and provide further information to MDPB in January.

14) Data Use Agreements

- a. Central Maine Medical Center is interested in an interface from ImageTrend to their central patient reporting center. This would be similar to Hospital Hub by using NO2 to automatically upload EMS patient care reports for patients transported to CMMC. CMMC would be paying for NO2 and would need to follow the process for data request of MDPB, EMS Board, and Maine EMS approval. The group discussed data usage agreements for medical records, focusing on how to handle research access versus other permitted uses. The discussion highlighted concerns about data security and privacy, particularly regarding research access, and established that this agreement would serve as a

model for future contracts. **Motion by Meehan-Coussee, 2nd by Nash to allow linking of medical records for CMMC and NO2 (audio not understandable and no names recorded)** (with the following friendly amendment by Sholl, OK'd by) **to perform QI and public health surveillance, but require use for research purposes to be reviewed by Maine EMS. Brown not present, all others vote Yes.**

- b. Davis presents on a standing order to export billing data directly from ImageTrend to authorized and EMS agency indicated billing centers on behalf of EMS agencies. **Sholl makes a motion, 2nd by Nash to approve a data use agreement for a standing order for the export of data for billing purposes. Brown not present, Klein no response, all others vote Yes.**
- c. Davis presents on request to renew the 2023 non-fatal opioid Patient Journey Task Force project, being conducted by the Margaret Chase Smith Policy Center at the University of Maine. Discussion with Dr. Sorg and that they do not collect identifiable patient data. **Saquet makes a motion, 2nd by Ritter to approve renewal of the 2023 non-fatal opioid Patient Journey Task Force project data release. Brown and Klein not present, all others vote Yes.**

15) Protocol Update

- a. Minkler presents data on attendance and completion rates, noting that 4,198 licensees completed the update, with 48% doing so via webinar and 52% through MEMSEd. The feedback was generally positive, with high ratings for clarity and effectiveness. Participants discussed potential improvements, including better audio quality and more interactive elements. DeArmond explained that the test questions were designed to be straightforward and at a 9th-grade reading level. The group also touched on concerns about need to complete full course retake vs multiple exam attempts and the need to clarify testing requirements for different license levels. Group discusses results, Sholl states that he believes there is value in both those modalities right now, and as we look to the future, I think we continue to use both those modalities, the one that people prefer for the interface, and the one that people prefer for the experience. Maine EMS needs to provide resources into both of those options
- b. FAQs
 - i. Ritter shares Double Sequential Defibrillation document with all.
 - ii. Lewis shares mCPR document with all.
- c. Northern New England chapter of the NAEMSP is interested in looking at reviewing the sepsis/stroke and cardiac arrest protocols as all of the Northern New England states protocols are basically in conjunction with one another
- d. Proposed change in Protocol process. Sholl discussed reorganizing the protocol review process by creating a smaller workgroup to prepare information for full board review, aiming to streamline meetings and reduce workload. Discussed members and proposed a new structure for a protocol subcommittee, which would include regional medical directors, pharmacist, and EMS representatives, and Maine EMS staff members to handle data, education, and rules. Lengthy

discussion by all on processes and pros/cons to this change. The group agreed to test this change, with Sholl/Lewis/Collamore planning to develop more details and meeting times in the coming month.

16) New Business

- a. Committee updates tabled due to time constraints.

17) Meeting “To-Do’s” from previous meetings

- a. O’Neal to facilitate Maine EMS office collect EMS Quicksheets and review for best practices
- b. Sholl will email previous requirements for Quicksheets.
- c. DeArmond to continue work on updating the protocol app and medication calculator with the app manager.

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

- a. Sholl/Lewis/Collamore to develop more detailed plan for new protocol process.
- b. MD3 and Delta pilot projects present on tabled information.
- c. Pieh/Adams to continue updates on Togus VA ED

19) **Meeting adjourned at 1325**

20) Next MDPB meeting will be January 21, 2026, at 0930.

Minutes by Marc Minkler.