



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 – February 18, 2026  
via Zoom**

*Members present:* Dr. Matthew Sholl, Dr. Jack Lewis Dr. Kelly Meehan-Coussee, Dr. Seth Ritter, Dr. Tim Pieh, Dr. Dave Saquet, Bethany Nash, PharmD, Colin Ayer, Dr. Beth Collamore, Dr. Bob Brown, Dr. Pete Tilney, Dr. Kelly Klein, Dr. Benjy Lowry, Dr. Rachel Williams

*MEMS Staff:* Marc Minkler, Jason Oko, Wil O'Neal, Ashley Moody, Melissa Adams, Darren Davis

*Stakeholders:* Chip Getchell, Aiden Koplovsky, AJ Gagnon, Brian Langerman, Bar Harbor FD, Cecily Swinbourne, Danny Gahagan, Don Sheets, Eric Wellman, Jeremy Ogden, Joanne Lebrun, John Moulton, Lisa Bennett, Michael Reeney, "Meeting Room", Nate Allen, Rob Sharkey, Sean Brackett, Sheldon Gregoire, Steve Smith, Mike Senecal, "C9", Chris Pare, Dr. Steve Diaz

*"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 0930 with a quorum. Sholl is chair.
- 2) Introductions
- 3) Previous Minutes
  - a. **Motion by Meehan-Coussee, 2<sup>nd</sup> by Collamore to approve November MDPB minutes.** Minor edits and corrections by Minkler, **Unanimously approved with Nash abstaining**
  - b. **Motion by Meehan-Coussee, 2<sup>nd</sup> by Saquet to approve December MDPB minutes.** Minkler notes that the audio for the in-person meeting was less than ideal and apologizes for any gaps as noted in the minutes. **Unanimously approved with Collamore abstaining**

#### 4) State Update

- a. Sholl - Noted several recent developments, including the NAEMSP meeting, final rules for the Protecting Patient Access to Emergency Medications Act, and the first five cases of measles in Maine.
- b. O'Neal – Thanked staff for their work on a measles webinar and mentioned that Maine will likely see measles cases for some time. Discussed legislation updates, including bills related to community paramedicine and EMS board changes. He also announced that their education coordinator, John D'Armond, had resigned, leaving them short-handed. O'Neal states Maine EMS would be posting the education coordinator position soon. Discusses LD 2091, 2119, 2128, 2132, and 2133.

#### 5) Alternate Devices

- a. Meehan-Coussee raised concerns about the outdated MDPB alternate devices list, lengthy discussion about items listed and availability/usage of the list, and O'Neal/Sholl agreed to review it and potentially bring it up at the next MDPB meeting.

#### 6) Pilot Projects

- a. Westbrook Pilot Proposal – Langerman presented a proposal for a 24-month pilot project to implement a Suboxone program in Maine, with Westbrook Fire Department overseeing the initiative. The program aims to address the opioid crisis by providing initial doses of Suboxone to patients before hospital arrival, targeting those who refuse transport or do not wish to go to the emergency department. The project plans to involve six EMS agencies and is expected to benefit approximately 1,078 patients over the pilot period, with potential for preventing 22-44 deaths. The group discussed the success rates of offering Suboxone, with Langerman noting that pre-hospital administration may be more effective than emergency department enrollment. The MDPB will review the final proposal in March, with further discussions planned between key stakeholders.
- b. Sanford POCUS – Moulton presented the ultrasound project's progress, highlighting that it has been operational for a year with 21 total cases, and discussed challenges such as a reduction in the number of credentialed paramedics. Overall goal is no longer than a 20 minute scene time for stable patients and use of ultrasound (which by itself should be under 7 minutes)
- c. MD3 pilot project – Pieh provided an update on the MD3 pilot project, noting its continued success in providing educational and medical assistance, and mentioned the need for further analysis of outcome data. Presents slide deck with information on required report-outs from the pilot application.

#### 7) Medication Shortages

- a. None

## 8) Emerging Infectious Diseases

- a. The group discussed the current measles outbreak in Maine, with 5 confirmed cases and 26 people being monitored. They reviewed a new clinical protocol for handling measles cases, which includes steps to identify, protect, treat, and communicate about potential cases. The group debated wording in the protocol, particularly around vaccination status and documentation requirements. They agreed to modify the language to focus on "non-immune" individuals rather than "non-vaccinated" patients, and to simplify the documentation requirements. The discussion emphasized that providers should maintain a high index of suspicion for measles and prioritize protecting both patients and healthcare workers.
- b. The group worked on a proposed emergency protocol, focusing on documentation requirements and contact tracing. They agreed to remove any documentation requirements for vaccination status, instead relying on verbal assurance, and to add a requirement to document all responders who had patient contact, including non-EMS licensed individuals, such as law enforcement. The protocol will be updated to include this change, and the group will work with CDC contacts to facilitate contact tracing capabilities similar to those used during the COVID pandemic. **Motion by Meehan-Coussee to approve the measles protocol as finalized, 2<sup>nd</sup> by Saquet. Unanimous approval.**
- c. Discussed protocol implementation timeline. The group decided to coordinate with the CDC before enacting the protocol, despite Saquet's suggestion to release it immediately for provider safety. Sholl will update the protocol in Lucidchart, and Adams is working on an EMD screening tool based on the protocol. The team also reviewed a quick reference tool created by Minkler for measles patient care.

9) NAEMSP Conference – MDPB members who attended the NAEMSP conference provided brief updates and highlights from the meetings and presentations.

## 10) Protecting Patient Access to Emergency Medications Act

- a. Sholl and O'Neal provide updates from discussions with the DEA and registration process for EMS agency specific DEA license as now required under federal law in the Protecting Patient Access to Emergency Medications Act. Discussion by all, including acknowledging the need for further clarification on its implications for EMS.

## 11) Special Circumstances Protocols

- a. None

12) Data Use Agreements

- a. None

13) Protocol Update

- a. Lewis and Collamore discussed the protocol workgroup's formation and deliverables, and the formulary update led by Nash and Minkler. The group discussed stakeholder participation in protocol reviews and agreed that MDPB members could volunteer to review specific sections.

14) Old Business

- a. Education/Exam Committee – Koplovsky updates that the two big things on the Education Committee's radar at the moment are
  - i. Identifying challenges with clinical environment, analyzing the clinical environment, and where our clinical capacity is as far as the number of students that we can put through, specifically ALS classes.
  - ii. Understanding our capacity for more training centers.
- b. QI – Getchell – meeting at 2pm today and goal is to get QI manual into a draft form
- c. Community Paramedicine – Lowry – provided updates on LD2119 and opportunities to further explore reimbursement through MaineCare. The Down East EMS conference will have a CP track, and an innovation session is scheduled for October. Working on filling a vacancy on the committee.
- d. EMSC – Minkler – Maine CDC is providing \$125,000 of funding for additional neonatal restraint devices. We are also earmarking \$100,000 for NRP education to EMS and EDs in all 4 EMS regions, as well as additional EMSC funding to support the DownEast, AAP, and MaineHealth EMS conferences. Lastly doing a QI study on all neonatal patients transported in 2025 and survey to understand clinician choices and understanding of device usage.
- e. TAC – Moody – meeting next Tuesday, working on committee vacancies
- f. MSA – Moody – meeting scheduled for April
- g. Data Committee – Davis – next meeting is March 3, working on some measles surveillance as well as contact tracing. Beginning process for ways to better document controlled substances to assist with the tracking for the PPA EMS medications act.
- h. EMD – Adams – EMD renewals occur later this year, have been working on QA programs. Also significant work on PulsePoint AED registry and 988 stakeholder group.

**15) Motion by Sholl to enter executive session under the auspices of one MRS, subsection 4056F, for discussions of information contained in records made, maintained, or received by a body or agency when accessed by the general public to those records is**

**prohibited by statute. 2<sup>nd</sup> by Collamore, Unanimous approval. Entered executive session at 1159am. Exited executive session at 1254pm**

16) Good of the group

- a. O'Neal and Sholl agreed to work offline on the BLS rep positions, as the application period has ended and interview dates need to be rescheduled.
- b. Meehan-Coussee requests future discussion about potentially adding a standing agenda item for regional medical director updates to the MDPB.

17) **Meeting adjourned at 101pm**

18) Next MDPB meeting will be March 18, 2026, at 0930 and is in person at Maine EMS.

*Minutes by Marc Minkler.*