



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 – March 18, 2026  
In person and via Zoom**

- Members present:* Dr. Matthew Sholl, Dr. Jack Lewis (virtual), Dr. Kelly Meehan-Coussee, Dr. Seth Ritter, Dr. Tim Pieh, Dr. Dave Saquet, Bethany Nash, PharmD, Colin Ayer, Dr. Beth Collamore (virtual), Dr. Bob Brown (virtual)
- Members absent:* Dr. Pete Tilney, Dr. Kelly Klein, Dr. Benjy Lowry, Dr. Rachel Williams
- MEMS Staff:* Marc Minkler, Jason Oko (virtual), Wil O'Neal, Ashley Moody (virtual), Melissa Adams, Jason Cooney, Rob Glaspy (virtual), Victoria Clyde (virtual)
- Stakeholders:* Chip Getchell, Brian Langerman (virtual), Lisa Bennett (virtual), Michael Reeney (virtual), Sean Brackett (virtual), Dr. Norm Dinerman (virtual), Joanne LeBrun (virtual), Jeremy Ogden (virtual), Don Sheets (virtual), Chris Moretto (virtual), John Moulton (virtual), Rob Sharkey (virtual), Eric Wellman, Steve Sloan (virtual), Bar Harbor FD

*“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. **Tabled**
- 4) State Update
  - a. O'Neal – provided updates on staffing changes, including the resignation of the education coordinator John DeArmond and office assistant Erin Ludwig, leading to increased workload for existing staff. He outlined plans to hire additional support, including a new office assistant and positions for a licensing agent and

healthcare planner. Have candidates for EMD manager and Region 4 manager. Discussed challenges with contract processes and agreed to schedule individual meetings with regional medical directors to address issues. Legislative updates were shared on Bills 2128, 2132, 2133, and 2119 as well as LD484, with most bills passing committee and moving forward in the legislative process, though some amendments were made. He also addressed concerns about the EMS PPA Act and DEA documentation, noting that the DEA's response is pending with their legal department.

- b. Discussed the MDPB BLS position recruitment, noting that no applications were received despite outreach efforts, and decided to implement a multi-pronged approach for future recruitment.

#### 5) Pilot Projects

- a. MD3 pilot project – Report due April 2026
- b. Sanford POCUS – One use last month, continuing training with LifeFlight. Discussed adding Saco to the pilot project. Tabled and asked Saco leadership to provide specific data on missed IVs and IOs linked with patient condition for April meeting of MDPB.
- c. Delta Ventilator project – tabled to April 2026
- d. Reviewed the status of pilot projects, including MD3 and Delta, noting that both projects have been extended through May 2027. An ad hoc committee has been formed to develop guidelines for pilot projects, including requirements for service providers and criteria for success. The discussion touched on the authority and process surrounding pilot projects, emphasizing that while the MDPB provides clinical expertise and recommendations, the board has the final authority to approve waivers and rule changes.
- e. MDPB explained the current process for addressing issues with physician scope of practice and outlined how the system works regarding physician involvement in EMS care. The discussion highlighted the differences between MD3, the fellowship project in Portland and the MD1 proposed MOPAR project, emphasizing the need for standardized approaches. Discussed concerns about pilot project oversight, clarifying that regions currently have no authority to manage pilot projects, and the full MDPB must remain involved in the oversight process. Identified need for better mechanisms to handle system design changes and ensure accountability for pilot projects.
- f. Discussed concerns about using pilot rubrics for certain projects and emphasized the importance of finding long-term solutions rather than repeating pilot projects. The EMS board has capped pilot projects at three total at any one time, with the possibility of adding a fourth project under specific circumstances, particularly when the therapy is essential for Maine EMS's prompt review

#### 6) Medication Shortages

- a. None

7) Emerging Infectious Diseases

- a. Although a measles protocol has been developed, there is no pressing urgency to release or enact this protocol based on CDC feedback and resolutions of all current cases in Maine, though it remains available if needed.

8) Protecting Patient Access to Emergency Medications Act

- a. Cooney provided an update on the Protecting Patient Access to Emergency Medications Act, noting that Maine EMS is awaiting responses from the DEA and that legislation is being considered in the Criminal Justice and Public Safety Committee. The MDPB is waiting for clarity from the DEA and has requested a letter regarding enforcement of certain regulations, though no follow-up has been received yet

9) Formulary

- a. Has been completed and is posted on the Maine EMS website on the Protocols page

10) Medical Director Liability

- a. Discussion on Regional Medical Director liability concerns. Pieh expressed worries about regional medical directors covering for individual EMS agencies without medical directors and the associated liability risks. The group discussed potentially adding regional medical director roles to the state's indemnification statute, though Lewis suggested this might be complex and could require a two-fold approach involving both state protection for Regional role and private liability coverage for agency-level role.
- b. The group discussed indemnity and liability protection, building on previous conversations about state and associate state medical directors. Group emphasized the need for clear documentation of what roles and capacities acting in (e.g., as regional medical director vs agency medical director) when interacting with others, as multiple hats can create confusion about who is being addressed in specific situations. The discussion explored expanding indemnity protections to all MDPB members and examining existing protection options through private employers, hospital policies, and Maine Municipal insurance, with the group agreeing to research current landscape of protections before pursuing legislative changes.
- c. Nash emphasized the need for clearer legal protections, particularly for regional medical directors acting as local service medical directors, and suggested separating this issue from broader liability discussions. The discussion also highlighted concerns about the lack of written legal opinions from the Attorney General's office regarding current coverage, with participants expressing dissatisfaction about relying on oral interpretations that aren't documented. The group agreed on two main action items:
  - i. Pieh will research how other states handle similar protections and share findings

- ii. Nash will investigate additional liability coverage options outside of state indemnity.
- d. The group discussed clarifications needed around the roles and responsibilities of regional and service level medical directors, particularly regarding indemnity coverage and duties outlined in Chapter 15. Minkler and others emphasized the important and distinct differences between regional and agency level medical director roles, noting that agency level positions involve broad and diverse agency types and responsibilities across various sectors with some specific legal considerations, including EMS agencies at colleges, tribal nations and the military. The group agreed to address these clarifications in their May agenda, with Adams planning to gather additional information about role definitions and responsibilities.

#### 11) Alternate Devices

- a. Discussion by group on approved and alternate equipment list.
  - i. **Pieh makes a motion to remove SureVent from the Maine EMS approved equipment list, 2<sup>nd</sup> by Ritter. Discussion by all, approved unanimously.**
  - ii. **Meehan-Coussee makes a motion to move the tracheal hook from a required to optional item in cricothyroidotomy kits, allowing services to decide based on local clinician preferences. 2<sup>nd</sup> by Saquet. Discussion by all, approved unanimously.**
- b. Discussed updates to “Maine EMS approved” medical device policies, focusing on organizing and reviewing various equipment categories. Pieh proposed creating a separate subsection for surgical cricothyroidomy kits and agency-specific kits to make them easier to identify.
- c. Addressed the discontinuation of the Scort S3 oropharyngeal evacuation tool and discussed potential alternatives, including the Decanto large bore suction catheter. Decided to develop and add characteristics for alternative suction devices to the list rather than immediately removing the Scort device.
- d. **Pieh makes a motion to remove FAST IO Sternal Device from approved equipment list, 2<sup>nd</sup> by Meehan-Coussee. Discussion by group on the deletion of the FAST one sternal I.O. device due to its complications and low success rate in previous studies, approved unanimously.**
- e. Began reviewing and updating required elements for “Maine EMS approved” medical devices across the system. The group discussed specific devices including suction devices, pelvic binders, naloxone kits, needle decompression devices, and soft restraints, with the following volunteering to develop required elements for each category.

- i. Ritter - Suction Devices – (inclusive of the Decanto and the S—SCORT)
- ii. Meehan-Coussee - Pelvic Binders
- iii. Nash - Naloxone Kits
- iv. Saquet - Needle Thoracostomy Devices
- v. Pieh - Soft Restraints
- vi. Minkler/Sholl - DNR Jewelry/Wallets/Cards
- vii. Ayer - IO's
- viii. Zimmerman – K9 hemostatic agent/TQs/chest decompression device
- f. Addressed concerns about language regarding FDA-approved blind insertion devices, particularly fiber optic intubation, deciding to table further discussion on this topic for a future meeting. The group agreed to bring back the updated list of required elements to the May meeting for further review.
- g. Group agreed list should be reviewed every two years to coincide with protocol changes/updates.

#### 12) Special Circumstances Protocols

- a. None

#### 13) Data Use Agreements

- a. None

#### 14) Protocol Update

- a. Reviewed the timeline for protocol updates and discussing scheduling conflicts with the Region 1 RAC meeting. Lewis outlined the process for reviewing stakeholder input, which will begin next month with a focus on previously received comments and updates. The group addressed concerns about meeting times, acknowledging that the current schedule conflicts with the Region 1 RAC meeting but explaining that multiple factors made finding an alternative time challenging. They agreed to reassess the schedule in July and explore alternative options through a Doodle poll, while emphasizing that the protocol workgroup's role is to prepare information for the MDPB's decision-making process.
- b. Discussed updated protocol suggestion submission form that was developed

#### 15) Committee Updates

- a. Tabled to April

#### 16) 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.

- d. Pieh/Adams to continue updates on Togus VA ED

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

- a. Sholl: Reach out to Cliff Witten and Taylor Gammon (Saco FD) to invite them to the April virtual meeting to answer questions about Saco's proposal for the ultrasound pilot project.
- b. Davis: Compile and provide data on the number of peripheral IVs missed and patients who did not receive IOs, both at agency and statewide levels, for the pilot project discussion.
- c. O’Neal: Discuss with AAGs which MDPB/medical director roles should be considered for explicit indemnity/immunity and report back to the group.
- d. Cooney: Research and share (if feasible) the history/testimony behind the original statute providing indemnity to state/associate state medical directors.
- e. Pieh will research how other states handle medical director / MDPB liability protections and share findings
- f. Nash will investigate additional medical direction / MDPB liability coverage options outside of state indemnity.
- g. Adams to gather additional information about specific EMS regional medical director role definitions and responsibilities
- h. Minkler: Update and reorganize the approved alternate equipment list, including moving the tracheal hook to optional status and grouping cricothyroidotomy kit requirements together.
- i. Ritter: Develop required elements/characteristics for alternate suction devices (inclusive of S-Corp, Decanto, and other large bore suction devices) for MDPB review.
- j. Meehan-Coussee: Develop required elements for pelvic binders for MDPB review.
- k. Nash: Develop required elements for naloxone kits
- l. Saquet: Develop required elements for needle thoracostomy/needle decompression devices for MDPB review.
- m. Pieh: Develop required elements for soft restraints for MDPB review.
- n. Sholl/Minkler: Review and update DNR jewelry/wallet/card requirements and language, considering current rules and vendor status.
- o. Ayer: Develop required elements for IOs
- p. All assigned members: Bring back required elements/summaries for assigned devices (suction, pelvic binders, needle decompression, soft restraints, IOs, DNR, one-page summaries) to May meeting.
- q. Protocol Workgroup: Bring protocol workgroup updates and initial section reviews to April meeting.
- r. Sholl: Send out doodle poll to protocol workgroup members to assess possible alternative meeting times and re-evaluate by July.
- s. Sholl: Add review of two Delta cases and QI review to April agenda.

18) Meeting adjourned at 1341

19) Next MDPB meeting will be April 15, 2026, at 0900.

*Minutes by Marc Minkler.*