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 – May 20, 2026
via Zoom

Members present:	Dr. Matthew Sholl, Dr. Jack Lewis Dr. Kelly Meehan-Coussee, Dr. Seth Ritter, Dr. Tim Pieh, Bethany Nash, PharmD, Dr. Beth Collamore, Benjy Lowry, Dr. Pete Tilney, Dr. Dave Saquet, Dr. Rachel Williams, Colin Ayer (0953)
Members Absent:	Dr. Bob Brown, Dr. Kelly Klein
MEMS Staff:	Marc Minkler, Jason Oko, Wil O'Neal, Jason Cooney, Rob Glaspy, Ashley Moody, Ryan Hall, Darren Davis (0945), Melissa Adams (1005)
Stakeholders:	Chip Getchell, Brian Langerman, Don Sheets, Joanne Lebrun, John Moulton, Michael Reeney, Bill Cyr, Sean Donaghue (0957), Gorham Host (0957), Steve Kiesman (1015), Dr. Norm Dinerman (1147), Dr. Steve Diaz (1258)

"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."

The meeting begins at 0930 with a quorum. Sholl is chair.

Dr. Sholl welcomes all and wishes all a Happy EMS Week.

Sholl also acknowledges the events and tragedy at the Robbins Mill in Searsmont and requests a moment of silence to reflect on the sacrifices and impacts to all responders, employees, and family. All take a moment of silence.

1) **Introductions**

2) **MDPB Minutes**
    a. **Motion by Collamore to approve March 2026 minutes, 2nd by Saquet. Approved unanimously.**
    b. **Motion by Nash to approve April 2026 minutes, 2nd by Collamore. Approved unanimously (Meehan-Coussee dropped off call and did not vote).**

3) **State Update**
    a. Office Updates – O'Neal provides update. Shares the cancellation of the EMS awards ceremony due to the recent Searsmont incident and recognizing the professional efforts of the fire marshal's office. He also announced new hires, including Ryan Hall as the Region 4 manager and Richard Powell as the EMD licensing agent, while noting ongoing recruitment for an education coordinator position

4) **Special Circumstances Protocols** – NONE

5) **Pilot Projects**
    a. Sanford Ultrasound Guided IV Pilot Project – 29 uses in 15 months, 58% successful. Sholl asks about national data that shows 81% success rate and inquires if any known causation of lower rates in this pilot. Moulton discusses limited numbers, and patient condition may have played into this.
    b. MD3 Physician Response Pilot Project – discussed a specific stroke case to determine if the intercept response was faster than direct transport. Pieh explained the benefits of self-deployment protocols and noting that about 50% of cases are waived off without physician involvement. He also highlighted lessons learned from previous programs regarding equipment and documentation requirements
    c. Westbrook Suboxone Pilot Project - Langerman provided an update on Westbrook's approved pilot project, including plans for a July 1st go-live date and a training program on June 12th.
    d. Delta Ventilator Pilot Project – moved to end of meeting for executive session

6) Medication Shortages
    a. Nash reports no reportable shortages she is aware of.

7) **Emerging Infectious Diseases**
    a. Ebola - strain has 25-50% mortality rate
    b. Hantavirus – outbreak of Andes strain (only known strain that transmits person to person) on cruise ship. 18 people being monitored in multiple states. Risks in Maine are currently very low.

8) Protecting Patient Access to Emergency Medications Act
    a. DEA application portal is open for Maine. Hospitals have signaled concerned about supplying medications, 2 systems have indicated changes, 1 is planning to halt. The effective dates of changes are fluid in order to work through service issues and not create a gap of access. Current processes are risky as hospitals are not "retail" and thus are not allowed to distribute medications to EMS agencies by law. Group has started to create resource list for EMS agencies and hopefully will be available soon. Maine EMS has scheduled meetings for May 27

at 4pm and May 29 at 9am for a panel discussion with DEA and regional leadership. This has been distributed to all stakeholders in Maine. Tilney suggested pooling resources across ambulance services to potentially obtain better pricing on medications, while Sholl noted concerns about creating potential regulatory vulnerabilities through such arrangements. Nash highlighted the importance of having protocols in place for medication shortages and encouraged services to work directly with their pharmacies to establish contingency plans. The discussion also covered challenges around medications for inter-facility transfers, with Adams noting uncertainty about requirements for non-controlled substances and the complexity of handling controlled substances across different care settings.

9) **Discussion** –**Approved Alternate Equipment List**
   a. Current items on the list – Review for appropriateness
      i. Discussion on suction device definition. The group agreed to modify the language to clarify that the definition describes an "ideal" device rather than a mandatory requirement, ensuring flexibility for services to choose appropriate equipment. **Pieh makes a motion to approve suction definition as *"An alternate rigid suction catheter is a nonflexible plastic tube that approximates the geometry of the oropharynx and is designed to remove secretions, blood, and debris from the airway. An Ideal device should have an internal diameter and a distal opening end that allows for clearance of material in the airway, allows passage of an adult bougie and facilitates SALAD technique."*, 2nd by Meehan-Coussee. Approved unanimously (Saquet dropped from call and did not vote)**
      ii. Discussion on pelvic-binder device definition. **Lowry makes a motion to approve pelvic binder definition as *"A commercially manufactured device designed to apply controlled circumferential compression at the level of the greater trochanters for the purpose of stabilizing pelvic ring disruptions and reducing volume of hemorrhage. Devices must be sufficiently sized for the majority of patients encountered without the addition of non-manufacturer recommended components. Devices must contain a tensioning mechanism capable of obtaining and maintaining reproducible force application and must be intended by the manufacturer for prehospital trauma use."*, 2nd by Pieh. Approved unanimously.**
      iii. The group discussed and approved a description for leave-behind naloxone kits, with Meehan-Coussee suggesting the language "a dose of naloxone intended to reverse opioid overdose" to address dosing concerns. The team agreed to maintain flexibility for alternative devices in case of shortages, with Ayer noting they should wait until shortages occur before making changes. **Meehan-Coussee makes a motion to approve naloxone leave behind kit definition as "*Ready-to-use naloxone administration device.***

1. ***Multi-dose package preferred.***
2. ***A dose of Naloxone intended to reverse typical opiate overdose***
3. ***Must include instructions for use that are geared towards a non-healthcare provider (lay person).***
4. ***Should include information on how to recognize/asses a person experiencing opiate overdose and instructions to call 911."* 2nd by Pieh. Approved unanimously**

10) **2027 Protocol Updates**
   a. Lewis presented protocol updates related recommendations for mechanical CPR devices
   b. Discussed updates to post-ROSC protocols, focusing on ventilation rates and blood pressure targets. Agreed to recommend a respiratory rate of 10 to 12 breaths per minute to avoid hypoventilation or hyperventilation, removing the specific mention of "adults" since pediatric protocols exist separately. Regarding blood pressure targets, decided to maintain their current recommendation of a systolic blood pressure greater than 100, rather than adopting the AHA's recommendation of a MAP greater than 65, due to the challenges of measuring blood pressure in the pre-hospital environment. Will include a pearl in protocol explaining the discrepancy between their recommendations and the AHA guidelines.
   c. **Saquet makes a motion to approve the AHA updates to the ROSC protocols, including, goal FIO2 of 100%, performance of serial 12 leads, Maintaining normal respiratory rate. White paper on hemodynamics, and a chart for pediatric blood pressures, 2nd by Meehan-Coussee. Approved unanimously.**
   d. **Ayer makes motion to approve the initial cardioversion doses for AF to at least 200 joules from 120 joules, 2nd by Saquet. Approved unanimously**

   e. **Discussion** – TXA Concentrations – focused on approving the use of pre-mixed TXA in 100 ml bags instead of only mixing in 250 ml of saline, as the current protocol requires. **Motion by Saquet to approve the use of pre-mixed TXA in 100 mL bags, or mixing in 100 ml bags directly, 2nd by Pieh. Approved unanimously.** The group agreed to create a clinical bulletin to reflect this change.

11) **Continued Discussion** – MDPB Member liability and indemnity is still being worked on by O'Neal and Adams

12) **MDPB Staffing Updates –** State Medical Director selection process – discussed the process for interviewing candidates for the state medical director position, with interviews scheduled for the first two weeks of June

13) **Old Business**
   a. **Education/Exam Committee** – no report, did not meet in May

b. **QI** – Getchell – meeting next week, reviewing some QI measures
c. **Community Paramedicine** – Lowry – no updates
d. **EMSC** – Minkler – no updates
e. **TAC –** Moody – no report
f. **MSA** – Moody – no report
g. **Cardiovascular Council** - Moody – no report
h. **Data Committee –** Meehan-Coussee – looking to improve ease of data entry for clinicians, methods to share updates in MEFIRS with larger community
i. **EMD –** Adams – no report

14) Pilot Projects
   a. Delta – Monthly Report – **Motion by Sholl to enter executive session under the auspices of 1 MRS 4056.F for discussions of information contained in medical records made, maintained, or received by a body or agency when accessed by the general public for those records is prohibited by statute. 2nd by Meehan-Coussee. Approved unanimously.**
   b. Entered executive session at1302, exited executive session at 1324

15) Quorum no longer present, meeting ended by Sholl at 1325.

16) Next MDPB meeting is **IN PERSON** at Maine EMS and will be on June 17, 2026, at 0930.

Minutes by Marc Minkler.