

**Legislation and Planning Committee Meeting (L&P)
 Courtyard by Marriott, Richmond North
 Friday, February 15, 2013
 9:00 A.M.**

Members Present:	Members Absent:	Staff:	Others:
Chris Eudailey, Chair	Mark Stroud	Scott Winston	Chad Blosser
Michael Player		Gary Brown	Kent Weber
Ed Rhodes		Michael Berg	Eddie Ferguson
Rob Logan, Vice-Chair		Tim Perkins	Mike Watkins
Gary Dalton			
Art Lipscomb			
Byron Andrews			
Anita Ashby			
Matt Tatum			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
OPENING	Mr. Chris Eudailey called the meeting to order at 9 AM. The minutes from Friday, August 10, 2012 were reviewed. Mr. Byron Andrews indicated he was present for the August 10 meeting and the minutes should be changed to reflect his attendance. The minutes were approved with the suggested revision.	Motion to approve the revised August 10, 2012 meeting minutes made by Art Lipscomb. Seconded by Byron Andrews. The Committee voted unanimously to approve the minutes.
OEMS UPDATE	Mr. Winston informed the committee to refer to the quarterly OEMS report to the state EMS Advisory Board report for updates on key activities. The report is posted on the OEMS Web site at: http://www.vdh.virginia.gov/OEMS/AdvisoryBoard/ABQuarterlyReports.htm . Mr. Winston shared several OEMS personnel updates with the committee. Mr. Chad Blosser, QA Coordinator resigned in December 2012 to accept the Executive Director position at Central Shenandoah EMS Council. The Assistant Public Relations Coordinator position remains vacant. Interviews are being conducted to fill this position. Ms. Alberta Branch, Fiscal Technician is no longer employed by the Office of EMS.	

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	<p>A link has been added to the bottom of the OEMS Home Page to solicit comments and suggestions about OEMS customer service. The link allows individuals to compliment exceptional service and employees as well as tell the Office of EMS how customer service can be improved.</p> <p>Dr. Cynthia Romero is the new Commissioner of Health, effective January 30. Dr. Romero served as the first female chief medical officer for Chesapeake Regional Medical Center and practices in a private family medicine office. Dr. Romero is a University of Virginia graduate who received a medical degree from Eastern Virginia Medical School, and she served as president of the Medical Society of Virginia from 2010-11.</p> <p>Mr. Brown reported the first Saturday in June (1), the Fallen Firefighters Memorial Service will be held at the old state Fair Grounds. It was also announced the Governor will be signing a proclamation recognizing the week following the first Saturday in June each year as Fire and EMS Memorial Week.</p>	
<p>STATE EMS PLAN UPDATE</p>	<p>Mr. Tim Perkins provided an update on the status of the state EMS Plan. A number of handouts were distributed to the committee members in advance of the meeting.</p> <p>“State Strategic EMS Plan Timeline,” –  State Strategic EMS Plan Timeline Updatec</p> <p>“OEMS Planning Summit Overview,” –  Planning Summit overview.pdf</p> <p>“Virginia’s State EMS Plan,” –  Strategic Plan Informational Docume</p>	

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	<p data-bbox="489 386 1402 423">“State EMS Advisory Board, Standing Committee Planning Template” -  State EMS Advisory Board Committee Plan</p> <p data-bbox="489 464 688 492">were discussed.</p> <p data-bbox="489 537 1749 678">The committee discussed the responsibilities of the committee members during the state EMS plan revision process, reviewing input from the standing committees of the state EMS Advisory Board, conducting open public meetings to solicit comments about the state EMS plan, and posting information on the OEMS Web page and Facebook to solicit comments.</p> <p data-bbox="489 719 1776 898">Input from the standing committees of the state EMS Advisory Board on the state EMS Plan is expected to be submitted to the L&P committee to be reviewed at the May 10 meeting. A proposed draft of the state EMS Plan will be submitted to the state EMS Advisory Board in August 2013 and the full Board will be requested to vote on the plan at their November 2013 meeting in Norfolk. The state EMS Plan will be presented to the Board of Health at their March 2014 meeting.</p> <p data-bbox="489 938 1776 1079">Mr. Michael Player requested a marked up copy (showing the changes) of the state EMS Plan to review. OEMS staff met in September 2012 and have proposed a number of revisions to the existing state EMS Plan. Mr. Player indicated it would be helpful to the committee to see what revisions the OEMS staff were proposing.</p> <p data-bbox="489 1120 1776 1299">The committee discussed notifying the EMS Advisory Board and its committee members about providing input into the revision of the state EMS Plan. L&P Committee members were encouraged to review the revised plan proposed by OEMS staff and provide input to Mr. Tim Perkins, State EMS Planner by April 19, 2013. Committee member comments will be reviewed at the next scheduled meeting of the L&P Committee on May 10, 2013.</p>	<p data-bbox="1791 870 2007 1109">Provide committee members with a marked up copy of State EMS Plan- OEMS staff revisions to compare with existing plan.</p> <p data-bbox="1791 1141 2007 1352">Submit comments to Tim Perkins and Scott Winston about revisions to the state EMS Plan made by OEMS staff by April 19.</p>

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EMS REGULATIONS	<p>Mr. Michael Berg reported that the EMS Regulations have been approved by the Governor's office. The EMS Regulations became effective on October 10, 2012.</p> <p>Mr. Berg reported that he has been conducting a number of informational and educational sessions on the new EMS Regulations.</p> <p>The following items related to the EMS Regulations have attracted some interest and attention by EMS officials and personnel:</p> <ol style="list-style-type: none"> 1) 12VAC5-31-910 pertaining to DUI convictions and the ability to operate an emergency vehicle; EMS agencies are responsible for monitoring compliance with all driving criteria set forth in the regulations; 2) 12VAC5-31-940 pertaining to Drug and Substance Abuse, the EMS agency shall have a drug and substance abuse policy which includes a process for testing for drugs and intoxicating substances. 3) 12VAC5-31-610 pertaining to emergency response plans by designated emergency response agencies (DERA's) to provide 24-hour coverage of the agency's primary response area with the available personnel to achieve the locally approved responding interval standard. 	
2013 Virginia General Assembly Session	<p>Mr. Gary Brown reported the Office of EMS has been assigned nine (9) bills to track through the legislative process this year. In addition, a number of budget amendments have been submitted to address funding for 12-lead ECG machines, federal criminal background checks, and poison control centers.</p> <p>There are two (2) bills [HB1383 and SB1288] pertaining to all persons who apply to be a volunteer member with or employee of an EMS agency, on or after July 1, 2013, to submit fingerprints and provide personal descriptive information to be forwarded through the Virginia State Police Central Criminal Records Exchange to the FBI, for the purposes of obtaining a criminal history record. Several budget amendments have been introduced to allocate between \$90K and \$110K from RSAF to pay for the cost of conducting these federal criminal background checks.</p>	

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	<p>There are two (2) bills [HB1499 and SB773] pertaining to EMS personnel certified and authorized to administer drugs and devices pursuant to regulations of the Board of Health who act within the scope of such certification and pursuant to an oral or written order or standing protocol. Said personnel may administer medications and document their administration on patient care records without obtaining the signature of an MD or LNP.</p> <p>There are two (2) bills [HB1622 and SB790] that will require the Board of Health to prescribe by regulations, the procedures and qualifications required for the recertification of EMS providers. The requirement to take a written examination or obtain a waiver from the provider's OMD in lieu of the written examination to become recertified will be eliminated. Recertification will become an automatic process and based on successful completion of the required continuing education credits for the respective levels of EMS certification.</p> <p>The committee discussed HB1856 introduced by Del. Orrock that originally directed the Board of Health to prescribe by regulation a statewide operating procedure for activities performed by EMS personnel and agencies. The bill also prohibited OMD's from limiting the practice of an EMS provider without first requiring remedial or corrective measures.</p> <p>The EMS medical community strongly opposed the bill as introduced and ultimately, a substitute was introduced as a section 1 bill. The substitute bill essentially requires i) the Board of Health to direct the state EMS Advisory Board to inform EMS providers about the appeals process for any adverse decision made by an OMD that would limit the ability of an individual to practice or function under the authority of the OMD, ii) an SOP template to be developed and used in the development of local BLS protocols, and iii) the Board, in cooperation with the state EMS Advisory Board shall review the availability of EMS personnel training throughout the state and identify and address disparities in the delivery of EMS training programs.</p> <p>The committee also discussed several of the budget amendments that were introduced in the House and Senate. It was noted, attempts to regain the interest from RSAF were unsuccessful. Approximately \$153K per year in interest money is redirected to the General Fund. The funding for 12-lead ECG machines was discussed. Amendments requested by AHA would direct the Commissioner to direct the prioritization of existing funding through RSAF grants for the purchase</p>	

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	<p>of 12 lead ECG machines. A similar budget amendment in the Senate requests the redistribution of \$1M of RSAF grant funding for the purchase of 12-lead ECG machines. It was noted, these funding initiatives are not necessary. Based on preliminary results from the 2012 EMS Needs Assessment, 84% of the respondents indicated they had 12 lead ECG equipment. In addition, over the last 5 years of RSAF, at total of \$5.67M have been awarded for the purchase of 12-lead ECG equipment. It was also stated that many medical facilities west of Roanoke are not trained or equipped to handle STEMI patients. In these areas, it is a struggle to get an ambulance staffed on a consistent basis.</p> <p>The committee discussed HB1988 pertaining to immunity from liability to any person that maintains an AED located on real property owned or controlled by such person, HB1927 pertaining to persons who commits assault and battery against a volunteer firefighter or any EMS personnel member who is employed by or is a volunteer of an EMS agency shall be guilty of a class 6 felony, and HB2028 and SB986 pertaining to public schools, CPR and AED's.</p>	
<p>EMS NEEDS ASSESSMENT</p>	<p>Mr. Winston reviewed the preliminary data from the 2012 EMS Needs Assessment Survey.</p> <p>Each EMS agency in Virginia that has an active account on the EMS Portal was requested to complete this on-line survey. Initial survey invitations were sent by Email to EMS agency representatives the week following Thanksgiving 2012. The initial deadline for submission of responses to the survey has been extended once in order to provide agencies an opportunity to respond. The survey closed on Friday, February 1.</p> <p>Through assistance provided by OEMS field staff and regional EMS Councils, a number of agencies that did not originally receive the survey because they did not have an EMS Portal account have been able to participate.</p> <p>Survey Summary: A total of 579 invitations were mailed to designed EMS agency representatives the week following Thanksgiving. As of Tuesday, January 29, a total of 282 responses have been received. This represents a 48.7% response rate. Of those that responded to the survey, 90.8% felt the survey questions are beneficial to the EMS System in Virginia.</p> <p>A preliminary analysis of the data from the survey revealed the following findings:</p>	

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	<p><u>General EMS Agency Information</u> 43.5% of the respondents were from volunteer EMS agencies, followed by 32.9% from combination (volunteer and career) agencies, and 18.4% from career EMS agencies. A majority of the respondents indicated their primary response area was rural, followed by suburban and urban.</p> <p><u>EMS Education and Training</u> 86.4 % of the respondents indicated their members/employees were willing to travel up to 1 hour one way to obtain EMS training.</p> <p>48.5% of the respondents indicated EMT training was the most needed level of training in their agency, followed by Paramedic training (26%) and Intermediate training (14.5%).</p> <p>39.1 % of the respondents indicated Training and upgrading EMS personnel was their number one concern, followed by recruitment and retention of EMS personnel (32%) as their top concern.</p> <p><u>EMS Personnel and Staffing</u></p> <p>70.5% of the respondents indicated their EMS agency does not have a program to maintain basic fitness and health of their EMS personnel.</p> <p>52% of the respondents indicated they have difficulty covering shifts. Days, nights, and weekends, in that order, were identified as time periods EMS agencies experience the most difficulty covering shifts.</p> <p>The reasons members of EMS agencies were unable to cover shifts were family demands (65.9%), conflicts with work (53.8%), and daycare/childcare/eldercare conflicts (37.6%).</p> <p><u>Facilities, Vehicles and Equipment</u></p> <p>84.3% of the respondents indicated their EMS agency has 12-lead ECG capabilities.</p>	

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	<p>48.8% of the respondents that indicated they have 12-lead ECG capabilities indicated they are capable of transmitting the ECG obtained in the field to the receiving hospital.</p> <p><u>Operating Budget and Funding</u></p> <p>64.2% of the respondents indicated they have applied for an RSAF grant within the last five (5) years. 76.5% of the respondents indicated the ability to come up with a match to receive an RSAF grant did not prevent them from applying for an RSAF grant.</p> <p>58.6% of the respondents indicated their EMS agency bills the patient for services rendered. Of those agencies that bill for service, 74.4% of the agencies contract with a billing company to collect their fees.</p> <p><u>EMS Radio Communications Equipment/Capabilities</u></p> <p>90.5% of the respondents indicated they can communicate by radio with neighboring/adjoining EMS agencies, 93% of the EMS agencies can communicate by radio with local hospitals that routinely receive patients transported by their agency, and 56.8% of the EMS agencies indicated they can communicate by radio with non-local hospitals that receive patients transported by their agency.</p> <p><u>EMS Agency Top Needs</u></p> <p>EMS Personnel was identified by EMS agencies as their overall number one need.</p> <p>The second most important need overall for EMS agencies was identified as training, third most important need was equipment, fourth most important need was vehicles, and their fifth most important need was facilities.</p> <p>Mr. Matt Tatum noted that it was possible that the number of non-transport EMS agencies completing the survey may skew the data related to 12-lead ECG's.</p>	

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	<p>Mr. Rob Logan noted there were a consistent number of respondents that skipped certain questions on the survey. Mr. Winston indicated OEMS received a fair number of calls from EMS agency officials that stated the question did not pertain to their particular agency. It was suggested, in order to get a true picture of whether the question was purposely skipped, respondents should be provided the option to choose N/A (not applicable).</p> <p>The committee discussed the formation of a small work group to identify subject areas for the 2013 survey with a goal of presenting information at the August 2013 state EMS Advisory Board meeting.</p> <p>Mr. Byron Andrews suggested the development of promotional materials and posters to display and market the data collected from the 2012 EMS Needs Assessment survey. Materials should stress the importance of the survey, why it is important to complete the needs assessment and how the data will be used. Promotional materials could be distributed and on display at the VAVRS Convention, Annual EMS Symposium, and VFCA Mid-Atlantic Expo and Symposium.</p> <p>Mr. Logan asked if there were any common themes from the comments that were collected with the EMS Needs Assessment Survey. Mr. Winston indicated he had not had a chance to review the comments at this time.</p> <p>The committee talked about a mid-December 2013 target date to end the next EMS Needs Assessment survey. The survey should be on-line to allow individuals easy access.</p> <p>Following the December 2013 close date for the survey, OEMS should develop an Executive Summary and distribute to the legislators of the 2014 session of the General Assembly.</p> <p>Mr. Player commented that OEMS should correlate the licensure and certification data maintained by OEMS with the data received from the EMS Needs Assessment.</p>	<p>Create an N/A selection on the survey for respondents to chose when a question does not pertain to their agency.</p> <p>Mr. Ed Rhodes, Mr. Rob Logan, Mr. Art Lipscomb, and Mr. Michael Player agreed to continue serving on the EMS Needs Assessment workgroup.</p> <p>Develop promotional materials (flyers, posters, Web content) to display and market the EMS Needs Assessment and the results from 2012.</p> <p>Develop Executive Summary of data from 2013 EMS Needs Survey and distribute to legislators during the 2014 session of the VA General Assembly.</p>

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UNFINISHED BUSINESS	Mr. Art Lipscomb reported the Public Safety Memorial is approximately \$500K short of the \$2M needed to complete the project. Art indicated there may be efforts to raise additional funds for the Memorial from the sale of special license plates.	
NEW BUSINESS	Mr. Art Lipscomb shared with the committee information about the Line of Duty Death (LODD) Act. Art mentioned a press conference was being considered to raise public awareness about LODD. There are stories circulating that volunteer EMS agencies are being told by localities that they are not covered under LODA. County Administrator/attorney have indicated that volunteer rescue squad members are not covered and efforts are being made to cull membership rosters of individuals that are not active with the agency. Mr. Lipscomb requested individuals to contact him if they are advised by a locality that as a member of a volunteer rescue squad, they are not covered.	
PUBLIC COMMENT	There was no public comment.	
MEETING DATES FOR 2013	<p>The following meeting dates were announced for 2013:</p> <p>Friday, May 10 Friday, August 9 Wednesday, November 6 or an alternate date that coincides with the Virginia Fire Services Council Legislative Summit (typically held in October time frame).</p> <p>All meetings will begin at 9 AM unless otherwise indicated.</p>	
ADJOURNMENT	The meeting was adjourned at approximately 10:27 AM	A motion to adjourn was made by Art Lipscomb and seconded by Anita Ashby.