

Legislation and Planning Committee
Embassy Suites Hotel
Richmond, VA
August 4, 2023
8:30 a.m.

Members Present:	Members Absent:	OEMS Staff:	Others:
Gary Samuels (Chair, VPFF)	Steve Higgins (VAA)	Scott Winston	Steve Simon (WVEMS Council)
Beth Adams (Vice Chair, NVEMS Council)		Michael Berg	David Long (Leg. & Planning, VEMA)
Jeff Meyer (VAGEMSA)		Gary Brown	Sonny Saxton (VA APCO)
Jake O'Shea (VHHA)		Dr. George Lindbeck	Gary Critzer (Board of Health)
Ed Rhodes (At-Large)		Daniel Linkins	Michelle Catalla
Gary Dalton (VAVRS)		Chris Vernovia	John Craig (SARS/VAVRS)
Bryan Rush (VML)		Mo Abbamin	Kim Craig (VAVRS)
Michael Player (VFCA)			Lauren Faunce (HDH-Forest)
Byron Andrews (VSFA)			James Reynolds (EMS Adv. Board/Chesapeake FD)
			Sarah Bradley (VCU Health)
			Eddie Ferguson (EMS Adv. Board/Goochland Fire & Rescue)

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome and Introductions	Chair Gary Samuels called the meeting to order at 8:30 AM.	Michael Player motioned to accept proposed agenda for today's meeting. Ed Rhodes seconded. Committee unanimously approved proposed agenda.
II. Review and Approval of February 3, 2023 meeting minutes	OEMS received from County Court Reporters, Inc. and distributed the transcript of the May 5, 2023 meeting of the Legislative and Planning Committee. The minutes from the May 5, 2023 meeting were reviewed by the Legislative and Planning Committee members.	Ed Rhodes motioned to accept draft minutes from May 5, 2023 meeting of the L&P Committee. Seconded by Beth Adams. Committee unanimously approved May 5 meeting minutes.
III. OEMS Update – Quarterly Report to EMS Advisory Board (OEMS Staff)	Mr. Scott Winston encouraged the members to read the quarterly report to the state EMS Advisory Board prepared by OEMS staff. Mr. Winston provided an update on meetings held at regional EMS Council offices with representatives from the Board of Pharmacy (virtually) about obtaining the	

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	<p>proper controlled substance registration certificates (CSRC). Hybrid Regional EMS Offices are continuing to recruit and fill positions, installation of cameras and security systems, AV equipment, IT infrastructure, etc. Mr. Winston announced the upcoming resignation of Mr. Lenny Mascaro, Northern VA EMS Program Representative.</p> <p>Mr. Winston shared with the committee that the Office of EMS would be presenting a number of items before the Board of Health at their next meeting scheduled on Thursday, Sept. 14 at the Perimeter Center in Richmond. State EMS Plan, Chapter 66 - Durable Do Not Resuscitate (DDNR) Regulations, Overview of EMS in VA presentation, and Ambulance Patient Offloading Times (APOT).</p> <p>Dr. Jake O’Shea asked for clarification about the information on APOT presented at the February 2023 Executive Committee Meeting of the State EMS Advisory Board. Mr. Winston and Mr. Gary Brown reported some of the data was not accurate and stakeholder meetings with representatives of EMS agencies, medical facilities and patient care reporting vendors are planned and have been scheduled and will be coordinated by G-Comm to discuss these concerns. There are multiple definitions of wait times utilized by EMS agencies and EMS Patient Care Reporting vendors.</p> <p>Mr. Winston called on OEMS staff in the room to provide an update.</p>	
IV. State EMS Plan	<p>The current version (2020-2022) of the State EMS Plan is available for download via the OEMS website at the link below:</p> <p>http://www.vdh.virginia.gov/emergency-medical-services/state-strategic-and-operational-ems-plan/</p> <p>The final edited draft (2023-2025) of the state EMS Plan was approved by the state EMS Advisory Board meeting on November 18, 2022.</p> <p>The state EMS Plan will be placed on the agenda for the September 14, 2023 Board of Health meeting.</p>	
V. EMS Regulations	<p>Final proposed draft of Chapter 32 (12VAC5-32) of the EMS Regulations was approved by the Rules and Regulations Committee at their January 4, 2023, meeting. The draft document can be shared but not edited by the EMS community and general public. Chapter 32 was approved by the state EMS Advisory Board at their May 5, 2023 meeting. The EMS Regulations will be presented at the December 15, 2023 meeting of the Board of Health.</p> <p>Once the draft EMS Regulations are approved by the BoH, the regulations will officially enter Stage Two of the regulatory process and begin the Executive Branch review. Upon review by the Executive Branch agencies (Office of Attorney General, Department of Planning and Budget, Secretary of Health and Human Resources, Governor and Office of Regulatory Management), the draft regulations will be published in the Virginia Register of Regulations and the Virginia</p>	

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	Regulatory Town Hall, and a public comment period will be open for 30 days. Fifteen days after the close of the public comment period, the regulations will become effective.	
VI. Potential 2024 Legislative Actions	<p>Mr. Winston reported on a meeting that took place in early June in Boydton, VA. Mr. Winston and Mr. Ron Passmore met with officials from Mecklenburg County who had approached a legislator to draft legislation to address concerns related to extended response times to portions of their county that border North Carolina. The legislation proposed to allow out of state licensed EMS agencies and certified EMS personnel to be recognized in Virginia. The area in question lies along the shoreline of Kerr Reservoir (Buggs Island Lake). Parts of the response area in Mecklenburg County require the first due Virginia EMS agency to drive in and out of the state several times before they get to the location. It is by distance and time closer for an out-of-state EMS agency from North Carolina to respond.</p> <p>It was explained that an EMS agency recognized as a Designated Emergency Response Agency (DERA) must have mutual aid agreements with the DERA's from all surrounding jurisdictions (including those that are out of state). After clarifying the regulations, the concerns of the officials from Mecklenburg County were alleviated and there was no longer a need to address their situation legislatively.</p> <p>Mr. David Long is a member of the Legislative and Planning Committee of the Virginia Emergency Management Association (VEMA). Mr. Long shared with the group that efforts similar to HB2175 (Funding for Fire and EMS) are taking place between the VA Dept. of Emergency Management and VEMA.</p> <p><u>Workgroup to study existing fire and EMS needs.</u> HB 2175 (Sickles), a section 1 bill, directs the Secretary of Public Safety and Homeland Security to establish a workgroup to study existing fire and EMS service needs, analyze sustainability of current funding, and review alternative funding models from other states. The Secretary shall report the work group's findings on or before October 1, 2023.</p> <p>In conducting the study, a needs assessment survey was created that analyzes, a) existing fire and EMS needs, b) sustainability of current funding, c) any gaps in current funding, d) how other states fund fire and EMS services, and e) best practices from other states.</p> <p>The survey, open until July 24, had an 87% response rate from counties, 84% response rate from cities, and 27% response rate from towns. Close to 70% strongly agree with the statement that they lack sufficient funding for the provision of fire and EMS in their community. 60% indicated that their biggest challenge was personnel. 56% reported that their personnel were dual role fire and EMS. 91% of the respondents indicated that they have seen a decline in volunteers in the last three years. 25% of the localities request mutual aid on a daily basis.</p>	

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	<p>The next area of focus will look at how other states address their fund their Fire and EMS services. Mr. Winston mentioned he sent information to Spencer Willett, VDFFP on funding studies conducted in ID, CO, SD, ME and NH. Mr. Mo Abbamin from OEMS has volunteered to work with Spencer and Mr. Jeremy Bennett, VACO to analyze the data from the survey.</p>	
VII. Unfinished Business	<p>There is no unfinished business.</p>	
IX. New Business	<p>There are two items of new business. 1) References to the term “EMS Physician” in the Code of Virginia and EMS Compact. 2) Roles of Physician Assistants, Nurse Practitioners, other advanced practice providers and how they are referenced in the EMS Regulations.</p> <p>These topics came up during a recent Medical Direction Committee (MDC) meeting and were initiated when MDC was working with the Rules and Regulations Committee drafting language for Chapter 32 EMS Regulations. The MDC formed two workgroups, one chaired by Dr. Reed Smith, looking at the use and role of physician extenders in the EMS System in VA. A second workgroup was chaired by Asher Brand to look at the use of the term “EMS Physician” in the proposed EMS Regulations (Chapter 32) and in the Code of VA.</p> <p>A number of individuals have started in EMS and then moved on to other healthcare professions and want to continue to provide service to their communities as members of an EMS agency, but they no longer hold EMS certifications. So, how do we allow these folks to continue to function.</p> <p>Jeff Meyer shared information about their program in Virginia Beach (VB) where they have an EMS Physician that is on duty and responds to EMS calls. It is mainly a 4th year resident that is licensed as a physician that is cleared, completed EVOC and some additional EMS training. These physicians are on duty in a zone care and respond to certain types of calls. VB currently has a variance in place issued by the Regulation and Compliance Enforcement Division of OEMS to allow this practice under the current EMS Regulations (Chapter 31). VB also has 1st and 2nd year residents that receive EMT training and staff ambulances. Medical School students also come on board and ride. The program has been very successful. Clarification is needed in the regulations concerning the ability of an EMS Physician to operate an emergency vehicle. Does there need to be a distinction between physicians practicing in the field vs. a physician who is a course coordinator for an EMS training course/program.</p> <p>Mr. Meyer clarified that regulatory variance applies to individuals affiliated with the Eastern Virginia Medical School (EVMS) program.</p>	

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	<p>Mr. David Long, Executive Director, Tidewater EMS Council spoke on how they completed research on how other states are handling mid-level practitioners. Texas represents one state that is far in front of other states in distinguishing operational and administrative support functions performed by physicians, physician assistants, etc. These individuals can perform advanced skills and they are often associated with telehealth and integrated healthcare programs.</p> <p>EMS physicians are also significantly involved in training and performance improvement reviews. EMS Regulations should address the role physicians and mid-level practitioner are fulfilling with EMS agencies. Mr. Long shared his son's experience becoming a Physician Assistant and his continued passion to be involved in EMS. The Alexandria Fire Department uses a Physician Assistant as a co-medical director for their EMS agency. Should PA's complete a re-entry process to affiliate with an EMS agency? Mr. Meyers suggested looking at developing some kind of training that is not too cumbersome for physicians who are interested in running in the field.</p> <p>Mr. Michael Player pointed out there are individuals who are serving as Emergency Room Physicians, that have decades of experience, that are running EMS calls and they are not Board-Certified EMS Physicians. Board certification as an EMS Physician is a relatively new phenomenon. Many physicians that are involved in EMS and are Boarded in Emergency Medicine, may not be eligible to meet the requirements to certify as an EMS Physician.</p> <p>The committee acknowledged the need for regulations, but they need to be flexible to make sure they have been trained and also have the ability to get them trained and out there fairly quickly without too arduous a task. Need to address physicians in school who are not Board certified.</p> <p>Dr. O'Shea shared his experience in the state of Pennsylvania, in the city of Pittsburgh. EMS Physicians have been a part of the EMS system for many years. Although his experience and training does not address the advanced practice practitioners, as long as you have a key supervision pathway or a consulting pathway, it should be okay. We need to look at the administrative logistics, documentation aspects, and making sure it all falls appropriately under the insurance of the EMS agency and not somebody else's insurance. The Virginia Department of Health Professions may need to be contacted.</p> <p>Mr. Winston noted that the information he provided the committee came as a result of a word search ("EMS Physician") of the Code. The reason this issue has been sent to L&P is because if you change the definition of "EMS Physician" in the EMS Regulations, you could create conflict with language that is currently in Code that will require legislative action to correct. The Medical Direction Committee has requested to include folks from Rules and Regulations, Legislative and Planning and the Medical Direction Committee to work on how the term "EMS Physician" is utilized. They want two workgroups</p>	

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	<p>formed to look at “EMS Physician” nomenclature and “Physician Assistant, Nurse Practitioner, mid-level practitioners” roles and nomenclature.</p> <p>Perhaps this is the time to address some things that have been called “clunky” that are in the EMS Regulations related to physicians and advanced practice (mid-level) providers that are involved in EMS.</p> <p>It was suggested that several members of L&P with some subject matter expertise be identified to help the Medical Direction Committee and their nomenclature workgroups. Jeff Meyer, David Long, James Reynolds and Ed Rhodes offered to assist the Medical Direction Committee with the work of their groups looking to clarify the role of EMS Physicians, Physician Assistants, Nurse Practitioners and their involvement with EMS agencies and its impact on the EMS Regulations.</p> <p>It was also suggested to look into what policies, procedures and regulations exist in PA (Pittsburgh) and Texas related to the practice of emergency medical care by physicians, physician assistants, nurse practitioners, etc. while affiliated with an EMS agency.</p> <p>Beth Adams indicated she worked very closely with the National Association of EMS Physicians and there are position papers related to the standard of practice, role of PA's and Nurse Practitioners in EMS. These position papers are currently not ready for circulation.</p>	<p>Jeff Meyer, David Long, James Reynolds and Ed Rhodes offered to assist the Medical Direction Committee with the work of their groups looking to clarify the role of EMS Physicians, Physician Assistants, Nurse Practitioners and their involvement with EMS agencies and its impact on the EMS Regulations.</p> <p>Look into what policies, procedures and regulations exist in PA (Pittsburgh) and Texas related to the practice of emergency medical care by physicians, physician assistants, nurse practitioners, etc. while affiliated with an EMS agency.</p>
X. Public Comment	<p>Dr. Jake O’Shea wanted to remind everyone of a bill that passed in the most recent General Assembly session regarding ER Security.</p> <p>SB827</p> <p>Shall require every hospital with an emergency department <i>to establish a security plan. Such security plan shall be developed using standards established by the International Association for Healthcare Security and Safety or other industry standard and shall be based on the results of a security risk assessment of each emergency department location of the hospital and shall include the presence of at least one off-duty law-enforcement officer or trained security personnel who is present in the emergency department at all times as indicated to be necessary and appropriate by the security risk assessment. Such security plan shall be based on identified risks for the emergency department, including trauma level designation, overall volume, volume of psychiatric and forensic patients, incidents of violence against staff, and level of injuries sustained from such violence, and prevalence of crime in the</i></p>	

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	<p>community, in consultation with the emergency department medical director and nurse director. The security plan shall also outline training requirements for security personnel in the potential use of and response to weapons, defensive tactics, de-escalation techniques, appropriate physical restraint and seclusion techniques, crisis intervention, and trauma-informed approaches. Such training shall also include instruction on safely addressing situations involving patients, family members, or other persons who pose a risk of harm to themselves or others due to mental illness or substance abuse or who are experiencing a mental health crisis. Such training requirements may be satisfied through completion of the Department of Criminal Justice Services minimum training standards for auxiliary police officers as required by § 15.2-1731. The Commissioner shall provide a waiver from the requirement that at least one off-duty law-enforcement officer or trained security personnel be present at all times in the emergency department if the hospital demonstrates that a different level of security is necessary and appropriate for any of its emergency departments based upon findings in the security risk assessment;</p>	
XI. Next Meeting	The next meeting will be on Friday, November 17, 2023, at 8:30 AM at the Embassy Suites Hotel in Richmond, VA.	
XII. Adjourn	A motion was made by Mr. Michael Player and seconded by Mr. Ed Rhodes to adjourn the meeting. The committee approved. Chair Gary Samuels adjourned the meeting at 9:30 am.	Chair Gary Samuels adjourned the meeting at 9:30 am.