

ORIGINAL

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES

IN RE: BOARD MEETING OF THE
STATE EMS ADVISORY BOARD
HEARD BEFORE: GARY CRITZER
CHAIRMAN OF THE STATE EMS ADVISORY BOARD

AUGUST 4, 2017
COMMONWEALTH ROOM
MARRIOTT HOTEL
4240 DOMINION BOULEVARD
GLEN ALLEN, VIRGINIA
1:02 P.M.

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State EMS Advisory Board Meeting August 4, 2017

1 APPEARANCES:

2 Gary Critzer, Presiding
3 State EMS Advisory Board Chair

4 Marissa Levine, MD, MPH, FAAFP
5 Commissioner, Virginia Department of Health

6 Amanda Lavin, Esq., Board counsel
7 Office of the Attorney General

8 Bruce W. Edwards, MPA, NRP
9 State Board of Health member

10 STATE EMS ADVISORY BOARD MEMBERS:

11 Michel B. Aboutanos, MD

12 Sherrin C. Alsop

13 Byron F. Andrews, III

14 Samuel T. Bartle, MD

15 Dreama Chandler

16 Valeta C. Daniels

17 Richard H. Decker, III

18 Lisa M. Dodd, DO

19 Stephen J. Elliott

20 Jason D. Ferguson

21 William B. Ferguson

22 Jonathan D. Henschel

23 David Hoback

24 Sudha Jayaraman, MD

25 Jason R. Jenkins

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1 STATE EMS ADVISORY BOARD MEMBERS (con't.):

2 Lori L. Knowles

3 John Korman

4 Cheryl Lawson, MD

5 Marilyn K. McLeod, MD

6 Christopher L. Parker

7 Ronald Passmore

8 Anita Perry

9 Jose V. Salazar

10 Daniel C. Wildman

11

12 VDH/OEMS STAFF:

13 Gary Brown, Director

14 Chuck Faison

15 Tim Erskine

16 Wayne Berry

17 David Edwards

18 Ronald Kendrick

19 Paul Fleenor

20 Michael Berg

21 George Lindbeck

22 Adam Harrell

23 Deborah T. Akers

24 Amanda Davis

25 Sam Burnette

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1 VDH/OEMS STAFF (con't.):

2 Greg Neiman
3 Tristen Graves
4 Gabriella Lyons
5 Marian Hunter
6 Terry Coy
7 James Burch
8 Tim Perkins
9 Ken Crumpler
10 Karen Owens
11 Camela Crittenden
12 Irene Hamilton
13 Doug Layton
14 Scotty Williams
15 Jackie Hunter

16

17 ALSO PRESENT:

18 Karen Wagner
VAVRS/FARC
19
20 Melissa Assawe
AHA/ASA
21

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25 **Items not listed on Draft Agenda

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1 (The State EMS Advisory Board meeting
2 commenced at 1:02 p.m. A quorum was present and the
3 Board's agenda commenced as follows:)

4
5 MR. CRITZER: You should have
6 before you the minutes from the May 5th
7 meeting. They were previously emailed out
8 as well and posted on the -- the web site.
9 Are there any additions or corrections to
10 those minutes?

11 Hearing none, they'll be
12 approved by unanimous consent. Also, you
13 have before you the August 4th meeting
14 agenda. Is there anything that you want to
15 add to the agenda at this point?

16 Hearing none, we'll also
17 approve it by unanimous consent. My report
18 will be brief because other items will be
19 covered in the Executive Committee report.

20 It's been a relatively busy
21 quarter wrapping up the townhalls. I also
22 attended a conclusion at the EMS memorial
23 bike ride at the State Capitol with
24 Mr. Brown. Attended some of the trauma
25 system task force administrative work group

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1 meetings, and also with the trauma
2 performance improvement committee. So it's
3 been a busy time in -- in meetings for the
4 last quarter. Again, I'll defer the
5 remainder of my report until we get to the
6 Executive Committee comments.

7 The next would be our
8 vice-chair's report, Genemarie McGee. She
9 is on vacation and unable to be with us
10 today. So next will be the State Health
11 Commissioner, Dr. Levine.

12
13 DR. LEVINE: Thank you, Mr. Chair,
14 members of the Advisory Board, ladies and
15 gentlemen of the EMS community. It's great
16 to be here with you as always.

17 I have a few things I'd like
18 to share, starting with a number of thank
19 you's. The first one is to all of you who
20 provide service, day in and day out.

21 Thank you. We -- we don't say
22 thank you enough, and I want to take the
23 opportunity to do so. And it's one of those
24 services that people take for granted until
25 they actually need it. So all of you in the

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1 room and your colleagues, please send my
2 personal thanks for the great work that you
3 do. I also wanted to thank one of your
4 Advisory Board members, Mr. Bruce Edwards.

5 We've ended an era -- I know
6 you've ended an era with him to some degree,
7 although he's still on the Advisory Board.
8 But Bruce served as your representative to
9 the Board of Health for two terms.

10 And they were pretty rocky
11 terms. Most of the time, he actually was
12 the chair of the Board and served in an
13 incredibly professional, diligent and
14 important leadership manner that allowed the
15 Board to do its work despite the
16 difficulties facing it.

17 And for those of you who have
18 never been to a Board of Health meeting,
19 they're not always calm as EMS Advisory
20 Board meetings are not always calm.

21 But we were really fortunate
22 to have Bruce as your representative. And
23 he represented you very well. But in
24 addition, as chair of our Board for those
25 years, thank you, Bruce. I just wanted

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1 people to know that publicly and personally
2 from me. We're going to miss you, but we
3 have a new EMS representative to the Board
4 of Health, Gary Critzer, who will be -- who
5 is officially on the Board.

6 But the next meeting isn't
7 until September, so we're looking forward --
8 that's just next month. We're looking
9 forward to having you on the Board and I
10 know you'll represent the EMS community
11 well.

12 And everybody on the Board of
13 Health learns a few things, so you'll learn
14 a lot more about us. But we look forward to
15 it. I also wanted to just take a few
16 minutes to talk about the opioid crisis
17 which, obviously, hasn't gone away.

18 And I know is effecting you in
19 your day to day jobs. We continue to
20 monitor what's happening in the state. And
21 the Medical Examiner just released an
22 updated quarterly report. The news is not
23 good. The deaths are not going down. The
24 emergency department visits for overdose are
25 not going down. And the impact of the

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1 crisis really has reached pretty much
2 everyone and everything in the Commonwealth
3 in some way, shape or form.

4 Just this week, the -- there
5 was a federal commission that President
6 Trump initiated to look at the crisis. And
7 if you haven't read that report, I would ask
8 you to do so.

9 There are a number of
10 recommendations. The first of which is that
11 there should be some federal designation of
12 an emergency, be it a Stafford Act emergency
13 or a public health emergency.

14 No action's been taken on
15 that, but stay tuned because I think more is
16 coming. From my perspective, it's really
17 important that the federal government gets
18 its act together and coordinates its
19 efforts.

20 We've had to do that at the
21 state and at the agency level, and I think
22 we're in a better place. By no means do we
23 -- do we know the answers. A lot of our
24 work at the state level is to support what's
25 happening locally in your communities.

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1 There's a lot more work to do. We really
2 need the federal entities to be on board,
3 though, and -- and do it in a coordinated
4 manner, whatever it is that they do.

5 Provide monies, provide
6 support for the data piece or other
7 regulatory and legal framework issues. So
8 I'm looking forward to that and as always,
9 I'm interested in your feedback on that
10 issue to make sure for the things that we
11 can do at the state level, that we're doing
12 all that we can.

13 Unfortunately, we'll be
14 dealing with this for quite some time to
15 come. Last thing, I was happy to see that
16 we now have a number of states involved in
17 the cooperative arrangement through REPLICA.

18 I think we've reached the --
19 and surpassed the threshold where we satisfy
20 what the Virginia legislature expected. So
21 I wanted you to know that I'll be
22 designating Gary Brown to be the Virginia
23 representative. And I look forward to good
24 work on behalf of that entity. And with
25 that, Mr. Chair, that's my report. Thank

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MR. CRITZER: Thank you,
Dr. Levine. Thank you for being with us
today. Office of EMS report, Mr. Brown.

MR. BROWN: Okay, thank you, Gary.
First of all, I'd like to also echo what
Dr. Levine said and thank Bruce for
representing EMS as the first EMS
representative on the State Board of Health.

And I think he certainly did a
great job of bringing EMS education and
issues to the Board of Health, and a greater
awareness by the Board with -- with regards
to who we are, what we do.

And that there's a whole
system out there that sometimes people just
really don't realize is there. They dial
911 and that just puts in motion an entire
system that people really don't -- you know,
really know at times. And so, Bruce did a
good job of -- of -- for bringing that
attention to the State Board of Health. And
also, congratulations to Gary Critzer. If

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1 he -- I know he'll serve on the Board of
2 Health as -- as well as he's done here as
3 chair of the State EMS Advisory Board.

4 So we're in good hands,
5 hopefully for two sessions or two terms of
6 service is what I'm hoping Gary will have.
7 So I think that's eight years, I believe.
8 Because I think it's four years --
9

10 MR. CRITZER: Wait a minute, stop.

11

12 MR. BROWN: So anyway,
13 congratulations.

14

15 MR. CRITZER: Thank you.

16

17 MR. BROWN: Actually too,
18 everybody's surprised and probably
19 everybody's thrilled. My report is going to
20 be very brief today because I know we've got
21 some important issues on the agenda that we
22 need to provide adequate time for. As I
23 always say, the quarterly report is on the
24 OEMS web site. So I -- please, if you have
25 not pulled that down or looked at it, it is

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1 there. And it contains all the information
2 that you would need to know with regards to
3 all the programs, services and activities
4 going on with this Board through our
5 committees and -- and with the Office of
6 EMS.

7 Some of the highlights,
8 obviously, that in the Board of Health -- I
9 mean, in the quarterly report. Obviously,
10 we put information in here about Gary's
11 appointment by the governor to serve on the
12 Board of Health.

13 We also have information on
14 the fact that Virginia was the first state
15 to opt-in on FirstNet, and so there's
16 information there on that. Also, what Gary
17 had talked about was the wreath-laying of --
18 public service wreath-laying at the Capitol.

19 And then the fire EMS memorial
20 service held in early June, and I want to
21 thank Dr. Levine, who always participates in
22 that. And really, that means -- means a lot
23 to the fire and EMS community. And I want
24 to thank her for that. Also information on
25 ambulance safety and -- and innovation.

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1 Some -- Mike Berg interview -- I was looking
2 for the right word there, with -- in one of
3 the appendices of the quarterly report as
4 well.

5 And then the -- some
6 information on REPLICA that Dr. Levine
7 referred to. And I do want to thank her for
8 having trust in me to be the Virginia
9 delegate to the Interstate Commission for --
10 for this state.

11 And there are -- and then
12 also, I tried to make sure we put in our
13 quarterly report a lot of information that
14 reflects what's going on at a national
15 level.

16 I always dedicate a section to
17 the quarterly report on that. I certainly
18 encourage you to please read that to know
19 what's going on, on a national level. I was
20 in some conversations early this morning.

21 20 years or 30 years ago,
22 there wasn't a whole lot going on at the
23 national level when it came to EMS. But
24 boy, it sure is now. And so, I try to keep
25 everyone up to date on that. And also,

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1 there is an effort under way, it's call EMS
2 Agenda 2050. So yes, we do plan out very
3 far. Just like we had the EMS agenda -- EMS
4 Agenda of the Future in 1996.

5 And in fact, that helped shape
6 a lot of what we are doing here. And it
7 actually mentioned something 21 years ago
8 that everybody scratched their head on and
9 didn't realize what was -- what we were
10 talking about and that's Community Para-
11 medicine, and that -- that whole scenario
12 and environment.

13 So those efforts are going on.
14 There's a public meeting of the Agenda 2050
15 up in Maryland and that's in -- September
16 25th.

17 And of course, other
18 information is in the quarterly report.
19 Also before I turn it over to a couple of
20 staff people, at your seat you should have a
21 lot of information.

22 One is what I copied from
23 Firehouse Magazine, I think it is. A really
24 good summary of REPLICA written by Gary
25 Ludwig. And so please read this. It's --

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1 it's just really a -- it'll only take you a
2 couple of minutes, front and back. But it's
3 a real good summary of REPLICA, what it is
4 and the benefits of it.

5 Right now, the only state that
6 borders us that has passed it is Tennessee.
7 West Virginia has introduced it, but it got
8 in their legislative hopper -- so to
9 speak -- a little bit too late for this
10 year.

11 So we're hoping that that will
12 come back up. And what we've been told is
13 that it probably will passed by West
14 Virginia next year, so that will certainly
15 give us a long border with Virginia in terms
16 of -- of a REPLICA state and our agencies
17 that hover the border on both sides being
18 able to criss-cross among the states.

19 Kentucky, it appears, is
20 probably going to pass it next year, too.
21 That leaves Maryland and North Carolina.
22 Unfortunately, North Carolina is going to
23 have to go through some statutory changes
24 because they're not a registry state. So
25 that may take a little bit longer. And

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1 Maryland, it has not been a priority for
2 them, but we've been talking with them
3 through the Atlantic EMS Council and some
4 other venues.

5 And it appears that they will
6 probably move this to the front burner,
7 hopefully, next year. Also, you have
8 information on the EMS Symposium coming up
9 in November in Norfolk.

10 As you -- you guys know, the
11 last quarterly meeting of the calendar year
12 for this Board is always held in conjunction
13 with the Virginia EMS Symposium.

14 As I always say every year, it
15 gives you guys an opportunity to be -- have
16 a greater audience and spread of people from
17 throughout the state that -- that come to
18 the symposium, that will attend the Board
19 meeting.

20 And it's just a good
21 opportunity for them to get to know you and
22 what this Board is all about, but you -- you
23 know, you to get to know them as well. If
24 you want to attend the symposium and take
25 classes for Board members, we do waive the

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1 registration fee. But -- so get with Irene,
2 this is the -- I should just have this
3 printed up because it's the same information
4 each year.

5 But get with Irene and let her
6 know that you are -- you do want to take
7 classes. We will have to override our --
8 our system so that you're not charged
9 payment and that will be zeroed out.

10 And that we can get you in
11 with the free registration for Board
12 members. And this is -- we're going to
13 extend this this year for even those Board
14 members that are not eligible to be
15 re-appointed.

16 And with -- with the service
17 that you have provided, that's -- the least
18 we can do is -- is extend that to those
19 members that will be coming off the Board.

20 We have been -- Gary has been
21 in touch with -- and I have, too -- the
22 Secretary of the Commonwealth's Office. And
23 we're hoping by the end of this month, we'll
24 have the announcement of Board appointments
25 for this Advisory Board. And -- and also,

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1 give us an arrival date and departure date,
2 we will cover at least one night's lodging
3 for Board members.

4 But however, if there are
5 committee meetings that you attend and based
6 on your distance from Norfolk and so forth,
7 we can extend that to the applicable nights
8 to cover your work with the Advisory Board
9 and on behalf of the EMS system across the
10 Commonwealth.

11 With that, I will first turn
12 to Tim Perkins and get Tim. He is staff to
13 the Medevac Committee, but also is staff to
14 House Bill 1728, which is a bill passed by
15 the 2017 General Assembly that is -- has
16 asked us to form a work group to study the
17 -- the Medevac system in Virginia, and three
18 particular topics.

19 Tim has to leave early. He
20 has some well-deserved vacation time coming
21 up and he's going to New York, so he wants
22 to get around the DC area before the traffic
23 is real bad. So Bruce -- he doesn't have to
24 go through a tunnel, but he does have to get
25 around DC. So I think that's probably

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1 worse. So, Tim.

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MR. PERKINS: Thank you. Thank you, Gary. And Gary, Dr. Levine. The HB 1728 Work Group has met three times since the last meeting of the Advisory Board.

They met on the 8th of June, the 29th of June and the 20th of July. They've been broken up into three work groups. One to look at dispatch, one to look at regulations and one to look at billing.

The -- all three of those work subgroups have come up with recommendations. We have received recommendations from the dispatch work group. We've received recommendations from the regulations subgroup.

We have yet to get the recommendations from the billing work group because they need to run those through their respective organizations or stakeholder groups before they can send them to us. The one thing that has come out of the regulations work group, which is already

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1 kind of in motion, is one of the
2 recommendations is to add a representative
3 from the communications committee to the
4 Medevac Committee. That happened this
5 morning.

6 Gary Critzer's let me know
7 that Melissa Wood from Fredericksburg 911
8 will be joining the -- the Medevac
9 Committee.

10 We've already begun the
11 framework of the final draft, the background
12 and etcetera. So we hope to have that ready
13 for Dr. Levine at October 15th deadline.

14 The next meeting of the House
15 Bill 1728 Work Group is August 24th and I do
16 believe it's probably going to be across the
17 hall. And then the final meeting is
18 September 14th at the Office of EMS. Any
19 questions?

20
21 MR. CRITZER: Thanks, Tim.
22 Appreciate it.

23
24 MR. PERKINS: Thank you.
25

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1 MR. CRITZER: Thank you. If I
2 could get Cam Crittenden to come up and
3 introduce a new employee and announce
4 another new employee with the Office of EMS.
5 Come on, Cam. Time is money.
6

7 MS. CRITTENDEN: Good afternoon,
8 everybody. I think at the last EMS Advisory
9 Board meeting I announced that we had made
10 or were bringing on a new staff member to
11 help the Division of Trauma and Critical
12 Care. This is Timothy Erskine.

13 He is our new Trauma and
14 Critical Care coordinator. He comes to us
15 from the Ohio Office of EMS where had a role
16 very similar to mine there. And he began
17 with us in May -- sorry -- and he has hit
18 the ground running.

19 I can't tell you how happy I
20 am to have him on board. He knows things
21 that I don't know. I hope I know some
22 things that he doesn't know. I think we're
23 going to make a great team. So he'll be
24 working very closely with Dr. Aboutanos and
25 the rest of you also. But very excited to

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1 have him. Welcome him, please.

2

3 MR. CRITZER: And Tim doesn't know
4 it yet, but he's going to be our Honorary
5 Santa Claus this year for our holiday party.
6 So -- anyway, also if I can get Adam Harrell
7 to come up. And he's got an introduction of
8 a new employee within his division.

9 And then to be pre-emptive, to
10 be fully -- disclose this, I'm going to get
11 him to talk about our nasal Naloxone special
12 RSAF special initiative grant, and go
13 through some of that with you.

14

15 MR. HARRELL: So as Gary said, we
16 do have a new staff member in the admin and
17 finance division with the Office of EMS.
18 This is Gabriella Lyons. We call her Gabby.
19 She's been with us for about eight months
20 now.

21 She was in a contractor
22 position first and then we had, of course, a
23 fiscal technician vacancy which she applied
24 through competitive recruitment and was our
25 top candidate. So please help me welcome

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1 Gabby to the Office. On the other topic
2 that Gary had mentioned with the nasal
3 Naloxone, we have released a special
4 initiative RSAF grant that is -- it's a
5 misnomer to say it's a 100% funding
6 opportunity.

7 We are not providing EMS
8 agencies money. We are providing them with
9 nasal Naloxone specifically. So this --
10 this grant was kind of in conjunction with
11 some other efforts within the Health
12 Department through the health districts that
13 are distributing nasal Naloxone through the
14 REVIVE! program to fire and -- firefighters,
15 fire departments and law enforcement.

16 EMS was not included in that
17 -- in that dispense -- that dispensing
18 process, ultimately because they were not
19 specifically mentioned in the legislation
20 that passed this last General Assembly.

21 Ultimately, that was because
22 EMS has access to NARCAN, but it's only in
23 the intravenous form. So in that -- with
24 that identified gap and in working with the
25 health districts, OEMS announced this

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1 special initiative. It is open -- currently
2 open and it is a -- we call it an ongoing
3 grant. It does have an end date.

4 The end date is currently
5 September the 29th, but we are not waiting
6 until that end date to award the nasal
7 Naloxone.

8 We're trying to get it out as
9 quickly as possible once EMS agencies apply.
10 Eligible applicant agencies include --
11 ultimately it's any licensed EMS agency with
12 the exception of commercial services.

13 We've had a lot of questions
14 surrounding this. So to kind of address a
15 lot of those questions, we are awarding two
16 doses which are -- it comes out to about
17 eight milligrams.

18 It's two of those full dosing
19 kits to -- per every licensed EMS vehicle,
20 that includes transport and non-transport
21 vehicles. Currently, we do not have a
22 mechanism to replenish because we have had
23 that question, especially in some of the
24 more heavily effected areas. The potential
25 does exist for us to award, say, 20 doses to

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1 an agency with 10 vehicles. And within a
2 week of the award, they've consumed all of
3 that. Currently, we do not have a mechanism
4 to address refilling that.

5 Because, again, EMS agencies
6 -- as part of this grant -- you can not bill
7 for the medication. And the majority of the
8 hospitals that were surveyed do not stock
9 this medication to be able to exchange it
10 once you've utilized it.

11 So we are currently working
12 through the Attorney General's Office and
13 with the Board of Pharmacy to be able to
14 address a longer term solution, to be able
15 to re-supply EMS agencies once they have
16 utilized the nasal Naloxone, until we see an
17 improvement in the opioid epidemic.

18 We also have had questions
19 concerning -- we had one agency that
20 contacted us and said that we've already
21 purchased nasal Naloxone for our truck.

22 Can we still apply for this
23 grant? The answer is yes. They wanted to
24 know, what can we do with the nasal Naloxone
25 that we currently have. It's up to you.

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1 That's your product, you own it. As far as
2 the product that we provide to you, that is
3 to go onto trucks, not in storage closets,
4 etcetera.

5 We've been asked, does it have
6 to be maintained in the drug kit or in the
7 ALS drug cabinet. The answer is no. We're
8 providing this to be available to all EMS
9 providers.

10 EMR through paramedic to be
11 able to administer. That was the identified
12 gap was EMR's and EMT's do not have
13 generally -- in most agencies do not have
14 access to the ALS drug kit or drug cabinet
15 to be able to obtain the medication to
16 administer it to a patient.

17 So please, bear with us. I
18 know it's been cumbersome. We've received a
19 lot of questions about the application
20 process.

21 We did run this through
22 E-Gift, primarily because we did need OMD
23 authorization from the applicant agency to
24 be able to dispense the medication to that
25 agency. So that is kind of the purpose for

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1 it running through E-Gift. But short of
2 that, as we learn new information -- which
3 we're learning new information every week.

4 We are actively communicating
5 and working with each of the health
6 districts to insure we're identifying
7 agencies of significant need.

8 We are doing everything we can
9 to help agencies address this epidemic in
10 their regions. So are there any questions
11 on the NARCAN grant? Thank you.

12
13 MR. CRITZER: Thanks, Adam. Okay.
14 George, I'll turn it over to you.

15
16 DR. LINDBECK: I don't think that
17 I've got anything to add that won't be
18 covered in the committee reports. And to
19 try to keep things brief because we've got a
20 lot of business coming up. But I'd
21 certainly be happy to take any questions.

22
23 MR. BROWN: And also, Mr. Chair, we
24 have a lot of staff from OEMS here in the
25 back. And so if anything comes up as we go

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1 through the reports and things of that
2 nature, if we need to call on anyone,
3 they're here to help.

4 Okay. The chair has asked
5 Chuck -- and Adam, why don't you accompany
6 him -- to come up here to talk about EMS
7 training funds.

8
9 MR. FAISON: Good afternoon,
10 Mr. Chair, Madame Commissioner, members of
11 the Advisory Board. First of all, I just
12 want to draw your attention -- you should
13 have a document in front of you.

14 It pretty much outlines much
15 of the information that I'll present
16 regarding the EMS training funds. That's
17 the most up-to-date information. And as you
18 know, the program is changing.

19 It's basically becoming two
20 programs. And the first of which addresses
21 funding for initial certification program or
22 -- initial certification program. So that
23 has taken the form of a scholarship. And we
24 continue our work with the Office of Health
25 Equity to help us develop the online

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1 application component and also manage the
2 administrative functions of the program.
3 The online application is currently in
4 development.

5 I've actually been able to
6 test the registration portal as well as the
7 application itself and provide some initial
8 feedback.

9 We're going to continue
10 working with OHE towards the -- the final
11 development of this -- this online
12 application.

13 We anticipate -- we feel that
14 we're still on schedule to have the
15 application launch and go live by October of
16 this year. And we anticipate making the
17 first scholarship awards by January of next
18 year.

19 We're also working through
20 our, sort of, outreach and promotional plans
21 for the scholarship program. We've had some
22 initial discussions about that in terms of
23 what strategy we want to employ in order to
24 insure that the word gets out to all the
25 various stakeholders, and ultimately,

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1 perspective applicants about the program.
2 So that's the -- that's the current update
3 on the scholarship program.

4 As far as funding for
5 continuing education and auxiliary
6 programming, we have begun the process of
7 working with our regional councils to help
8 administer those funds.

9 We have distributed the
10 contracts to the regional council directors.
11 And we have received all back who have
12 chosen to participate in the agreement, with
13 the exception of one.

14 So the contracts actually came
15 back to us the end of July. Basically, the
16 contracts go into effect -- went into effect
17 1 August of this year.

18 And we're going to further
19 discussions about how to best insure those
20 funds are available for the one council
21 region that -- that chose not to
22 participate. So we're -- we're going to
23 have some discussions about that in terms of
24 what would be the best approach to insure
25 that there's funding available in that

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1 region for CE and auxiliary programs. Last
2 thing I want to mention is that we just
3 closed the application cycle for the third
4 and final phase of special initiative
5 funding for -- to support programs --
6 initial certification programs that started
7 from July 1 of this year through December
8 31st of -- of this year.

9 So that application closed, I
10 think, on July 21st. And we're in the
11 process of -- of providing those funds. And
12 this concludes my report unless -- Adam, you
13 have anything you want to add in?

14
15 MR. HARRELL: So one of the things,
16 and I've provided this information to
17 VAGEMSA earlier today as well. With -- as
18 far as the scholarship process goes, one of
19 the biggest things we want to insure is that
20 we dispel any rumors associated with that.

21 Because rumors, under these
22 circumstances, tend to happen. We are still
23 in development. No decisions have been
24 made, specifically revolving around funding
25 models. We are looking at and running

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1 financial models multiple different ways,
2 looking at career agencies versus volunteer
3 agencies, rural versus urban, community
4 college-based programs versus independent
5 instructor-based programs versus agency-
6 based programs.

7 And what we want to make sure
8 of is that we identify a methodology that is
9 equitable and adheres to traditional
10 scholarship criteria.

11 That's one of the biggest
12 reasons in looking at the scholarship
13 opportunity that we partnered with the
14 Office of Health Equity.

15 They have -- within the Health
16 Department, they have successfully
17 administered the nursing scholarship program
18 for the better part of 50 years with
19 exemplary performance in that process.

20 So we are relying heavily on
21 them utilizing a lot of the metrics that
22 they have developed in -- included in that
23 nursing scholarship to see what the
24 applicability of those criteria would be in
25 an EMS initial education model. One of the

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1 rumors that we continue to hear is that
2 we've already established caps on
3 scholarships. That is not an accurate
4 statement.

5 At this time, like I said,
6 we're still evaluating. But in looking at
7 this, the opportunity does exist for the
8 Office of EMS, the governor's Advisory
9 Board, the Department of Health to look at
10 special initiatives.

11 If there is truly an under-
12 served area in Virginia as far as EMS
13 providers go and we can find support in the
14 data to support such a claim, then the
15 potential does exist for any of our
16 stakeholder groups -- in assistance with the
17 Advisory Board and the Office -- to say this
18 is an identified area of need.

19 We want to fund 'x' number of
20 fully-funded scholarships at a specific
21 level based upon that need. We are still
22 trying to adhere to all of the driving
23 forces that were behind the previous EMS
24 training funds model. But we want something
25 that is an equitable process that is going

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1 to benefit the agencies, the providers and
2 the citizens in gaining their education. So
3 as we continue to develop and review these
4 funding methodologies, we're going to start
5 including stakeholder groups to review these
6 and see -- and garner input and support in
7 working with the Office of Health Equity and
8 the Office of EMS to determine which is the
9 best.

10 And then we're going to start
11 publicizing that through this marketing
12 campaign to make sure that everybody is
13 educated, not only on the application
14 process, but also how the funding
15 methodologies were determined and what we
16 hope to garner from that. Does that answer
17 your questions?

18
19 MR. CRITZER: Okay. Thanks, guys,
20 appreciate it.

21
22 MR. FAISON: You're welcome.

23
24 MR. DECKER: Excuse me a minute.
25 Make a -- just make a quick comment. And --

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1 and certainly, I understand the direction
2 we're going and I understand the background
3 associated with having to do the
4 scholarships.

5 But it is yet another hoop
6 that EMS providers have to go through to get
7 an EMS education. I trust and hope that the
8 Board -- this is my last meeting.

9 But I trust and hope that the
10 Board would closely monitor this program.
11 The focus of the Office of EMS is to grow an
12 EMS education in the Commonwealth. This is
13 a new program.

14 And I'm hoping that that does
15 that very thing. But I have concerns that,
16 again, because it is another hoop that you
17 have to go through that it may be a
18 detractor.

19 I understand why you're doing
20 it. It's not your fault. It is driven by
21 procurement issues. But it is not making
22 EMS education more available. It is just
23 yet another hoop that you gave to go through
24 to get reimbursed or put the money on the
25 front end. We don't know yet, y'all don't

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1 know yet how that's going to be applied.
2 But I just ask the Board to continue to
3 monitor this. And then after a year of
4 implementation, you know, see where we are.

5 See where the growth is, see
6 how things are working because, you know,
7 this is a critical component of the
8 Commonwealth. And I just ask y'all to do
9 that. Thank you.

10

11 MR. HARRELL: Just to address one
12 -- one statement there. I just want to make
13 sure, and again, just so everybody
14 understands the direction that they're
15 going.

16 This is not going to be a
17 reimbursement program. We understood from
18 talking with the stakeholders that
19 reimbursement -- we tried that model
20 previously the better part of 10 years ago.

21 And that -- it just didn't
22 work. We didn't have people apply for it
23 because it was that considerable investment
24 up front that they couldn't afford. So in
25 working with -- again, that was one of the

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1 things that attracted us to the Office of
2 Health Equity. Because their current model
3 is to provide the funding to the students up
4 front. So --

5
6 MR. DECKER: And that's good news.
7 Thank you.

8
9 MR. BROWN: Okay. Thanks, guys.
10 Mr. Chair, that concludes the Office of EMS
11 report.

12
13 MR. CRITZER: Thank you, Mr. Brown.
14 Just as a point of information -- I meant to
15 make it earlier. We do have at this meeting
16 and will be going forward, there's actually
17 a court stenographer here that's -- the
18 meeting's being recorded, but she's also
19 recording it as we go through the meeting.

20 So please make sure that you
21 use your microphones when you speak so that
22 she can clearly hear you and record the
23 meeting.

24
25 MR. BROWN: And identify

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1 themselves.

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MR. CRITZER: And identify yourselves, how is actually speaking, please. Thank you. Next would be the Office of the Attorney General. Ms. Lavin.

MS. LAVIN: I don't have anything.

MR. CRITZER: And next would be the -- Mr. Edwards, our outgoing Board of Health representative.

MR. EDWARDS: I have a real short report. Of course, the Commissioner talked about the OD crisis that we're in. That was during her report, she reported on this new comprehensive harm reduction programs that are going to be created.

We also chit-chatted a little bit about Zika, to remind everybody that the VDH is -- is monitoring that situation. And also brought to our attention that it's tick-borne disease season, so everybody should be, you know, concerned about that as

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1 well. For lunch, I think that's what we --
2 did we have that for lunch? Yeah. We had a
3 -- a preview of the Board of Health annual
4 report.

5 This is a report that has to
6 go to the General Assembly. Last year,
7 there was a Virginia's Plan for Wellbeing
8 created. And that's what is being worked on
9 again.

10 And it'll go before the Board
11 in September for approval. That is aimed at
12 primarily healthy, connected communities,
13 strong start for children, preventative
14 actions and system of health care.

15 So -- and I think that's
16 probably up on the web -- last year's is up
17 on the web if y'all want to take a look at
18 it. It's kind of neat.

19 We had three regulatory
20 actions, regulations for the licensure of
21 nursing facilities, State Medical Facilities
22 Plan and the regulations for the
23 immunization of school children. We then,
24 towards the end of the meeting, had a -- an
25 election of officers. Faye Prichard was

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1 elected chair. She'll do a great job. She
2 was my co-chair or my vice-chair this past
3 year.

4 The next meeting of the Board
5 is September 7, 2017, and it'll be at the
6 Perimeter Center where it usually is in
7 Henrico County, just off Gaskins -- just
8 down the road from here.

9 It's been a pleasure serving
10 the EMS community and representation on the
11 Board of Health. It was a real valuable
12 experience and I hope I've contributed to
13 that whole process.

14 And again, the connection
15 between EMS and the Health Department is
16 something that -- that we need to maintain
17 and to strengthen as we go forward. And
18 Gary will do a great job. I have no doubt.
19 So, thank you. That's my report, sir.

20
21 MR. CRITZER: Thank you, Bruce.
22 And again, on behalf of the Board, thank you
23 for your exceptional representation of EMS
24 on the Board of Health. All right. Next
25 we'll go to the standing committee reports.

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1 The first is the Executive Committee. We
2 met yesterday. Had a number of topics that
3 we talked about. We received a -- a brief
4 update from Cam on the work of the ACS Task
5 Force.

6 You'll hear more about that
7 later in the agenda from Dr. Aboutanos.
8 Basically, where -- where the work of that
9 group is going, and they are moving forward.
10 We received an update on EMS training funds.

11 As you heard a moment ago, we
12 had a relatively lengthy discussion about
13 EMT-I, which you're going to be hearing
14 about later from Training and Certification
15 and Medical Direction.

16 And -- and I'll have some more
17 comments to make on that. We also
18 discussed, per statutory requirement, the
19 VAVRS financial report and an update on the
20 House Bill 1728, the Medevac Work Group
21 that's -- that's ongoing.

22 We also had a discussion and
23 will be conducting a work group meeting
24 sometime between now and Symposium to talk
25 about the Board, about the structure, about

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1 officers, committees, etcetera, as we plan
2 to move forward, as well as talking about
3 system priorities that we can present back
4 to this group.

5 As we move forward into the
6 future, there's a number of things that will
7 be -- we'll be dealing with, as Gary said.
8 They're already starting the discussions on
9 EMS 2050 and how that fits in.

10 FirstNet is new for Virginia,
11 the governor was -- signed on to FirstNet.
12 We're the first state in the nation to do
13 that.

14 So FirstNet will be moving
15 forward. There's just a lot going on in the
16 -- in the system and we need to make sure
17 that our priorities as a Board moving
18 forward are -- are also moving forward in
19 that direction.

20 So that is the work of the
21 Executive Committee, we've been busy. And
22 that will continue. Also it's the
23 opportunity, prior to our annual meeting at
24 Symposium, to appoint a nominating committee
25 for the Board officers and all the committee

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1 chairs. And with that, I am prepared to
2 submit to you some names for your
3 consideration. Folks, don't fall out of the
4 chair when I mention your name.

5 It may be a surprise. I'm
6 going to ask Mr. Passmore to chair the
7 committee. Mr. Jon Henschel, Chris Parker,
8 Jose Salazar and John Korman are the five
9 names that I'm submitting for your
10 consideration.

11 So with that, I'd like to
12 entertain a motion for approval if you so
13 desire.

14
15 BOARD MEMBER: I make the motion.

16
17 MR. CRITZER: Is there a second?

18
19 BOARD MEMBER: Second.

20
21 MR. CRITZER: I have a motion and a
22 second. Any further discussion? Hearing
23 none, all those in favor, signify by saying,
24 aye.

25

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1 BOARD MEMBERS: Aye.

2

3 MR. CRITZER: All opposed? Thank
4 you very much. And I will be talking with
5 Ron and the remainder of you after the
6 meeting, or in the near future to get that
7 started.

8 With that, we'll go to the
9 next committee report and that will be the
10 Financial Assistance Review Committee,
11 Ms. Wagner.

12

13 MS. WAGNER: So just a reminder
14 that the fall cycle just opened on August
15 the 1st, and the deadline for that cycle is
16 the 15th. We've already discussed the two
17 special initiatives, so I'm not going to go
18 over those and repeat those again for you.

19 Just to let you know that we
20 have, to date for this quarter, processed
21 \$2.5M in payments out for the grants. And
22 we have to new FARC members starting this
23 cycle. Donna Herst [sp] from the Central
24 Shenandoah EMS Council and Bruce Stratton
25 from the BREMS Council. We also had one

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1 member who left -- recently resigned to take
2 a position in another state. He had
3 finished his first three-year participation
4 on the FARC Committee, so we go to the next
5 council then that's available to ask for
6 appointment for -- to come onto the -- to
7 the committee.

8 And that comes from the REMS
9 Council and that nomination has been given
10 to the chair. And I believe the Board will
11 act on that at the end of my report. And
12 his name is Kevin Dillard. Any questions
13 for me, for the FARC Committee? Okay.

14
15 MR. CRITZER: Thank you, Kevin. So
16 we are --

17
18 BOARD MEMBER: Karen.

19
20 MR. CRITZER: Huh?

21
22 BOARD MEMBER: Karen.

23
24 MR. CRITZER: Karen, I'm sorry. I
25 wrote Kevin down. Sorry. Karen, Kevin.

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1 MS. WAGNER: No problem, Gary.

2

3 MR. CRITZER: I wrote down Kevin
4 and -- I'm having one of those days.

5

6 MS. WAGNER: It's been a long day,
7 hasn't it?

8

9 MR. CRITZER: It's been a long two
10 days. It is our requirement under Code to
11 acknowledge the appointment of FARC members.
12 So with that, we have Kevin Dillard's
13 nomination from the FARC Committee. Is
14 there a motion to so accept?

15

16 BOARD MEMBER: I'll make the
17 motion.

18

19 MR. CRITZER: Is there a second?

20

21 BOARD MEMBER: Second.

22

23 MR. CRITZER: Is there any
24 discussion? Hearing none, all those in
25 favor?

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1 BOARD MEMBERS: Aye.

2

3 MR. CRITZER: Any opposed? Very
4 good. Thank you, Kevin, for your
5 willingness to serve. Next is
6 administrative coordinator, Chief Hoback.

7

8 MR. HOBACK: L&P did not meet this
9 -- this session. I'm assuming they'll pick
10 up down at Symposium. And I'll defer to Jon
11 for the Rules and Regs Report.

12

13 MR. CRITZER: Mr. Henschel.

14

15 MR. HENSCHEL: The Committee met
16 yesterday. We have no action items to bring
17 before the Board. We continue to work on
18 the revision for regulations and are
19 awaiting some more information to come forth
20 from other committees.

21 We've set a date of October
22 25th to have a workshop. And then we have
23 to bring some information forward at our
24 next Board meeting. That's all.

25

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1 MR. CRITZER: Thank you, sir.

2 Mr. Parker, Legislative and Planning.

3

4 MR. PARKER: Legislative and
5 Planning did not meet this cycle. We'll
6 meet in the November --

7

8 MR. CRITZER: You can continue with
9 Infrastructure.

10

11 MR. PARKER: Okay. Infrastructure,
12 I'm unaware of any action items. I will
13 defer to the respective chairs.

14

15 MR. CRITZER: Transportation.

16

17 MR. DECKER: Thank you. The
18 Transportation Committee did not meet this
19 quarter. We'll meet next quarter for the
20 grant requests.

21

22 MR. CRITZER: All right.
23 Communications Committee, we met yesterday
24 -- or excuse me, this morning. Geez, I'm
25 having a hard time here. We met this

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1 morning. I'm going to start over here.
2 Sorry about that. We met this morning. We
3 did appoint Melissa Wood from Fredericksburg
4 to fill the new seat that was approved by
5 the Executive Committee yesterday on the
6 Medevac Committee.

7 They had asked for that
8 position to be added. I very much thank her
9 for her willingness to serve in that -- that
10 capacity. We had some discussion about
11 FirstNet.

12 Again, as I mentioned earlier,
13 Virginia was the first state in the nation
14 to sign on to FirstNet. That will be --
15 will be a ball that start rolling, and
16 hopefully, improve our ability for -- for
17 communications and data infrastructure on a
18 public safety network in the near future.

19 We approved a PSAP
20 accreditation application for Mecklenburg
21 County 911, so congratulations to those
22 folks for now being an approved PSAP for --
23 accredited. And we also re-emphasized the
24 importance of agencies and entities having
25 the appropriate federal inter-operability

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1 channels in their subscriber units, their
2 portable and mobile radios. As you know,
3 that's a requirement.

4 If you purchase communications
5 equipment through FARC, that's a stipulation
6 that those appropriate channels have to be
7 programmed in those radios. We encourage
8 every -- every agency, as they have the
9 opportunity, to reprogram their subscriber
10 units.

11 If they haven't already done
12 so, that they add the applicable VTAC, UTAC
13 or the 700-800 federal inter-operability
14 channels in those -- in those pieces of
15 equipment. With that, I'll move on to
16 Emergency Management Committee. Chief
17 Hoback.

18
19 MR. HOBACK: Emergency Management
20 Committee met yesterday and has no action
21 items for the Board. We did review the
22 fourth alarm fire that was down in
23 Chesapeake and some lessons learned
24 associated with your large displacement of
25 the senior living in that complex. And I

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1 guess the opportunities to learn from that
2 and maybe educate other departments across
3 the Commonwealth. So the Emergency
4 Management Committee will take that
5 responsibility on.

6 And then the other item that
7 was lengthy discussion was the electronic
8 triage program which we will start a pilot
9 program this fall and report back. Thank
10 you.

11
12 MR. CRITZER: Thank you, Chief.
13 Professional Development coordinator, Ron
14 Passmore. And you can just continue on into
15 Training and Certification.

16
17 MR. PASSMORE: Okay. There is one
18 action item for the Training and
19 Certification Committee to come before this
20 Board today.

21 And no action items from
22 either the Workforce Development Committee
23 or Provider Health and Safety. I'll yield
24 to the committee chairs to report on their
25 respective committee activities. The

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1 Training and Certification Committee report,
2 we met on July the 5th at the Office in Glen
3 Allen. The meetings of that -- the minutes
4 -- the meetings, gosh.

5 The minutes of that meeting
6 are posted on the web site. Activity
7 reports were provided by committee members
8 and Division of Educational Development
9 staff, including BLS and ALS training
10 specialists, EMS training funds and
11 certification testing.

12 There are no updates regarding
13 TCC Committee work group activities at this
14 time. The next scheduled meeting for the
15 Training and Certification Committee is
16 October the 4th in Glen Allen at the Office.

17 The action item is Appendix C
18 in your booklet with the initial activity
19 performed by the Training and Certification
20 Committee work group.

21 And the review of the
22 available information from the Intermediate
23 99 townhall meetings and public comments
24 received, the Training and Certification
25 Committee supports the findings that

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1 Virginia does not have the resources to
2 develop, maintain valid, reliable, legally
3 defensible certification exams.

4 The work group further
5 recommends that when the National Registry
6 of EMT's no longer offers an Intermediate 99
7 examination Virginia will cease issuing
8 initial Intermediate certifications.

9 And that existing
10 Intermediates in Virginia will be able to
11 maintain their Intermediate certification
12 indefinitely through continuing education
13 with no re-entry mechanism.

14
15 MR. CRITZER: Coming from a
16 committee, it requires no second. So we'll
17 open the floor for discussion. As we start
18 that, I just want to make you aware.

19 If you looked in your packets,
20 there is a copy of a letter that I received
21 from VAVRS president, Kim Craig, related to
22 this issue in support of this motion. Also,
23 VAGEMSA met this morning and they also were
24 in support of -- of this motion. Just a
25 little background for those of you that -- I

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1 know you know we've done townhall meetings,
2 but just a real quick update. We conducted
3 a series of eight townhall meetings that
4 went from Marion, Virginia to Manassas and
5 everything in between.

6 From February of this year
7 through the end of May. Those townhall
8 meetings were -- some of them were well
9 attended and others, there were more of us
10 there than there were participants.

11 In most cases, the -- the
12 comments were one or two or three that
13 elected to speak. And they were varied in
14 terms of in support of moving forward with
15 the national footprint as this motion
16 suggests.

17 There were some that were
18 concerned about -- they used EMT-I pretty
19 heavily and were concerned about its future.
20 A lot of comments that we received after the
21 conclusions of the meetings were that people
22 chose not to spoke -- spoke, speak simply
23 because we answered their question when we
24 said that there was no intent to remove
25 certification from those that already had

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1 it. That they -- as long as they maintained
2 their CE, they would be allowed to maintain
3 it and in -- at least for this time, the
4 foreseeable future.

5 We also -- yesterday we talked
6 about this in the Executive Committee
7 meeting. And we have a unique opportunity
8 because we have Jose Salazar on our Board,
9 who also serves on the National Registry
10 Board of Directors.

11 And we reached out to Jose to
12 see if they had come up with any time frame
13 for the cessation of administration of the
14 I-99 assessment test.

15 As most folks in here
16 hopefully know, back in 2013, the National
17 Registry stopped certifying Intermediates at
18 the national level.

19 They've also announced that as
20 of the 31st of March of 2019, any national
21 provider who still maintains their national
22 certification, they will have either had to
23 transition to a 'P' or they will
24 automatically revert to an 'A' at the
25 national level. We did find out from Jose

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1 that their standards committee has met and
2 has proposed a date of January 1st, 2020,
3 that will be taken to their board in
4 November.

5 It's the week after Symposium,
6 after our next meeting. But they will be
7 taking that to their board in November to
8 propose that that be the cessation date of
9 the administration of the Intermediate
10 assessment test.

11 It's currently used by four
12 states, Virginia, Colorado, Maryland and
13 West Virginia. West Virginia, by far, has
14 the fewest. They don't even call them
15 Intermediates any more.

16 They're -- they're advanced
17 care technicians, I believe is what they
18 call them. Virginia has the largest number
19 of Intermediates. So those are the four
20 states that continue to use it.

21 So that's where we are with --
22 with the Intermediate program. We did
23 receive a number of comments through
24 electronic submission on the web site. I
25 believe they were included in your packet.

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1 They should be in the book, I just got to
2 find them. And all of the -- the verbal
3 comments that were done at the townhalls
4 will be available on -- on the web site.

5 So that's the process that we
6 went through to insure that this was well
7 vetted, that everyone who had an interest in
8 speaking for or against the plan to -- as we
9 move forward with EMT Intermediate had the
10 opportunity to do so.

11 So before you, you have this
12 motion. And the floor is now open for
13 discussion. Does anybody have any comments?
14 Questions, concerns? Going once. Hearing
15 none, all those in favor of the motion,
16 signify by saying aye.

17
18 BOARD MEMBERS: Aye.

19
20 MR. CRITZER: All those opposed?
21 The motion carries. The next item on the
22 agenda is Workforce Development.
23 Mr. Salazar.

24
25 MR. SALAZAR: Workforce Development

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1 Committee, they have no action items moving
2 forward. We did meet yesterday. The
3 subcommittees, the EMS officer one class,
4 they had a pilot at Rescue College which 14
5 students completed.

6 Got some very good feedback
7 from that. And that is now being taken into
8 consideration and looking to make some
9 tweaks to the program. And we will offer
10 the EMS officer one class at Symposium.

11 And after that hopefully be
12 able to start doing a regular roll-out of
13 the program. The Standards of Excellence
14 program continues to move forward.

15 There are some agencies that
16 are in the process of completing that
17 program. We encourage everyone to try to go
18 to the Standards of Excellence program.

19 It is very helpful just --
20 just as a status check of how you're doing
21 as an organization. Again, it's just
22 helpful information. And all the
23 information for that's on the web site. And
24 then, the Recruitment Retention Network,
25 they're actually meeting today in Hampton.

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1 Their next meeting will also be at
2 Symposium. The only other thing is that the
3 next meeting of the Workforce Development
4 Committee -- usually meets on Thursday at
5 Symposium.

6 This year, we'll be moving --
7 meeting Friday morning just because of a
8 conflict with the offer of the EMS officer
9 class. That concludes my report.

10
11 MR. CRITZER: Thank you, sir.
12 Provider Health and Safety. Mr. Wildman.

13
14 MR. WILDMAN: Provider Health and
15 Safety met this morning. Just one update
16 for the Board. We had a presentation from
17 Kevin Dillard about the health care monitor
18 -- Health Practitioner Monitoring Program
19 and the problem with addiction of EMS work
20 force.

21 And this program has already
22 been pushed through or presented to the
23 Medical Direction Committee, some key office
24 -- Office of EMS staff. And in before our
25 committee this morning, in -- trying to

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1 develop some data and/or guidelines that we
2 can come forth back before the Board, so we
3 can support some legislation to support
4 health practitioner monitoring for EMS
5 providers.

6 So our committee's going to be
7 tasked here within the next couple months to
8 bring some hard figures and data back before
9 the Board to present a motion here in the
10 next couple months or in -- excuse me, in
11 the next couple meetings to be able to
12 support some legislation for the future to
13 support that. So...

14
15 MR. CRITZER: Thank you, sir. Next
16 we'll move on to patient care coordinator,
17 Dr. McLeod. And I would also respectfully
18 request if we could move the trauma system
19 oversight and management report,
20 Dr. Aboutanos before we get to the remainder
21 of the reports under her -- her subgroup.
22 He has to leave early, so...

23
24 DR. MCLEOD: I don't have anything
25 from Patient Care Coordinator.

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1 MR. CRITZER: All right. Mike.

2

3 DR. ABOUTANOS: Sorry. I've done
4 this before. Thank you, Mr. Chair. So --
5 and I appreciate letting me go a little
6 early. The -- the task force -- the TSOMC
7 meet in June and it was actually a very
8 productive meeting.

9 The majority of the -- of the
10 time was actually spent on the trauma system
11 plan. And task force decision, as you all
12 know, some of the groups have been working
13 very heavily on development of the
14 infrastructure proposal for the trauma
15 system plan to the Commonwealth.

16 And there are various options
17 being presented. And then when the main
18 option was presented was for a
19 collaborative, integrative model with
20 existing infrastructures.

21 This has been a unanimous
22 decision that that's the best way for us to
23 go with regard to the trauma and
24 development. I really appreciate
25 Dr. McLeod's input, the Medical Direction

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1 Committee's input. I think we made
2 significant development the past few months
3 to actually be able to look at the bigger
4 picture and be very integrative in the
5 process moving forward.

6 And so I hope this will now
7 get us more focused into achieving the plan
8 and the structure. We're getting close to
9 actually developing the report.

10 We'll be working heavily with
11 -- with the Office of EMS and especially
12 with -- with Cam now with -- with Tim with
13 regard to the development of the -- of the
14 report.

15 The other thing I mentioned
16 last time was a Trauma Performance
17 Improvement Committee annual report. We
18 were going to present both reports in the
19 upcoming meeting ahead of this -- of this
20 meeting as far as what's a quick summary of
21 the annual report.

22 And so that was only defense
23 [phonetic] instead of presenting at this
24 time. And the last three, the main thing
25 that the committee has discussed heavily was

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1 the impact of the trauma fund that's going
2 to have on the existing trauma care in the
3 various trauma centers. This is a
4 significant worry, as I mentioned last time.

5 And now we're working with the
6 various stakeholders to see what is the next
7 option with regard to the sustainability of
8 the trauma fund and the impact that it has
9 for the trauma care of -- of our -- of every
10 citizen in this -- in the Commonwealth. And
11 that concludes our report. We have no
12 specific action item.

13
14 MR. CRITZER: Thank you, sir. Any
15 questions for Dr. Aboutanos? Thank you very
16 much. Medical Direction Committee,
17 Dr. McLeod.

18
19 DR. MCLEOD: Well, this is what
20 happens when you miss the last Medical
21 Direction Committee. For my last meeting, I
22 have two action items. Thank you, Dr. Yee
23 [sp]. The first action item is from the
24 Medical Direction Committee pertaining to
25 the EMT-I. I think it's Appendix E. I'm

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1 sure y'all have all read it, studied it,
2 argued it. And so that motion comes from
3 the Medical Direction Committee.

4
5 MR. CRITZER: That motion is in
6 your book. I will not read it in --
7 entirety unless you want me to. It is in
8 the form of a resolution. And coming from a
9 committee, it requires no second.

10 So the floor is now open for
11 discussion. Is there any discussion related
12 to Medical Direction Committee's motion?

13
14 MR. HOBACK: The discussion is that
15 I would recommend that Medical Direction
16 motion eliminate item three, recommending
17 GAB support, a moratorium on the new EMT-I
18 -- on new EMT-I classes starting on or after
19 July 1st, 2018.

20 I think with the National
21 Registry now acknowledging that January
22 2020, it does allow for other classes to be
23 taught through that period of time. So I
24 would recommend that that be struck. And
25 also item four be struck recommending the

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1 GAB request that OEMS plan for an EMT-I
2 providers to facilitate transition to either
3 nationally registered paramedic status or
4 A-EMT status.

5 I feel that the office of EMS
6 is already doing a very fine job with that.
7 I don't think it needs to be included as
8 part -- as a recommendation.

9
10 MR. CRITZER: Is that in the form
11 of a motion or is that --

12
13 DR. MCLEOD: Amendment.

14
15 MR. HOBACK: Amendment.

16
17 MR. CRITZER: Okay. So we have a
18 motion for an amendment. Is there --

19
20 BOARD MEMBER: Second.

21
22 MR. CRITZER: And there is a second
23 to that motion. So we have to act on the
24 amendment first. The amendment is to remove
25 item three and to remove item four from the

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1 motion. Is there any discussion on the
2 amendment?

3
4 DR. MCLEOD: I don't argue the
5 amendment, but I would like to make sure we
6 know that the students -- when they finish
7 -- need time to take the number of tests
8 that they should be allowed to take. And
9 that's not going to be on the Office of EMS.

10 That's going to be on the
11 schools that are teaching the classes. I
12 have no problem with the friendly amendment,
13 but I do want to make sure that we insure
14 these students have time to take enough
15 tests to pass.

16 All of them don't pass the
17 first time, but we just need to keep that in
18 our mind.

19
20 MR. CRITZER: Okay. Any other
21 comments? Hearing none, all those in favor
22 of the amendment, signify by saying aye.

23
24 BOARD MEMBERS: Aye.

25

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1 MR. CRITZER: All those opposed.
2 So the amendment passes. So back to your --
3 to the motion, which is now an amended
4 motion. Is there any further discussion on
5 the amended motion? Hearing none, all those
6 in favor of the amended motion, signify by
7 saying aye.

8
9 BOARD MEMBERS: Aye.

10
11 MR. CRITZER: All those opposed.
12 Motion carries. Anything else from Medical
13 Direction?

14
15 DR. MCLEOD: Yes. In the
16 regulations, we are required as a Board to
17 have a pre-hospital and inter-hospital
18 stroke triage plan. That is Appendix G.
19 And please don't make me read all of that.

20
21 MR. CRITZER: So before you, you
22 have under Appendix G a motion that would
23 adopt the pre-hospital -- pre-hospital and
24 inter-hospital state stroke triage plan.
25 Coming from a committee it requires no

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1 second. Is there any discussion? Hearing
2 none, all those in favor, signify by saying
3 aye.

4
5 BOARD MEMBERS: Aye.

6
7 MR. CRITZER: All those opposed?
8 The motion carries. Anything else?

9
10 DR. MCLEOD: No, I'm done. I'm
11 mean like really done.

12
13 MR. CRITZER: Thank you,
14 Dr. McLeod, for your service. Next is
15 Medevac Committee, Ms. Perry.

16
17 MS. PERRY: Medevac Committee met
18 yesterday morning and we have no action
19 items. We actually had a fairly brief
20 meeting and then moved into a work group
21 meeting where we talked through some tasks
22 assigned to us from the House Bill 1728 Work
23 Group. We will have another work group
24 meeting on August the 23rd at 1:00 o'clock.
25 So if anybody is interested in coming to

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1 that. And that work group will, again,
2 continue with our tasks from the 1728 Work
3 Group. And I'll entertain any questions.
4

5 MR. CRITZER: Any questions? Okay,
6 thank you. Next is EMS for Children,
7 Dr. Bartle.
8

9 DR. BARTLE: We last met on July 6.
10 There's no action items. There are three
11 things I'd like to point out that we
12 discussed and were brought up at the last
13 meeting.

14 One is a child passenger
15 safety course that's being offered up in
16 Ruckersville by the Insurance Institute for
17 Highway Safety. That'll be six educational
18 credits provided for people who attend.

19 And there's a chance of seeing
20 an actual crash demonstration that they have
21 at the lab. We had, at the last meeting, a
22 speaker from the Virginia Sheltering -- the
23 Virginia sheltering coordinator, Don
24 Bentley, to discuss some of the disparities
25 and some of the specific needs that

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1 pediatric patients have when -- are putting
2 in a shelter during a disaster. These are
3 issues that are not often brought up but
4 have to be considered.

5 Part of which are making sure
6 that adequate security, that kids have some
7 form of protection from predators. That
8 certain items are supplied such as diapers
9 and formulas that they may or may not have.

10 And have -- somehow to
11 coordinate back with their families, it
12 feels like a lot of times if disaster occurs
13 and family members are not present.

14 We don't want to have things
15 like what happened in Katrina where
16 thousands of kids were displaced and some
17 are still unaccounted for.

18 So that was -- brought up a
19 lot of discussion and were offered to have
20 some representation with their work group in
21 the future. And we look forward to doing
22 that with them. And last of which, the
23 2018-2022 EMSC State partnership grant cycle
24 is coming up and we should be reapplying and
25 going through the process. And that's it.

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1 That's all that we have.

2

3 MR. CRITZER: Thank you, sir. This
4 is the normal point where we take a break.
5 So let's take 10 minutes and we'll resume at
6 20 after.

7

8 (The State EMS Advisory Board meeting went
9 off the record at 2:10 p.m., and resumed at 2:25 p.m.
10 The Board's agenda resumed as follows:)

11

12 MR. CRITZER: The next report is
13 from the Regional EMS Council Executive
14 Directors Group. Mr. Chandler.

15

16 MR. CHANDLER: Taking a break right
17 before the EMT-I vote. That would've been
18 the suspicious -- you know, bring up the
19 level of drama and so forth.

20 Thank you, Mr. Chair. My name
21 is Jim Chandler. I'm the chairman of the
22 Regional Executive Directors Group, and we
23 met yesterday. In the morning, we held a
24 development workshop on fundraising. And
25 you might say why would the Regional

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1 Councils do that. Probably many of you know
2 we -- we do a number of programs and
3 activities that are sort of beyond the
4 regular -- the scope of the regular EMS
5 contract.

6 And to do those kinds of
7 things, we do need funding. So we do look
8 for funding opportunities. And this was a
9 great -- we had a great speaker to address
10 sort of non-profit fundraising.

11 We do have a challenge. As
12 you know, we -- we don't want to compete
13 with our stakeholders, which in many cases
14 are the volunteer squads.

15 So we have to -- to seek
16 various types of fundraising activities that
17 are above and beyond that. So we got some
18 great suggestions.

19 And I would like to thank the
20 Old Dominion EMS Alliance for sponsoring the
21 workshop we had. In the afternoon, we
22 conducted our regular quarterly meeting. We
23 discussed the CE and auxiliary course
24 funding. And of course, y'all heard about
25 it earlier. By now, many of the councils

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1 have received proposals for funding from --
2 from the various agencies and instructors.
3 And as a result of some of that activity, we
4 did bring questions and suggestions back to
5 OEMS and they have taken those under
6 advisement.

7 By now, most of the regions
8 have completed their annual awards program.
9 And we discussed those, we discussed ways to
10 -- we sort of shared lessons learned, ways
11 to improve the programs, ways to generate
12 better and more nominations.

13 We also provided a few
14 suggestions back to OEMS and the awards
15 committee for them to consider to further
16 improve the program. We bid farewell to
17 Chad Blosser.

18 Chad, as you know, is the
19 executive director to Central Shenandoah EMS
20 Council and he was also our group's
21 treasurer. So in the process, we also
22 elected Wayne Perry with the Rappahannock
23 EMS Council as our new treasurer. We also
24 selected directors to fill two -- two state
25 committee vacancies represented by the

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1 regional directors. One of those is Craig
2 Evans who'll be representing us on the
3 Training and Certification Committee.

4 And Mary Kathryn Allen will be
5 representing us on the Transportation
6 Committee. As usual, we -- we discussed
7 various programs and activities with the
8 State staff, most of which you've heard
9 about today and some we've acted on.

10 That's -- so our meeting is
11 really the opportunity to interact with OEMS
12 staff, to -- to coordinate and to improve
13 the system.

14 Our next meeting will be on
15 December 7th, which would be in conjunction
16 with the Financial Assistance Review
17 Committee. And I welcome any questions.
18 Thanks.

19
20 MR. CRITZER: Thank you, sir.
21 Appreciate it. The next item on the agenda
22 is our public comment. Be advised, we are
23 going to be following the Board of Health
24 public comment guidelines. And we will
25 accept public comment for a total of 20

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1 minutes altogether. And you have three
2 minutes if you'd like to present to the
3 Board. There's a timer here that will count
4 down. You'll get a one-minute warning.

5 And at the end of that, your
6 comments will be closed. So is there anyone
7 who wishes to speak before the Board today?
8 Anybody that wants to speak.

9
10 MS. ASSAWE: I'll be very, very
11 brief. Melissa --

12
13 MR. CRITZER: Go ahead.

14
15 MS. ASSAWE: Melissa Assawe with
16 the American Heart and American Stroke
17 Association. Just wanted to thank y'all for
18 voting on the stroke triage plan today. We
19 look forward to continuing to work with you
20 on improving stroke care across the state.
21 So thank y'all very much.

22
23 MR. CRITZER: Thank you. Well, now
24 I broke it. There we go. Is there any
25 other public comment? Anything else that

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1 anyone would like to bring before the Board?
2 Going once. Okay. We'll next move into
3 unfinished business. We have no unfinished
4 business on the agenda. Is there any new
5 business to bring before the Board?
6

7 DR. BARTLE: Mr. Chairman, as the
8 representative of EMSC, I would like for --
9 to propose to the Board to consider some of
10 the changes that are going on or being
11 proposed to going on, on a national level.

12 The budget for the federal --
13 proposed federal budget for the fiscal year
14 of 2018 has EMSC cut and eliminated. This
15 is an important program for kids, and it is
16 an important program for EMS.

17 We think that it should be
18 something that the Board would take in
19 consideration and make a statement on a
20 public level of how important EMSC is, and
21 how we would not -- we are opposed to the --
22 its elimination.

23
24 MR. CRITZER: So what we could do
25 is if it's the Board's desire, we can draft

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1 a letter of support for maintaining EMS for
2 Children funding and send it to our federal
3 senators and House of Representatives as
4 well as to the governor, that he can take
5 up-line through the Governor's Association
6 or whatever entity he feels is appropriate.

7 The National Association of
8 State EMS Officials, I believe, has already
9 taken a position opposing the elimination of
10 the funding.

11 So it would be very
12 appropriate for this Board to also make a
13 statement in support of maintaining that
14 funding. So with that, what's the will of
15 the Board?

16
17 BOARD MEMBER: I support your
18 recommendation.

19
20 MR. CRITZER: Is there a motion to
21 do so?

22
23 BOARD MEMBER: I make the motion.

24
25 MR. CRITZER: There's a motion, and

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1 a second?

2

3 BOARD MEMBER: Second.

4

5 MR. CRITZER: All those -- is there
6 any further discussion? All those in favor,
7 signify by saying aye.

8

9 BOARD MEMBERS: Aye.

10

11 MR. CRITZER: All those opposed?
12 So we will draft a letter and get it out to
13 the appropriate individuals requesting to
14 maintain -- that they maintain that funding.
15 Thank you, Dr. Bartle.

16

17 DR. BARTLE: Thank you. And thank
18 -- I would like to thank the Board for
19 taking this up.

20

21 MR. CRITZER: Is there any other
22 new business to come before the Board today?
23 If not, I'd just like -- once again -- to
24 acknowledge the service of Chief Hoback and
25 Dr. McLeod. Steve Elliott's not with us

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1 today. He represented -- Thomas Jefferson
2 and Anita Perry for their work on the Board.
3 We really appreciate all that you've done to
4 help move the Board forward and the work of
5 -- of EMS in the Commonwealth.

6 As Gary indicated earlier, he
7 and I both have spoken with the Director of
8 Appointments in the Governor's Office. We
9 anticipate the appointments being made,
10 hopefully within the next two to three
11 weeks.

12 They're going to try to wrap
13 those up as soon as they can. That includes
14 the appointments of the seats that couldn't
15 be re-appointed as well as those that are
16 eligible for reappointment. So hopefully,
17 we will have an answer on that in the very
18 near future.

19 Once that's done, I'll work
20 with Gary to see how we can do a Board
21 orientation for the new members that will be
22 coming on, and for any old members that
23 would like to attend. We'll try to get
24 something between now and November to make
25 sure that that happens. So with that and

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1 there being no further new business, we
2 stand adjourned.

3
4 (The State EMS Advisory Board meeting
5 concluded at 2:32 p.m.)

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1 CERTIFICATE OF THE COURT REPORTER
2

3 I, Debroah Carter, hereby certify that I
4 was the Court Reporter at the Board meeting of the
5 STATE EMS ADVISORY BOARD, heard in Glen Allen,
6 Virginia, on August 4th, 2017, at the time of the
7 Board meeting herein.

8 I further certify that the foregoing
9 transcript is a true and accurate record of the
10 testimony and other incidents of the Board meeting
11 herein.

12 Given under my hand this 8th of August,
13 2017.

14
15
16 
17 Debroah Carter, CMRS, CCR
18 Virginia Certified
Court Reporter

19 My certification expires June 30, 2018.
20
21
22
23
24
25