

**State EMS Advisory Board Executive Committee Meeting**  
**Richmond Marriott Short Pump, Glen Allen, VA**  
**August 3, 2017**  
**11:00 a.m.**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>Staff:</b>	<b>Others:</b>
<b>Gary P. Critzer</b> Central Shenandoah EMS Council	Genemarie McGee (Excused) Tidewater EMS Council	Warren Short	<b>Chad Blosser</b> Central Shenandoah EMS Council
<b>Bruce W. Edwards</b> Former Chair, State Board of Health		Gary Brown	<b>Dreama Chandler</b> Virginia Association of Volunteer Rescue Squads
<b>David Hoback</b> Virginia Fire Chiefs Association		Chuck Faison	<b>Ed Rhodes</b> Virginia Association of Volunteer Rescue Squads
<b>Marilyn McLeod (Call In)</b> Blue Ridge EMS Council		Cam Crittenden	<b>Matt Lawler</b> Augusta County Fire-Rescue
<b>Christopher L. Parker</b> Virginia Emergency Nurses Association / Virginia Nurses Association		Gregory Neiman	<b>Paul Sharpe</b> Hospital Corporation of America / Henrico Doctors Hospital
<b>Ronald Passmore</b> Southwest Virginia EMS Council		Michael D. Berg	<b>Morris Reece</b>
		Adam Harrell	
		George Lindbeck	
		Irene Hamilton	
		S. Heather Phillips	
		Tim Perkins	

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>Welcome and Introductions</b>	Gary Critzer, Chair, called the meeting to order at 11:00 a.m. Marilyn McLeod attended the meeting via speaker phone. Mr. Critzer went around the room and had everyone introduce themselves.	
<b>Approval of the Agenda</b>	The draft agenda was approved as presented.	
<b>Approval of the minutes of the May 4, 2017 meeting</b>	The minutes from the May 4, 2017 meeting were approved, as presented.	
<b>ACS Task Force Update</b>	Mr. Critzer asked Cam Crittenden, OEMS, to give the group a status update on the ACS Task Force.  Ms. Crittenden reported that all the workgroups, using the HRSA Model System guideline, have compiled and submitted their documents. Dr. Aboutanos and Ms. Crittenden will be meeting over the next couple of weeks to correlate all of the documents and create one master document. The master document will be taken to the next Trauma System Oversight and Management Committee (TSOM) meeting and the ACS Task Force meeting to review the form and assess where they are and where the gaps in the system exist and fill those in. They have been discussing the possibility of having an all-day	

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	<p>retreat in the near future once it has been compiled so they can get everyone together to work on the document.</p> <p>Mr. Critzer said that once the Task Force and TSOM endorse the document it will come back to the Executive Committee for their review. If any work needs to be done by any standing committees of the Board, that work would be distributed to those committees at that point. Mr. Critzer said that the document would not go to the State EMS Advisory Board until all the work is done and they have a final product to present to the Board.</p> <p>Ms. Crittenden also announced that Eddie Ferguson is now the Chair for the Prehospital Workgroup.</p>	
<b>EMS Training Funds Update</b>	<p>Mr. Critzer asked Chuck Faison and Adam Harrell, of OEMS, to give the group an overview and update on the status of the Scholarship and CE programs.</p> <p><i>Special Initiative Grant Funding for Initial Certification Programs</i> - Chuck Faison reported that the application deadline closed recently for the third and last round of special initiative funding for initial certification programs on July 21, 2017.</p> <p><i>EMS Scholarship Program</i> - Mr. Faison reported that they are still moving forward and they anticipate launching the online application early this fall, in October. He said that he has been coordinating with the Office of Health Equity on the development of the online application. He has done an initial round of testing on the student registration portal, as well as, the application itself. Mr. Faison has provided some initial feedback on the functionality of the website. Next week they will discuss the feedback and talk about plans for continued development beyond the site. More information will be forthcoming. They want to launch the application in October 2017 and make the first awards in January 2018. They are discussing plans for outreach and promoting the EMS Scholarship Program. They have met with a marketing and PR group to discuss some planning strategy around the promotion of the program. They will continue those planning efforts.</p> <p>Mr. Critzer said that he had a discussion prior to this meeting with Warren and Adam about some of the comments that he has heard throughout the system. He thinks there are a lot of misperceptions that are circulating about the program; even some that he thought were accurate but are not. Mr. Critzer thinks it is important to let the group know where they are heading with issues relating to caps on scholarships and the ability to receive full funding, and other issues they talked discussed.</p> <p>Adam Harrell addressed these concerns. He said that, as Chuck alluded to, they are working heavily on the logistical aspects of the scholarship, i.e. the application, the flow, as well as developing an outreach marketing campaign to go with the program. Mr. Harrell said that the biggest complaint that OEMS keeps hearing surrounds the actual dollar figures; what is the student going to get, what is the evaluation criteria. Mr. Harrell said that right now the answer is that they are evaluating multiple different methodologies to see what the outcome will be. At this point, they have not decided on one set funding</p>	

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	<p>model or methodology. They want to make sure this is an equitable process to address some of the things that Mr. Critzer and he were discussing – some of the rumors in the field that are not true at this point. Mr. Harrell said there is the potential to possibly fully fund education for a select amount of people based upon whatever determinants are developed once they determine what the funding methodology will be. The biggest thing now is that the only true cap is the budgetary cap they have with the amount of money available for scholarships. They will have three application cycles and a defined amount of money that will go into scholarships, and they have to come up with an equitable fashion to assure they have money each of those cycles. Mr. Harrell said he knows a lot of people are scared or questioning the aspects related to the new seventh grade with RSAF and how are those things are going to factor into this decision; and right now they don't know because they are still evaluating what will be the scoring method and the award method. He said they have discussed getting input from stakeholders groups, the Executive Committee of the State EMS Advisory Board, the State EMS Advisory Board, and from the Training and Certification Committee, to say that these are defined priorities. They want to make sure they have adequate system buy-in and support to help determine these things. They are working with other stakeholders. They are getting ready to enter into a contract with Virginia Tech's Institute of Biocomplexity to start looking at data to help OEMS determine matrix and methodologies to help support when an agency or jurisdiction say they do not have enough support that would allow them to quantify that with the supporting documentation. Mr. Harrell said at this point any rumors that you are hearing in the field are rumors because there is no funding methodology yet. OEMS wants to work with the Office of Health Equity using one of the things that they do which is a pre and post scholarship application and award and publish the evaluation scoring matrix and matrices for people to understand how applications were scored and how money was awarded. Those are all possibilities but right now there is nothing set in stone. Mr. Harrell said that at this moment there has not been a cap set on EMT at \$300; that does not exist yet and it is all speculation.</p> <p>Mr. Critzer agreed that is the one that is being heard the most in his region and asked Mr. Harrell if there was a possibility for a student to get a full ride. Mr. Harrell said that is a possibility. He explained that they looked at this and ran multiple scenarios. He said they are running the scenarios from the standpoint of community college students versus ABC Rescue Squad out in the middle of the country; the volunteer agency that is doing this as recruitment and retention; how is this going to impact. When they determine the funding matrix, and as they play with these models, they are seeing situations like if they do an across the board amount and have an understanding of how many EMT scholarships they can award at the beginning of the application period and what would that mean to the applicant. They asked the DED staff to say what is the average cost of EMT class right now and they are coming up with funding methodologies that are fully funding students a vast percentage of the time. Looking at the community colleges, this is looked at as financial aid just like any other piece of financial aid and they will factor into the PELL grants and the VTAG grants and there other private and public scholarships that a student might have been awarded. When they say they are going to do a flat rate funding model with this - \$700 for EMT student and all they have left owing in tuition is \$200 then yes they become a fully funded EMT student in the community college. What they don't want to happen, they are trying to</p>	

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	<p>make sure this is equitable on both, for the provider base and the citizens of the Commonwealth. One of the things they don't want to do with this is to say up front that our funding methodology is going to be \$600 per student for an EMT. They need true, actionable data on what these classes are costing so that at the end of the year when they go back to try and battle procurement again, they will have equitable data on what the cost of EMS education is in general in the Commonwealth. They want to make sure this is an open, equitable process but they also have to build into it the appropriate checks and balances so that it is not taken advantage of. They want instructors to charge what they need to charge and not charge based off what OEMS is providing. OEMS wants to make sure that it stays honest and equitable so we can share what that scoring matrix is but the one piece that they may have to take away is what the dollar figure will be based upon the scores or have it variable so that programs can't automatically elevate the save to make sure all their students get full funding and they get full funding regardless of the actual cost.</p> <p>Mr. Critzer asked about how much was budgeted in the upcoming year for the Scholarship program and the CE program. Mr. Harrell said that \$2 million has been set aside for the Scholarship program and \$2 million for the CE program, as well. This is elevated from previous years, when they budgeted \$3.2 million.</p> <p>Mr. Critzer asked when they anticipate the CE rollout will begin. Chuck Faison said that they have already distributed the contracts to the Regional Council directors to provide CE and Auxiliary programs. The deadline to receive those contracts back in the office was July 31. They got all of them back except one, which was Central Shenandoah EMS Council. The contracts went into effect on August 1, 2017 and ends on June 30, 2018.</p> <p>Mr. Critzer asked who will manage the monies for the Central Shenandoah region. Mr. Faison said they need to discuss what available options they will have in that region. He said that they have briefly talked about several ideas of other entities that they could approach. One possibility is going directly to localities in the region. He said that further discussion is warranted in regards to that issue.</p> <p>Mr. Critzer said that he has been asked how that money is going to be available to the jurisdictions and agencies to conduct CE programs. Chuck Faison said that the goal is definitely to make sure the money is available in the region. He said they will be meeting next week to talk about some options, and they will start exploring those and approaching a few of the most appropriate entities to help them get that money out into the region.</p> <p>Mr. Critzer asked that once they come up with a concept would they let him know so that he can help advertise that because there are some questions coming from some of their jurisdictions asking about how they will have access to the money to be able to apply for it and assure that they are getting their fair share of the opportunity.</p>	

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	<p>Mr. Faison said that if going direct to localities doesn't work out then they have talked about one other option would be to putting out an open, competitive bid. He said they have some options on the table to designate what their approach will be.</p>	
<p><b>EMT-I Certification Update</b></p>	<p>Mr. Critzer reported that they conducted a series of Town Halls throughout the spring and early summer. The Town Halls were all recorded and the transcriptions will be available on the OEMS website. Mr. Critzer said they also solicited electronic comments, as well, that were submitted on the web site. Those were made available to MDC and TCC as they vetted the results of the Town Hall meetings. Out of that came two motions which will be presented tomorrow to the State EMS Advisory Board. Mr. Critzer said that the motions were available in the OEMS Quarterly Report to the State EMS Advisory Board. The motions are fairly similar motions but the one from Medical Direction is a little more in detail and more of a resolution but they capture essentially the essence, both of them capture it together. The big difference between the one from the Training and Certification Committee and the Medical Direction Committee is that the Medical Direction Committee places a moratorium date on the announcement of new EMT-I programs. Mr. Critzer encouraged those who may not have looked at the two motions to look at them prior to the meeting on Friday. Mr. Critzer received a letter on Wednesday from Kim Craig, the President of VAVRS, supporting both motions and she indicated to him that she was going to instruct her two representatives on the State EMS Advisory Board to vote in acclamation for those two motions. The big concern that they had she felt was addressed with the ability for EMT-I's that are currently certified to maintain their certification. Mr. Critzer reported that he would be presenting this information in the morning to the VAGEMSA Board. They have never taken an official position on the situation. He is not sure what direction they will decide when they make a motion to approve the actions.</p> <p>Mr. Critzer said that the Town Halls had a mixed attendance. The big thing that was fairly common place across the board was that there were limited discussion and very few public comments. He said that after the meetings they heard a lot of people say that as soon as they understood that they were not going to take their current EMT-I certification from them, they did not have more questions to ask.</p> <p>They did get a lot of public comments. And out of the public comments that they did receive, they were mixed. There were some that were driven by emotions, i.e. "They don't want to see EMT-I go away; they deliver a critical, valuable service to the Commonwealth, and we believe that you should continue to deliver that service; it is a cost effective measure for local governments career agencies to be able to train EMT-I versus a paramedic, to be able to provide that cost if they have to go and train all paramedics it is going to be a cost factor for them both for the tuition, the overtime and all the factors that go into training." They heard both sides, they had one individual from the community college system that came to all three of the Town Halls and said the same thing, "the time has come, it needs to be phased out and we need to move forward with the new, national model."</p> <p>Medical Direction has talked a lot about the science behind it and looking at what high performance EMS systems around the country are doing with more utilizations and fast EMTs. They were able to</p>	

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	<p>demonstrate that; Mr. Critzer said he doesn't know if there are any numbers available, but if you read the articles and the information that is out there it is pretty strong related to advanced EMTs, the services that they deliver, which have truly proven to make a difference in mortality and morbidity; versus a lot of the things that even as paramedics that we do, you know we have heard this common theme about the cardiac component to EMT-I, and that is so critical and we need to find a way to maintain that some way through the advanced program. But if you look at everything that is the research from American Heart Association, all the cardiac drugs that we give as paramedics are not proven to improve mortality or morbidity. But what does is a CPR AED. They have got to get the system's hand around this some way, but he expects there to be some opposition to these motions tomorrow. He just wants to prepare the Executive Committee.</p> <p>Mr. Critzer asked Dr. McLeod if she wanted to make some comments from attending her committee meetings.</p> <p>Dr. McLeod said that the Medical Direction Committee was 100 percent on board and they were always unanimous on this decision.</p> <p>Mr. Passmore said that the Training and Certification Committee had some people from the Virginia Community College System at the TCC meeting and they pushed for a date and TCC decided that they did not feel a date was appropriate for them, but the question was asked what would Virginia do in the event that the registry stopped testing. So they answered that question, but answering the question did not require putting a date on the motion. The VCCS people then attended the MDC meeting on the next day and then pushed for a date again and that is why you see a date on MDC motion but not on TCC motion.</p> <p>Mr. Critzer said both motions go in the same direction but it would be good if they only had one motion that encompassed it all and captured the essence of what they want to do. Mr. Critzer said that the motion from Medical Direction Committee it clearly says that they support the motion from the Training and Certification Committee.</p> <p>Mr. Critzer said that he does expect some degree of opposition. He expects they will have some in the audience; he has seen one announcement where they have been asked to attend the meeting to speak out in avoidance of losing potential EMT-I certification. Mr. Critzer said that their policy is that they do not take public comments during the conduction of business. There is a Public Comment period at the end of the meeting but the business will have been conducted by that point. Mr. Critzer said that their representative on the Board can speak for them when the motions come forward.</p> <p>Dr. Lindbeck said that he thinks it is important for people to understand that the ability to "bridge up" from intermediate to paramedic will continue. Mr. Critzer said that there has even been some conversation about the ability to provide some financial assistance with that transition for providers who</p>	

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	<p>want to go up from I-P. Mr. Gary Brown said that Adam Harrell and he had discussed this issue and there is always the scholarship route and Rescue Squad Assistance Fund; there are finances and mechanisms available. Adam Harrell added that as in the discussion earlier, this could be something that they identify as a high priority or higher funding level priority in the EMS Scholarship application starting in October. So theoretically if a jurisdiction that was predominantly EMT-I level wanted to transition their providers up, they could even come up with a RSAF grant to provide funding to pay for their tuitions. Mr. Harrell said potentially “yes” and said the biggest thing they would have to look at with a RSAF grant that has to be kept in mind is that the process at that point would not be what it has been for the last three special initiatives that they have done in bridging the gap in education funding. There would have to be ties to this for outcomes; and he said that remember the part that makes it difficult with RSAF is that it is a reimbursement and theoretically you do not receive your payout through RSAF until you have received the good of the service. Those are all things that would have to be kept in mind.</p> <p>Ron Passmore said that he feels I-P bridge opportunities should be irrelevant to the people having an issue because their issue is certifying new intermediates. Dr. Lindbeck said that it kind of ducktails with your ability to keep your intermediates and a pathway for those individuals in their system if they want to do that.</p> <p>Mr. Critzer said it is important to reference why MDC felt that a moratorium date is important. He said that he has heard some concerns from one organization that OEMS told them in the Town Hall that they could continue until the Registry stop testing at the I-level of the Assessment Test. Mr. Critzer said that he doesn’t know if they exactly said it that way; he said that they said that at that point it wouldn’t be available anymore. He said that is something they need to discuss tomorrow. Mr. Critzer said that MDC was interested in the date because the community college system was pushing for one and also because those who take the test have six opportunities to take the examination. They want to make sure that they don’t box someone in and they only get to take two of their six opportunities because the assessment test goes away. They don’t have a date but Registry has assured them that they will give them ample warning. The ample warning could be six months to a year. Mr. Critzer asked if Gary Brown or Warren Short had heard anything else from the Registry on any intent on the Assessment Test that might help them with this decision. Warren Short responded that he has not heard anything but rumors. Mr. Short did say that as far as the ability to transition, it is truly left up to the Paramedic Institutions because they are the ones who are responsible for maintaining their accreditation. OEMS no longer has a defined process. It is left up to each of the Paramedic programs to determine which advanced placement they want to do for people who have intermediate to become paramedics. He said it can vary from each of the institutions; it is totally left up to them. Mr. Critzer said there is no formal I-P program.</p> <p>Chris Parker said that the July 1 date does not allow their program to initiate an intermediate class. They do not start until August 20. Mr. Parker said that he talked with his Program Director and the gentleman who pushed for the date, and they both are in agreement, that if they could move it to a September 1</p>	

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	<p>deadline date it would allow them to start the last one with the understanding that the student does not have as much time if they don't finish until May of 2019, it only gives the student gives the student about six months to test. That is the concern that they have. The VCCS Peer Group does not meet until about March 2018 so they can put together a plan for all the programs. Mr. Parker said that is the only concern he has with the date because when he first saw the date he was under the assumption that the motions would be coming forward without a date because it would not allow them to do another class next year.</p> <p>Ron Passmore said that the question that was asked was what they would do when Registry no longer offers testing. He said they won't be able to offer testing when that certification level moves away. Mr. Passmore said he is still resistant to putting the date. He thinks that each program that offers will have to make a decision on when they will offer their last class. He said that was not the question that they were asked to determine, the waters are getting muddy and we want to revise the date that was just asked for last month. He said he thinks they answer the question and they should leave it up to the programs to make their decision as to when they want to stop offering the programs.</p> <p>Mr. Critzer said that at best it sounds like the date should be fluid in terms of if they get an official notification from the Registry will no longer be offered after a certain date that they no they have to stop allowing classes. Mr. Short said he thinks it would be prudent that if that is the direction that is taken it needs to be very clear and up front for everyone in the system to understand that if Registry comes out and says they are no longer offering a test and it is in the middle of your I program, you students do not have the opportunity to become certified as an I; and that is a huge issue because it is going to become a financial issue. He said whether Registry is going to give them a year, six months, two years, who knows. They won't know until they hear. Mr. Short said that this is going to be the biggest complication without a specific date. Mr. Critzer asked if there is an opportunity with the new leadership to pressure the Registry for a date. Mr. Short said the Registry has already reached out to states that are doing this so he knows it is on their agenda to discuss; but he said outside of that he doesn't know much else.</p> <p>Mr. Critzer said they can request the representative that happens to sit on the State EMS Advisory Board, Jose Salazar, to approach their board and explain that they need some type of clarification on an end date for EMT-I Assessment testing.</p> <p>Bruce Edwards said it is not a new subject and they have been talking about it for years. He said when it first came up years ago Northern Virginia was really concerned about if there was a way to be out of the program. Mr. Critzer said that he has not heard a lot from that area this time but he knows that they had a lot of initiatives to transition their providers to paramedics. He thinks they saw the handwriting on the wall.</p> <p>Gary Brown said that the one Town Hall they had in Northern Virginia in Manassas was probably one of the most well attended Town Halls and there was no pushback that he recalls.</p>	



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	<p>Mr. Critzer said that also with the discussion about Advanced EMT and the fact that a lot of calls can be handled by Advanced EMTs.</p> <p>Mr. Critzer said that they know that there are still some concerns with State Chiefs about eliminating the I Program, and he asked Chief Hoback if he would like to speak on the issue.</p> <p>Chief Hoback said that they don't disagree with the Paramedics certifications. They feel that if they if there were an abundance of paramedics available and they could get them on their trucks it would be wonderful. He said that what they are experiencing is paramedics bouncing from agency to agency to try to get the best bang for their bucks. They are sharing paramedics for a year or two and then they move on and the growth of paramedics, qualified candidates in the Commonwealth is not where the growth of firefighters are as best as they can determine. Chief Hoback reported that being personally from Southwest Virginia, the Council has chosen to eliminate the EMT-I programs effective immediately. He said that they are going to start embracing the Advanced program. He said that they have a lot of cardiac patients and see a lot of patients that require cardiology. They have been told through their health care trainer if they want to take someone from a basic care provider EMT to a paramedic it is 15 months and \$6,000. He said that if he mandates that he will be going from \$6,000 in overtime to \$15,000 in overtime. Therefore, they are no longer mandating the paramedic certification because they can't afford it. He does not know how that will play out over the long term he isn't sure. Chief Hoback compared today's cost when he started and pointed out that now it costs \$500 for EMT, Advanced EMT it is \$2,500 and to get your Paramedic it is \$6,000 plus you have to be in class for 15 months. He said that it will be hard to retain those students from beginning to the end. He said that Advanced EMT should be about four months. He also reported that the Chiefs met with OEMS and asked if there was a module that could be added on to the Advanced EMT to encompass cardiology. He said he doesn't know if that has come to be or not.</p> <p>Dr. McLeod said she did take their request for the expanded scope on the Advanced EMT to the Medical Direction Committee and the committee felt that it would "muddy the water" when no one knows who could do what, and they voted against that action.</p> <p>Chief Hoback said they felt that would have been a good compromise. The Medical Director for that agency wanted to train those providers up to the expanded scope of practice for cardiology. He said they are trying to find a way they can train advanced life support providers that meet the needs of the community at a reasonable price that doesn't bankrupt the local government. He said that EMS has now become a very costly venture to bring people in and train them. They are not seeing the clients out there to come to them for employment. He said even the private services have problems. He said Carilion is down by 15 paramedics and they are turning calls over to them because they don't have people on the truck.</p>	

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	<p>Mr. Critzer said back to the discussion about the concern that has been expressed about MDC motion having a moratorium date on it, he agrees with Warren Short that they cannot wait until the last minute because it will leave students in limbo who may have invested a significant amount of time in a program and then cannot complete it. They have to have some way to identify a “drop-dead” date that they can allow. He said perhaps the date in the MDC motion is too soon because unfortunately they are at the mercy of the Registry and they do not have a firm confirmation as to what they are thinking.</p> <p>Mr. Critzer said they have two opportunities; (1) they have new leadership at the Registry and they make that individual aware that it is a priority for their system to know that because they are trying to plan for the future; and they don’t want to cut off their programs prematurely, but they also don’t want to wait until the last minute. The other option is (2) to request Jose Salazar to take it to their board and ask them to work with the Executive leadership of the Registry to provide some guidance on an end date because they need that information sooner rather than later.</p> <p>Mr. Critzer said that when the motions come before the State EMS Advisory Board on Friday, there is the opportunity for the Board to make an amendment to the motion with the date in it to either remove that clause and put a clause that says the date will be established after communication with the National Registry; or you could table the motion but he doesn’t know if that is the right thing to do; and he said they could also postpone the motion.</p> <p>Chief Hoback expressed that when they did the Town Hall forums there was no talk about a cut-off date from Medical Direction; but it was all driven by National Registry. He said that now Medical Direction is coming up and putting in a cut-off date. Chief Passmore explained that MDC put the date in under pressure from the VCCS representatives at the MDC meeting.</p> <p>Chief Hoback said that his only concern, and probably the concern of the Chiefs as a whole, is that there was no mention of a date in the Town Hall Forums and now the motion from MDC has a date. He said that there are people teaching the I programs or still have the opportunity to teach the I programs.</p> <p>Mr. Critzer pointed out that the MDC motion says “recommend” the GAB support a moratorium. He said basically that will take another motion after that motion to put a moratorium on. Greg Neiman also spoke to clarify what Dr. McLeod was saying, explaining that to be clear it was a moratorium on any new classes and not the termination of testing; and this was established because they do not know what time frame they will get from registry.</p> <p>Mr. Critzer asked what the will of the group was in reference to the date. Chief Hoback said he doesn’t think they should put the date and Christopher Parker agreed with Chief Hoback</p> <p>Mr. Critzer asked Dr. McLeod if the date was a sticking point for her. She said she that it is in there and she feels it is a good idea, and they would have to go back to MDC if they took the date out. Mr. Critzer</p>	

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	<p>pointed out that the full State EMS Advisory Board can amend the motion to change the date or they could postpone the motion indefinitely and just act on the TCC motion until they can get information from the National Registry.</p> <p>Chief Hoback suggested that they get with National Registry and they give them a drop-dead date, then they put it out saying that testing will not be available after that date. Chris Parker asked when does National Registry meet, and Warren Short said they meet in November. Chris Parker said if they postpone the MDC motion until November would give ample opportunity for Jose Salazar to get information about the date plus the National Association of State EMS Officials could put some pressure on National Registry. Gary Brown said that National Registry has contacted the four states that maintain I-99 now. He said that Colorado was concerned when they were approached by the Registry saying that the date would probably be sooner than later so they approached NASEMSO and the issue became a weekly Executive Committee agenda item. Mr. Brown said that when it came up on the agenda he said that it was not a NASEMSO issue but an issue of those four states.</p> <p>Mr. Critzer decided that they should put both motions before the Board tomorrow and see what happens. He said there is an opportunity to amend or to postpone the motion.</p>	
<p><b>VAVRS Financial Report Update</b></p>	<p>Mr. Critzer reminded the committee that they brought up the VAVRS Financial Report at their last meeting, at which time they received the report. Mr. Critzer reminded the committee that they are required to review the VAVRS report annually.</p> <p>Mr. Brown said that since Adam Harrell was not at the last Executive Committee meeting that he gave Mr. Brown talking points to share with the group. Mr. Brown said the talking points were the summary findings of the audit itself and not opinions of the Office of EMS. Mr. Brown said it has been rumored that they bad mouthed VAVRS but they did not and they only were repeating what was in the audit report.</p> <p>Adam Harrell reported that they were looking for an audit firm. They have some code mandates to perform routine audits on numerous funded items, i.e. RSAF, Return to Localities, etc. OEMS put out a bid; but it was a very large contract and they did not have any audit firms in the Commonwealth that was willing to take on all the work. Therefore, they had to regroup and split the work into smaller segments and have put that out on bid.</p> <p>In reference to the VAVRS audit report, they have been reviewing internally and consulting with various auditors within VDH and within the state. Mr. Harrell said that one of the recommendations that came back would be the recommendation that he would make to the Executive Committee; and that is that they treat this like the State treats an audit. When OEMS is audited, whenever findings are had they are required to identify their mitigation plan as to how they are going to address those findings and provide an audit response and plan of action back to whatever group oversees the audit. This is Mr. Harrell's recommendation with the audit documentation that is provided from VAVRS. Mr. Harrell said</p>	

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	<p>the second aspect is that the Code is very explicit that VAVRS is to define what they do with the money that is provided. Currently in the form that is provided to us, it is divided into three broad categories, Training, Recruitment and Retention; and through that they see various dollar figures outlined in an accounting structure. However, it doesn't really tell them what they use the funds for. OEMS knows arbitrarily that VAVRS conducts the Rescue College, that they have conventions and trainings. However, when they have to report out audit findings under Code, they are required to outline utilization of the money. He referenced the Trauma Fund Report, what was accomplished with the funds you were provided. He said that this is the piece that they are missing; it is very broad, very far reaching to say over these three categories. He said those would be based upon our internal review and discussion around the financial documents submitted from VAVRS those would be our recommendations back to the Executive Committee.</p> <p>Mr. Critzer asked if Mr. Harrell had the audit report. Mr. Harrell did not have it. Mr. Critzer asked Mr. Harrell if he remembered the specific recommendations from the auditor. Mr. Harrell said that a lot of it seemed to be policy and procedure definition. There needed to be defined policy and procedure for depreciation of assets, procurement policies and procedures; things of that nature, things that were not able to document how administratively it is done.</p> <p>Mr. Critzer said that it looks like in the management letter, it talks about segregation of duties is one of the items noted and their recommendation is careful, documented review of accounting records by management to mitigate this risk. They specifically recommend the treasurer review all invoices for payment review dues billings and subsequent receipt history.</p> <p>The Management Letter classifies a significant deficiency is a deficiency, or a combination of deficiencies, in internal control that need to be established.</p> <p>It talks about accrual basis of accounting. It notes that the Association's general ledger is currently maintained on the cash basis of accounting and the year-end audited financial statements are prepared using the accrual basis of accounting.</p> <p>The Management Letter recommended the review of revenue sources and each invoice to determine the timing of the expense. The recording of the asset should be determined when received by the Association and reviewed by the Treasurer and Bookkeeper.</p> <p>The Management letter also noted a Capitalization Policy; stating that the Association's capitalization policy is to capitalize any items purchased over \$1,000 and expected to last over one year. They recommend that items in the Association's capitalization policy be identified and included in the current year budget</p> <p>Mr. Critzer said that traditionally the Executive Committee has taken the recommendation from the</p>	

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	<p>OEMS Business Manager as to what clarity needed to be provided in the report or audit findings.</p> <p>Mr. Harrell said that the summary is significant in telling policies. He said that anything that was identified as a finding, he said that if this was an audit conducted on OEMS everything, regardless of significance, would have to be addressed and a written plan of action with deadlines and review of any document creation, any changes in record keeping, etc. Mr. Critzer asked Mr. Harrell if OEMS had requested any of this from VAVRS at this point. Mr. Harrell said that at this point OEMS has not. Mr. Harrell said that the way the Code reads it falls to the Executive Committee.</p> <p>Mr. Passmore asked if the Chair of VAVRS should be invited to the Executive Committee meeting to address concerns of the Executive Committee. Mr. Critzer said they can also communicate it to the VAVRS representative on the State EMS Advisory Board.</p> <p>Dreama Chandler, a VAVRS representative to the State EMS Advisory Board, reported that they have a Budget Committee that meets and they also have an elected Treasurer and they have a Bookkeeper; but they don't always work hand-in-hand on these things. She said that this will be changing in September because the Treasurer is an elected office every two years. Ms. Chandler said that she suggests that at the next meeting or at a private meeting, that they invite the Treasurer and the Bookkeeper.</p> <p>Mr. Critzer asked if it is the will of the group to establish a meeting at least with the President and Treasurer of VAVRS to discuss their audit and plans with the Executive Committee. It would also include Adam Harrell and Gary Brown.</p> <p>Ed Rhodes asked if the President was invited to this meeting, and Mr. Critzer said that he does not think so; and therefore, she is not in fault for not being at the meeting. Mr. Critzer said in the past they have sent the report and they have not been here. If there were questions, there were meetings that were set up between OEMS staff and himself as Chair of the State EMS Advisory Board and members of VAVRS to discuss discrepancies and findings of the audit.</p> <p>Mr. Passmore said he feels the most prudent would be for VAVRS to submit it, for the Executive Committee to review it, and the next meeting to act on it.</p> <p>Mr. Critzer said that the Executive Committee has already received the report. He said if it is the will of the group they will invite the VAVRS President and Treasurer to the next meeting to discuss the findings. Mr. Rhodes asked if they could bring their auditor. Mr. Critzer said yes, VAVRS can bring anyone they feel is necessary.</p> <p>Mr. Critzer emphasized that this is not an attempt to point fingers at VAVRS, but it is a statutory responsibility of the State EMS Advisory Board. It used to be the full board but the Code was changed to make it the Executive Committee. Mr. Critzer said that they will make that notification and invite</p>	

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	<p>them to the next meeting which will be at the Symposium. Chris Parker said that with the September change over you may have to include the previous treasurer because the new treasurer will not have any knowledge.</p> <p>Mr. Harrell said that the biggest thing to take away from all of this is that it is a protection aspect for everyone, for VAVRS, the Executive Committee, for OEMS. He said that in looking at the report there are audit flags in the report that is coming to them. They want to be able to address them; however, the problem is it is difficult for OEMS to communicate this to VAVRS since the Executive Committee is the group that is asking this of them. Ultimately, this is the best plan for all of us to assure that we are protected moving forward in the reports that are submitted.</p> <p>Mr. Brown said that as clarification, if you have representatives from VAVRS address the next Executive Committee meeting, wouldn't you want to have them hand you their plan of action to address what has currently been identified so that it is not just wasting another meeting. Mr. Critzer said yes they need to look at their audit report and bring a plan as to how they plan to address the audit findings.</p> <p>Mr. Harrell said that as their recommendation for this it would probably be prudent for OEMS to meet before that meeting with VAVRS to discuss to provide some recommendations. Mr. Critzer said if OEMS would let him know when they plan to meet, and if the Executive Committee agrees, he will attend the meeting to represent the Executive Committee at that meeting. The Executive Committee agreed that Mr. Critzer should attend the meeting to represent the Executive Committee.</p>	
<p><b>HB 1728 Medevac Update</b></p>	<p>Tim Perkins reported that since the last State EMS Advisory Board meeting, the Work Group has met on June 8, June 29, and July 20. The Work Group has been split up into three subgroups, one is looking at Dispatch, one is looking at Regulations, and one is looking at Billing. They are meeting again on August 24 at the Richmond Marriott Short Pump and also on September 14.</p> <p>The subgroups are at the point where they are ready to present recommendations. Mr. Perkins said that he has already started to work on the final report. The final report has to be to the Commissioner by October 15 so that it can be to the General Assembly by the December 1. Mr. Critzer asked if once the final report is ready and has gone to the Commissioner if he could copy the Executive Committee on it so they can see it after the Commissioner gets the report. Mr. Critzer specified that he would not want the Executive Committee to get the report before the Commissioner gets it; but it would be helpful for the Executive Committee to see the results.</p> <p>Ed Rhodes told the committee that he has been asked to chair one of the Regulations subgroup. He said that one of the recommendations that they came up with is to have somebody on the Communications Committee be assigned to the Medevac Committee. Mr. Perkins said that the Communications Committee would make the recommendation of who from their committee should be assigned to the Medevac Committee.</p>	<p><b>MOTON:</b>  <b>The Executive Committee moves to add a member of the Communications Committee to the Medevac Committee.</b></p>

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	<p>Mr. Critzer asked the Executive Committee if they were in agreement of adding this seat to the Medevac Committee; and there was no objection.</p>	<p><b>YEAS = 6; NAYS = 0; ABSTENTIONS = 0</b></p> <p><b>The motion was carried unanimously.</b></p>
<p><b>REPLICA Commission Delegate Designation</b></p>	<p>Mr. Critzer reported that they have exceeded the 10 states required for REPLICA to go into effect. The Commission is being assembled to represent REPLICA and to put it into place. The member states were asked to assign delegates. Commissioner Levine has appointed Gary Brown as Virginia’s delegate to that Commission. Mr. Critzer congratulated Mr. Brown and said that there is no action necessary on the part of the Executive Committee.</p> <p>Mr. Brown said that the states that have enacted REPLICA are Colorado, Texas, Virginia, Idaho Kansas, Tennessee, Utah, Mississippi, and Georgia and that was nine. Recently, the states of Alabama and Wyoming enacted REPLICA which triggered the official and legal enactment of REPLICA across the country. Mr. Brown said that he believes it has already received the signature by the Governor of Delaware and it is awaiting legislative action in seven other states at this time. They are having their first official meeting in October in Oklahoma City in conjunction with the NASEMSO Fall Meeting.</p> <p>He said the original stated have been working behind the scene for several months. There are certain things that have to be put into place, everything from bylaws to rules on its Rulemaking Committee. Mr. Brown said that Scott Winston is on the Rulemaking Committee and Mr. Brown is on the Bylaws Committee. They are putting together this information and the first official, inaugural meeting of the Commission is in October. This is governed by a model for various requirements that must be met; it is like any other interstate compact, i.e. your driver’s license. If you have a Virginia driver’s license and you want to drive in Maryland you don’t have to take their exam in order to drive in Maryland.</p>	
<p><b>Board Composition and Structure, Officers, Committees</b></p>	<p>Mr. Critzer reported that he will be appointing a Nominating Committee on Friday at the State EM S Advisory Board meeting for the Board officers and chairs for the following year. He asked the committee to think about as they move forward that they will need to develop some succession planning. A lot of members are rotating off this year and next year. Mr. Critzer said he has spoken with the Secretary of Commonwealth’s office, and they will be making board appointments within the next couple of weeks. There should be new board appointments by the November meeting. Members rotating off are Marilyn McLeod, David Hoback, and Anita Perry. Also, a number of members are up for reappointment and that should also be coming forward within the next couple of weeks.</p> <p>Mr. Critzer said next July, he will rotate off the board along with several other board members. The committees and the board need to start doing some succession planning.</p> <p>Mr. Critzer said along with that if you recall at the last meeting they talked about the ACS Report and the work that the Task Force was doing; and it came out about Plan A versus Plan B for either having a separate board for Trauma that was parallel to the State EMS Advisory Board or to have a reworking of</p>	

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	<p>the current State EMS Advisory Board to make sure that Trauma was more evenly represented. Mr. Critzer said more than likely what you will see come back from the Task Force would be to not have a separate board but to make sure they have the right representation on the State EMS Advisory Board to encompass some of the other aspects of the trauma care system that are not represented. This would include things like a Trauma Program Manager, Injury Prevention, Rehab, etc.</p> <p>Mr. Critzer said that it would be about three or four more seats. He said they have work to do to determine how to work on this. He said the Board is already large. They have to decide if they want to redesign what they have, do they have seats that are redundant that they need to look at, do they want to look at adding seats, or do they want to do a combination. It will require legislative work to make it happen; it will have to go to the General Assembly. The General Assembly will have to make those changes for seats on the State EMS Advisory Board.</p> <p>Mr. Critzer said they have to wait to see what the Task Force will recommend, but he does feel almost certain that it will be one board that captures some of the essence of what Trauma feels is missing instead of establishing a new board just for Trauma. Mr. Critzer said along with that it may require changes in their Bylaws to look at their committee structure and possibly adding either some standing committees to the Board with relationship to Trauma; in specific maybe an Injury Prevention group, a Rehab group, a lot of the structure that is actually under the Task Force now, the work groups, a combination of those groups as more official permanent places in the committee structure of the Board to assure that they are representing on a more even playing field.</p> <p>Mr. Critzer said they will be having those discussions in the future. He said he wanted to make the Executive Committee aware so they can start the work in that direction and assure that their board truly represents the whole picture of EMS. Mr. Critzer said his biggest concern when they start talking about a parallel board is that if you look at everything that has already been done in EMS all the way back, EMS is the system of care and all those different components are under that system of care. Trauma is but one of those components. Trauma is not a separate system of care. They need to make sure that they keep that cohesive, integrated relationship between in hospital, out of hospital, injury prevention, etc. and all the components of the system. He said it is going to take some retooling and some open mindedness and thinking through it as to how they recommend. He feels they should be a large part if not the part of shaping what that looks like. He said when he says we he means the entire board but he thinks that they have to lay the footprint for them to start the discussion so that they are not working against each other but rather coming out and saying these are the seats that we think need to be on the board, these are the committees that we think need to be on the Board. They may need to look at the Executive Committee, and they may need to add another Coordinator for Trauma that captures some of the work groups that they believe are important that in the HRSA document and the ACS report to ensure that Trauma is better represented across the board of what they do.</p> <p>Bruce Edwards commented to give some history. He said he shared the revision committee in the</p>	



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	<p>1990's when they were asked to pare down the membership on the board. They paired it down from 40 plus members and they pared it down to 27 or 28 members. He said when they look at it people will have to have an open mind and they will be some compromise. Mr. Critzer said it will be politically ignited, especially if talking about replacing seats on the board. Mr. Critzer said he does not think it is as simple as saying they will just add additional seats; they need a board that is workable without over or under representation.</p> <p>Gary Brown commented that the time has come to look at the composition of the Board. He said that the system is evolving and the seats need to be representative of the system and what they do. He said that it was a 38 member board and they cut it down to 26 members and it is currently at 28 members. Mr. Brown said that his thought is that the best way to get action from the General Assembly is to keep it at 28 members, but the redefining the 28 members. Mr. Brown agreed that it won't be pleasant but they should not shy away from it; and hopefully no one should take it personally.</p> <p>Mr. Critzer said that it would probably not be something that would be done at a regular meeting but instead they will probably need a work session and get the right representation at the table to start thinking about the future of where the board needs to go to be representative. Mr. Brown said that he feels they are beyond those days of emotion of how the board was composed.</p> <p>Mr. Critzer said there is going to have to be some open minded thinking, how can they assure adequate, fair representation throughout the system and at the same time assuring that they are capturing the essence of the system. The key stakeholders that make up what EMS is in Virginia. Mr. Edwards said take into consideration rural, wherever you are geographically, they all have to be representative. Mr. Critzer agreed it has to be diverse, geographically, it has to capture volunteer versus career, and it has to capture the essence of what they do in the Commonwealth. Mr. Critzer said that they will be taking on that hard task; and he said for the members rotating off, they welcome their knowledge, input and suggestions because they have been here and understand how the system works.</p> <p>Mr. Critzer said he will look at some dates and he will send them out to the committee.</p>	
<b>System Priorities</b>	<p>Mr. Critzer said that looking at the future over the next year or so of laying some foundation for priorities that they need to work on. He said that they know that they are bringing hopefully the decision process of EMT-I to conclusion. EMS Training Funds will be rolling out. The ACS Task Force will be concluding its recommendations and bringing them up through the system, which may require some regulatory and legislative changes and they will be working through that process. He said there will also be things that will impact them nationally, i.e. REPLICA. He said Mike Berg has some comments he wants to make about things related to national standards that will ultimately be changing as it relates to ambulances and other things; and they continue to put the priority items that they need to work on as a system and keep on the front burner as they move forward. Mr. Critzer said this is kind of a starting point. His plan is to have a work session day between now and November to talk about the Board composition and start that discussion and the system priorities, to start that discussion; even if that</p>	

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	<p>means doing an old fashioned Threat Assessment, SWOT Analysis, whatever looking at what opportunities they have and just sort of breakdown where things are and where they need to go.</p> <p>Mike Berg said they also need to include in the list FirstNet and how that is going to impact the Commonwealth since the Governor was the first state to sign off on it. He said he brings that up because there is money attached to that.</p> <p>Mr. Berg, Chip Decker, and Randy Breton went to Charlotte NC a couple of months ago to attend the Remount Forum. It was a forum put together by the task group, ground vehicles standards group, to look at the issues about remounts. In attendance also was National Highway Traffic Safety Administration. Mr. Berg said he doesn't know the position that the gentleman held, but there is an article in this month's EMS Insider describing the information that he is about to share with them. Mr. Berg said he is telling them this now so that in two or three years when the cost of ambulances goes up, they can't say they did not know. At that meeting, Mr. Gordan Sachs, said that as far as the federal government is concerned a remounter must meet the same criteria, they are considered a final stage ambulance manufacturer. He said your Wheeled Coach, Braun, wherever you use, when they build those trucks they are final stage ambulance manufacturers. So when Richmond Ambulance Services do their own remounts in house, as do several other large organizations across the country, they are supposed to be meeting the same federal motor vehicle safety standards as a final stage ambulance manufacturer. One of the attendees challenged Mr. Sachs, and he referred him back to the Code of Federal Regulations that says they are a final stage ambulance manufacturer. Mr. Berg said that in addition those individuals who didn't think they were supposed to are required by the same federal motor vehicle safety standards on remounts since about 2000 that there at least three different items that they are supposed to be replacing when they do remounts. They are supposed to be replacing all the door latches, locking mechanisms, all the seat belts and fixing all the cabinetry on the trucks. The other thing that was a shocker to many of the remount people in the room is that once the chassis is removed from the box the Star of Life sticker that was on their prior that says they met the KKK specifications is no longer valid.</p> <p>Mr. Berg said that CAAS has commissioned a group to start they meet in Raleigh on September 21 to start working on remount standards that the industry can adopt. The NFPA they are already working on that; Mr. Berg chairs a subgroup to work on standards for remounts. Mr. Berg said it will take about two years to develop the standards but when they come out there will be cost increase because the independent remounters do not have the wherewithal, the funds to do the testing that is required. Mr. Berg said that as part of the system initiatives that this is a cost issue that will come about in the next two or three years.</p> <p>Heather Phillips said they are also seeing an increase in the questions that they get at their level about people wanting to resell ambulances because the agencies don't want to have to meet safety standards.</p>	

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<b>Open Discussion</b>	<p>Mr. Critzer thanked Mike Berg and said that this will be included in the fall workshop.</p> <p>Gary Brown congratulated Gary Critzer on his appointment to the State Board of Health as the EMS Representative. Mr. Brown also thanked Bruce Edwards for his time on the State Board of Health as the EMS Representative and said he has elevated EMS quite adequately with the Board of Health and represented the EMS system very well.</p> <p>Mr. Critzer got notification yesterday wanting his information and initial notice for the September meeting. Mr. Edwards said he will probably come and introduce him at the September meeting.</p>	
<b>PUBLIC COMMENT</b>	<p>Christopher Parker said that he wanted to make sure that they were aware about the EMS Agenda 2050 Regional Board meetings. He said the first meeting is in Maryland on September 25 and he plans to attend that meeting to see where they are with that. Mr. Parker said for the second one, he got a notification in July from someone at HRSA and he has been appointed to a National Rural Health Resource Center. He said it is brand new work group and they had their first webinar Tuesday afternoon. Mr. Critzer said that this will be good information to share with the committee.</p> <p>Warren Short announced that earlier in the day they sent out the policy that will allow accredited BLS programs to do their in-house competency certification providers rather than have them go to CTS. This was approved at the last TCC meeting.</p> <p>Mr. Brown said that he is glad that Chris Parker will be participating in the national events because they always eventually reach Virginia EMS. Mr. Brown said that he put Mike Berg's roundtable interview regarding the remounts in the Executive Committee report.</p> <p>Bruce Edwards said that the Board of Health always has the Public Comment period at the beginning of the agenda so that people when they see certain things will be on the agenda that they want to comment on; and he suggested in the future they might want to think about doing that. Mr. Critzer said that the agenda is a draft agenda and they could change it even for the Friday meeting. Mr. Critzer said that they use the VDH Public Comment Policy during the Town Halls. He said that they also have a timer so that people commenting are limited to three minutes.</p> <p>Mr. Brown said that the system has had six months to say something about EMT-I at the Town Halls and he feels that the time for Public Comment is over. David Hoback is in total agreement with Gary Brown.</p> <p>Mr. Critzer said for the future moving forward they will move the Public Comment to the beginning of the meeting.</p>	
<b>OLD BUSINESS</b>	None	
<b>NEW BUSINESS</b>	None	
<b>Adjournment</b>	The meeting was adjourned at 1:24 p.m.	