


**Legislative and Planning (L&P) Committee Meeting
 Richmond Marriott Short Pump
 Friday, May 5, 2017
 9:00 A.M.**

Members Present:	Members Absent:	OEMS Staff:	Others:
Chris Parker, Chair	Anita Perry	Gary Brown	David Hoback
Ed Rhodes	Byron Andrews	Scott Winston	Amy Ashe
Rob Lawrence	Steve Higgins	Michael Berg	Jeff Michael
Gary Samuels		Cam Crittenden	Chad Blosser
Gary Dalton		Tim Perkins	Christina Evans
Michael Player		George Lindbeck, MD	Eddie Ferguson
Rob Logan, Vice-Chair			Kaila Bradley
			Chris Vernovai
			Bruce Edwards

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
WELCOME AND INTRODUCTIONS	Chair Chris Parker called the meeting to order at 9:05 AM. The minutes from Friday, February 3, 2017 meeting were reviewed and unanimously approved.	Motion made by Rob Logan and seconded by Ed Rhodes to approve the Feb. 3, 2017 meeting minutes. The Committee voted unanimously to approve the minutes.
OEMS UPDATE	Mr. Scott Winston informed the committee members the OEMS quarterly report to the state EMS Advisory Board is posted on the OEMS website. The report may be viewed at http://www.vdh.virginia.gov/content/uploads/sites/23/2016/05/ABQuarterlyReport052017.pdf Mr. Gary Brown reported the Office of EMS has a number of new employees. Chuck Faison is the new EMS Training and Development Coordinator in the Division of Educational Development. Sam Burnette is the new Emergency Operations Training Coordinator and Tim Erskine will begin on May 10 as the new Trauma and Critical Care Coordinator. Mr. Brown also announced the creation of a new division within OEMS. The Community Health and Technical Resources Division will be responsible for fostering connections and collaboration between EMS agencies, local health districts, organizations, health professional, jurisdictions,	

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	<p>etc. to advance population-based initiatives that will improve health outcomes in Virginia’s localities. The position will also help EMS agencies develop new service lines focusing on post-hospital follow-up, chronic disease management, use of alternative transportation, referral to community health or social resources and preventative healthcare services to improve outcomes in patient well-being. There are also several contractors working in the Division of Trauma and Critical Care Services that are working on data analysis and presenting data in visual analytics (Tableau).</p> <p>EMS Week is May 21 – 27. EMS Week kits produced by the American College of Emergency Physicians (ACEP) are being distributed to EMS agencies across Virginia.</p> <p>A wreath will be placed at the Commonwealth Public Safety Memorial on May 23 to recognize the EMS Memorial Bike Ride.</p>	
STATE EMS PLAN	<p>The state EMS Advisory Board approved the recommended updated state EMS Plan at the November 9 Board meeting.</p> <p>The plan was unanimously approved by the Board of Health at their March 16, 2017 meeting. Biannual updates on progress in meeting the objectives of the state plan will be provided to the state EMS Advisory Board and annual updates to the Board of Health.</p>	 2016StatePlanFinalD raft.docx
REGULATORY UPDATE	<p><u>Chapter 31: Virginia Emergency Medical Services Regulations</u></p> <p>Mr. Berg announced that OEMS is required to conduct a periodic review of the EMS Regulations (12VAC5-31) every four (4) years. The Rules and Regulations committee has initiated a periodic review of the Virginia EMS Regulations (12VAC5-31).</p> <p>A Notice of Intended Regulatory Action (NOIRA) has been approved by the Commissioner on behalf of the Board of Health. Mr. Berg reported that the public comment period for the NOIRA runs from May 15 – June 14, 2017. Notice will be published in the May 15, 2017 issue of the Virginia Register of Regulations.</p> <p>Mr. Berg reported there is currently a vacancy in the background unit. A wage employee will be hired to fill the vacancy once approval to recruit for the position is granted.</p>	

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	<p>Background checks are up to date. OEMS recently audited EMS agencies to determine their status in submitting background checks for new employees or members of their agency. There are 630 licensed EMS agencies. It has been determined that 67 EMS agencies have not at any time submitted requests for criminal background checks. Upon checking, 21 of these EMS agencies report they have not had any new employees/members in the past 2 years. 1 EMS agency has closed. This leaves 45 EMS agencies that have not submitted fingerprint cards that are either not reporting, using the local Sheriff's Department, or are submitting directly to the Virginia State Police (VSP) because they are a law enforcement based EMS agency and thought they were exempt. This represents an overall 93% compliance rate. The audit will be repeated on a routine basis to verify compliance. Mr. Michael Player asked what percentage of criminal background checks result in a "not eligible" status. Mr. Berg reported between 5 to 8 percent of individuals have a criminal history record. OEMS is paying VSP approximately \$15,000 per month to process FBI fingerprint based criminal background checks through the Central Criminal Record Exchange (CCRE).</p>	
<p>2017 VIRGINIA GENERAL ASSEMBLY</p>	<p>The 2017 session of the Virginia General Assembly adjourned on Saturday, February 25. A number of bills were introduced related to EMS.</p> <p>HB1728. The L&P Committee discussed a bill requesting a study to be conducted on medevac services in Virginia (HB1728). A workgroup has been formed to look at rules, regulations and protocols related to medevac services, how medevac services are dispatched and differences in billing practices. The committee met for the first time on April 24. The next meeting of the workgroup is scheduled to be held on June 8. A total of five meetings are scheduled to be held prior to the end of September 2017.</p> <p>HB1480 and SB1064. There were two mental health awareness training bills relating to mandatory mental health first aid training every two years for EMS personnel and career firefighters. Both bills were left in committee. SB1064 was referred to Senator Creigh Deeds Mental Health Commission for further review and study.</p> <p>SB1244. Related to the possession and administration of glucagon by EMS providers. This bill was introduced to address a local concern originating from Goochland and Hanover</p>	

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	<p>counties. The bill was left in committee with a letter to the Commissioner of Health to further review the matter. Concerns have been expressed because the bill, if passed, might legislate the delegated practice of medicine by EMS providers under the direction of a physician.</p> <p>SB 1330. Patroned by Sen. Carrico and requested by the Virginia Fraternal Order of Police, this bill was adopted and will expand privileged communication and establish criteria for peer support teams related to licensed clinicians and years of experience. A distinction between peer support teams operated by law enforcement agencies and CISM teams operated by regional EMS Councils was made to avoid changing the standards for accreditation for CISM teams.</p> <p>HB1425. Directs the Commissioner of Behavioral Health and Developmental Services and the Director of Criminal Justice Services, in conjunction with the relevant stakeholders, to develop a comprehensive model for the use of alternative transportation providers to provide safe and efficient transportation of individuals involved in the emergency custody or involuntary admission process as an alternative to transportation by law enforcement. A pilot project was conducted in the Mount Rogers Health District using a contract with a security firm. Models being considered include a local contract between community service boards and individual transportation providers or the use of a statewide contract that is administered by a state agency or other entity.</p> <p>HB1531. Other DDNR. Directs the Department of Health to amend regulations governing Other Do Not Resuscitate Orders to require signed and witnessed informed consent to such orders. This bill was left in Health, Welfare and Institutions (HWI).</p> <p>HB1747. Advance medical directives; person authorized to provide assistance in completing. Defines "qualified advance directive facilitator" as a person who has successfully completed a training program approved by the Department of Health for providing assistance in completing and executing a written advance directive; establishes requirements for training programs for qualified advance directive facilitators; and provides that distribution of a form for an advance directive that meets the requirements of § 54.1-2984 and the provision of ministerial assistance to a person with regard to the completion or execution of such form</p>	

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	<p>shall not constitute the unauthorized practice of law.</p> <p>HB2153. Provides that a Durable Do Not Resuscitate order or other order regarding life sustaining treatment executed in accordance with the laws of another state in which such order was executed shall be deemed to be valid and shall be given full effect in the Commonwealth. "Health care provider" includes, but is not limited to, qualified emergency medical services personnel.</p> <p>Mr. Winston reported that the Virginia Fire Services Council (VFSC) has scheduled a legislative summit at the VAVRS headquarters in Oilville, VA on Monday, June 5. Key fire and EMS stakeholder groups and state agencies will meet to identify and discuss potential legislation for the 2018 session of the Virginia General Assembly.</p> <p>Rob Lawrence commented that Virginia is falling behind the norm when it comes to mobile integrated healthcare (MIH). It was acknowledged that there has been little state intervention related to this practice and programs have been allowed to develop as long as they do not violate EMS rules or regulations of the Office of Licensure and Certification related to home care organizations.</p> <p>Mr. Berg mentioned the medical direction committee (MDC) discussed concerns about the scope of practice and how it relates to critical care transports. The MDC discussion led to the conclusion that certain exclusions to the scope of practice need to be made. It was unanimously approved by MDC to amend the scope of practice for the paramedic certification level to exclude the operation and use of balloon pumps and ECMO. Dr. Marilyn McLeod established a workgroup to review critical care transports.</p>	
UNFINISHED BUSINESS	<p>The Commission on Accreditation of Ambulance Services, Ground Vehicle Standard Division (CAAS-GVS) will be holding an open forum for organizations involved in the remounting of ambulances. The intent of this meeting is to identify and establish a dialogue with Final Stage Ambulance Manufacturers (FSAMs) and third parties that remount ambulances in an effort to collect information that may be used in a project to create standards for the ambulance remount industry.</p>	

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	<p>REPLICA update. Awaiting 10th state to adopt REPLICA. Original seven states that adopted REPLICA have formed a workgroup to begin discussing by-laws, rule making authority, officers of Commission, etc.</p>	
<p>NEW BUSINESS</p>	<p>Rob Lawrence briefed the committee about EMS on the Hill activities held on April 25 at the Capital in Washington, DC. EMS On The Hill Day gives individuals in the EMS profession the opportunity to discuss and educate members of Congress on the vital role of EMS and the challenges they face in providing quality patient care. The goal is to help members of Congress better understand the industry as they work to create legislation that is in the best interest of the profession and the patients it serves. Virginia had the largest delegation at this event.</p> <p>Several big issues were discussed. HR304. Protecting Patient Access to Emergency Medications Act of 2017. Laws have not kept up with practice. This bill amends the Controlled Substances Act to direct the Drug Enforcement Administration (DEA) to register an emergency medical services (EMS) agency to administer controlled substances if the agency submits an application demonstrating that it is authorized to conduct such activity in the state in which the agency practices. The DEA may deny an application if it determines that the registration is inconsistent with the public interest. An EMS agency may obtain a single registration in each state instead of a separate registration for each location. A registered EMS agency may deliver, store, and receive controlled substances, subject to specified conditions.</p> <p>EMS providers of a licensed EMS agency may administer controlled substances in schedules II, III, IV, or V outside the physical presence of a medical director if such administration is authorized under state law and pursuant to a standing or verbal order, subject to specified conditions.</p> <p>The bill specifies that a hospital-based EMS agency (i.e., an EMS agency owned or operated by a hospital) may continue to administer controlled substances under the hospital's DEA registration.</p> <p>The second major topic discussed with members of Congress related to Medicare Relief and</p>	

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	<p>Reform.</p> <p>Mr. Terrence McGregor, Chief of Emergency Services, Lancaster County, VA was acknowledged for his leadership role within the Virginia delegation on the Hill and Mr. Daniel Linkins from the John Tyler Community College EMS program who brought his students to the EMS on the Hill event.</p>	
PUBLIC COMMENT	There is no public comment.	
NEXT MEETING DATE	The next regularly scheduled meeting of the committee will be held on Friday, August 4, at 9AM at the Richmond Marriott Short Pump, 4240 Dominion Boulevard, Glen Allen, Virginia 23060. Remaining meeting date for 2017 is: November 8 at Norfolk Marriott Waterside.	
ADJOURNMENT	The meeting was adjourned at 10:15 AM.	Motion made by Ed Rhodes, second by Gary Dalton.