Virginia EMS Next Steps Workgroup Meeting
February 23, 2024 – 1300 hours
ODEMSA Office, Glen Allen, Virginia

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Members Present:	VDH/OEMS Staff:	Guests:	Members Absent:
Kevin Dillard, Chair	Christopher Lindsay, VDH *	Frank Gresh, Fitch and Associates	
Tracey McLaurin	Rachel Stradling, VDH *	Mike Poynter, Fitch and Associates	
Gary Tanner	Cam Crittenden *	Steve Simon, WEMS	
Ed Rhodes	Scott Winston	Mike Player, PEMS	
Beth Adams *	Ron Passmore	Heidi Hooker, ODEMSA	
Wayne Perry	Mike Berg	Michelle Ludeman, NVEMS	
Brian Frankel *	Daniel Linkins, CSEMS *	Tarsha Robinson, ODEMSA	
Allen Yee	Greg Woods, SWEMS *	Ryan Scarbrough, ODEMSA	
Gary Critzer *	M K Allen, BREMS *	Megan Middleten, ODEMSA	
JC Bolling *		David Calkins, ODEMSA/CVHC	
Andrew Slater		Laura Vandegrift, NVEMS	
Paula Ferrada		Kathy Eubank, ODEMSA	
Travis Pruitt *		Rick McClure, ODEMSA	*** = online participation**

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	Meeting called to order at 1300 hours. In-person quorum met. Heidi Hooker, ODEMSA Executive Director provided a welcome and orientation to the meeting site.	
Approval of Meeting Minutes **Chairman's Report** Regional Awards	**ACTION ITEM**: The meeting minutes from January 26, 2024, were distributed to the WG prior to the meeting, no corrections were received. Motion by Ed Rhodes, second by Tracey McLaurin for approval. The motion carried. Kevin Dillard reviewed the meeting agenda. One of the goals for this meeting is to receive an update on where we are on OEMS making financial payments. Other goals include furthering a discussion on the medication kit exchange changes on the horizon, and to open a conversation about the regional EMS councils. Kevin announced that moving forward, there will be two workgroups created, one to review the medication kit changes to remain in compliance with the FDA DSCSA and another group to discuss the role of the regional EMS councils moving forward. Any EMS Next Steps WG members who would like to participate in these groups please notify Kevin. Kevin advised that the 2023 awards winners will be revealed, and the individuals will be recognized at the May 3 EMS advisory board meeting. Moving forward, OEMS has decided that they will not be able to continue funding the annual awards program. Kevin announced that he will be sponsoring the annual $5,000.00 high school scholarship award, but they will be seeking sponsors and other sources of funding for the other awards.	**MINUTES APPROVED** **Two new workgroups were created.**

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EMS Symposium	Dr. Farada previously announced that Inova Health System has offered funding to support an EMS educational event since the annual EMS symposium was cancelled. Steve Simon advised Kevin that the regional EMS councils were willing to help support this. Kevin asked Steve Simon to take the lead in planning the event. Once initial discussions and planning have started there will be formal announcements regarding the dates and location for the symposium. Kevin will follow up with OEMS and Fitch to find out if they will be able to support any aspect of this event moving forward.	**Kevin to f/u with OEMS and Fitch regarding future support for Symposium.**
Old Business: **Return to Locality Funding (RTL)**	**VDH/OEMS Update:** Mike Berg - all locality invoices that were submitted as of July 3, 2023, have been paid. There is one invoice from the City of Galax that is moving through the process. At this point, all jurisdictions who have submitted a report have been paid. Q Wayne Perry - How many jurisdictions haven't submitted a report? A – Mike Berg – it's around 40, including several who haven't submitted a report in years.	
Rescue Squad Assistance Fund Grants (RSAF)	Mike Berg - there are three invoices currently stuck in the process for payment. Everything else that has been submitted has already been processed. The three invoices currently held up in the process had paperwork issues, like a W9 that didn't match, etc. OEMS has already reached out to the involved EMS agencies to let them know.	
EMS Scholarship Program	Scott Winston - OEMS is working on finalizing the language in the MOU between the Southwest EMS Council and OEMS to be able to process EMS scholarship awards. There have been more than 500 awards approved by OEMS for various candidates, but none of those have yet been paid. OEMS hopes to have the language finalized before the end of February and then SWEMS can get the payments started in the process. Once the MOU approval is received, we are committed to getting the payments out ASAP.	
Financial Obligations / OEMS Invoices	Regarding vendor payments, OEMS continues to go through the backlog and prioritize the payments for operations. Past due invoices to field print have been caught up, as have other items such as rent and utilities. At this point, it's all contingent upon incoming funds and OEMS is monitoring the funding levels on a weekly basis. As money becomes available, it is being spent. Frank Gresh (Fitch and Associate) - We are working to get things caught up as soon as we can, things are working through the process. Cam Crittenden - We are also working to get additional help keying in the older invoices, VDH will be sending over more help in the future.	
New Business:	Kevin Dillard asked Mike Player and Ron Passmore to provide an update on the Regional EMS Medication Kit	

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	Transition	
Regional Medication Kit Exchange in Virginia	Mike Player - For more than five decades, the regional EMS councils have played a role in managing a regional medication kit exchange program in cooperation with local hospitals. Recent changes at the federal level, such as the FDA implementing the Drug Supply Chain Security Act (DSCSA), has forced some changes to the process. Although a controlled substance registration (CSR) certificate has been required by the Virginia Board of Pharmacy (BOP) for some time, many agencies still need to obtain a CSR or verify they have the correct version of CSR. There are also pending federal regulations (H.R.304 - Protecting Patient Access to Emergency Medications Act of 2017) that direct the DEA to update the Drug Control Act of 1970. EMS in Virginia had anticipated a 1-2 year rollout of whatever new processes would be required under the new DEA regulations, but the final regulations still haven't been released. In November 2023, we learned about the FDA DSCSA, which has a November 27, 2024, enforcement date and impacts hospital pharmacies with enhanced requirements to track medications. This new information was brought to the RDG and OEMS, which prompted a multi-disciplinary group to review the impact. There is a carve out in the DSCSA for EMS relieving the enhanced need for track and trace requirements if the medication **ownership is transferred** from the hospital pharmacy to the EMS agency. This likely means that medication kits, as a whole, will no longer be able to be exchanged at hospital pharmacies. The work group began to meet and discuss the impact of these changes, with a goal to develop tools and transition options for EMS agencies. Members of the WG have met several times to discuss various topics, and the WG also evaluated the hospital's interest in continuing with providing EMS medications. There has also been discussion about potential anti-kickback limitations from CMS, such as pharmacies taking in and exchanging expired medications. The WG continues working to find the necessary tools to assist EMS agencies with a transition to be compliant with the November 2024 changes. The original goal was for the WG to provide solutions by May 1 to allow EMS agencies enough time to transition. At the last meeting in February, the WG finalized some of those recommendations as follows: 1) every EMS agency should obtain a BOP CSR for Schedule II-VI medications (must be completed prior to transition to one-for-one in November 2024) 2) every EMS agency should obtain an EMS DEA license for Schedule II-V medication (must be completed prior to ordering and storing any Schedule II-V medications at the EMS agency) 3) every EMS agency must become compliant with the November 27, 2024, deadline by – at a minimum - changing over to a one-for-one exchange of Schedule VI medications instead of a whole box exchange 4) If EMS agencies are not planning to remain doing one-for-one for the next one or two years, or wish to skip a step, agencies with the appropriate BOP CSR and DEA licensing can directly purchase their medications and provide replacements at the EMS agency, including when there is no transport and/or a	

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Medication Kit Q&A	medication has expired. Once these recommendations were finalized, there was a toolkit team created to outline the various logistics involved. Policies and procedures will also be developed as model templates for EMS agency use. There is also a discussion happening regarding potential purchasing and disposal contract options to support agencies with this new process. The WG is having conversations with hospitals and purchasers to decide if EMS agencies could potentially have access to purchase medications through parent contracts under the regional EMS councils. There is also a finance team working to identify options for EMS agencies to fund this off-schedule and unplanned financial impact. The next meeting for the WG will be March 11. All regional EMS councils are working with their regional pharmacy committees to determine if EMS agencies are on-track to at least change over to a one-for-one exchange for Schedule VI items by November 2024. The bottom line is that every licensed EMS licensed agency who uses medications (including Schedule VI items such as Normal Saline for irrigation), will be required to at least obtain a BOP CSR and change to one-for-one hospital exchange for Schedule VI medications prior to November 27, 2024. The regional EMS councils can assist with the transition. Gary Critzer - This is a significant change in EMS operations in Virgnia and it was discussed at the February EMS advisory board meeting. After further discussion with Dr. Lindbeck and Cam Crittenden there was a conversation with Dr. Shelton, State Health Commissioner, about options for receiving more time for the transition. In follow-up conversations, the FDA appeared to be willing to allow more time, but the BOP would potentially be the hurdle. The BOP can enforce the FDA DSCSA. We haven't heard anything back from Dr. Shelton as of this point. Rachel Stradling offered to touch base with Dr. Shelton to get an update. Q – Ed Rhodes - Is all the information that Mike presented available online? A - Mike Player - We can provide it. Kevin asked that the information be sent to him for dissemination. Q – Dr. Allen Yee - It's my understanding from meetings of the WG that hospitals would not be prohibited from replacing expired medications in a one-for-one method. A- Mike Player - Based on input from the hospital pharmacists, they don't have any method to do that type of exchange under the DSCSA. It was mentioned as part of the CMS anti-kickback discussion. Right now, the mechanism that we use is a one-for-one regional exchange of the entire kit.	**Rachel Stradling will f/u with Dr. Shelton on the potential timeline** **Kevin Dillard will forward out information from Mike Player's presentation.**

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	Wayne Perry - This is the first time that we're hearing about any limitations on exchange for expired medications. There are agencies who are currently doing one-for-one of Schedule VI medications and the hospitals are currently replacing expired medications. Q – Dr. Allen Yee - If it's happening now, why would it be a problem with anti-kickback in the future? Rachel Stradling paused the discussion and asked Kevin to put this on the agenda for the new workgroup who will be working on the medication kit issue. Q – Andrew Slater - Regarding the purchasing contract, is it the intent that 11 separate parent contracts would exist on which various EMS agencies could ride using an addendum? A - Mike Player – Yes. The parent contract would have an addendum that allows EMS agencies to access it. Q – Andrew Slater - Why would there be 11 different contracts rather than a single state-wide contract? A - Mike Player - This is the process put forward by VHHA using their existing model. Andrew Slater - I suggest that this be referred back to the WG. It may be possible to get better contracting through a separate single contract vehicle. Rachel Stradling offered to support discussions and questions about a single statewide contract option. Q - Dr. Allen Yee - Can a regional EMS council participate? Wouldn't that make them a distributor? A - Andrew Slater - any entity can hold the contract and pass along the benefit. EMS agencies would purchase off the contact using cooperative language. For NVERS, for example, we hold a warehousing permit and purchase DuoDote for EMS agencies. Ed Rhodes - We may also need to look at the storage requirements for the EMS agencies. Depending on the location of the agency, and what they have, it could cost $15-$20K to have something built and set up; it could be upwards of $40-$50K for some agencies. There needs to be something worked out at the state level to help EMS agencies with the financial impact. Ron Passmore - That wasn't my personal experience. It doesn't require that type of outlay. EMS agencies aren't going to have the quantity needed for that level of storage. Bland, Carroll, and Grayson Counties have already gone through this process. Nobody spent that amount of money and they have been doing their own medications for several years. Frank Gresh - I'm not trying to downplay the issue, but 49 other states have handled this and thousands of other EMS agencies across the country have worked through this process. After meeting the extraordinarily smart and resourceful individuals in the Virginia EMS system, we are confident that you can figure out a solution. Kevin - if anyone would like to participate in this process, please contact Mike Player.	

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Regional EMS Councils	Kevin advised that he wanted to get a discussion started about the role of the regional EMS councils. The goal of the discussion is to cut down on rumors and provide transparency to the processes moving forward. Things to discuss include: What do we look like moving forward? Do we have 11 EMS Councils? More? Less? Are they traditional or hybrid? Are they funded/unfunded? Kevin asked Scott Winston to provide a brief snapshot of the history of some similar discussions. Scott Winston - From a historical perspective the regional EMS councils have played a longstanding role in the EMS system. They have held a vital and integral role, as far back as 1981, when the health department applied for federal block grant funding for the regional EMS councils. Over the years, the regional EMS councils have changed, but it's important to understand the past and look at what has been done to understand how we got to where we are today. We've worked on this issue over and over and over again. There's a lot of great work that needs to be recognized, and moving forward with Fitch & Associates, they will be looking at the function and structure of the entire EMS system. The first statewide assessment was done through the NHTSA OEMS in 1992. It was a thorough assessment done by state officials from across the country. It was a comprehensive review. Late, in April 1998 - EMS STAR and John Chew performed an assessment of the Virginia EMS system. This study concluded that the EMS system was not meeting the challenges for the future. EMS STAR also found that the borders of the regional EMS Council may no longer be appropriate. EMS STAR recommended consolidation, but the only organizations who did consolidate were the Rappahannock-Rapidan EMS Council and the Rappahannock EMS Council. EMS STAR looked at the relationships and expectations, which varied from region to region. All in all, there was not a good understanding among the stakeholders of the EMS system and some of that remains today, 40 years later. This is certainly not all the details, but information is available for people who are interested. Just wanted to provide some context with the upcoming discussions. Between 2001-2002 there was another review. This involved the creation of a regional EMS council focus group, facilitated by Elton James, where we looked at potential service area boundary changes and the composition of the state EMS advisory board. In 2004 a report was released after another study commissioned by JLARC. "The Review of EMS in Virginia" was another comprehensive review of the states EMS system. A regional EMS council feasibility study was recommended in May 2006, OEMS developed an RFP and looked at a study of the current structure. At the August and November 2007 EMS advisory boards ASMI released a report providing 29 recommendations. The result of these recommendations was the creation of a process action team in February 2008 per then-Health Commissioner Dr. Remly. Over the course of 9-12 months of subsequent work, there was consensus on some key points:	

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	- Importance of trust and well as open, honest, and transparent communication - Respect should be given to everyone in the EMS system. - Shared vision: What can we agree on for improvement of the EMS system? - Data-driven performance improvement is necessary. - There is a consensus surrounding standardization of care, RSAF funding, recommendation for funding, regional council contracts, and formularies. - Focus should be given to sound business models, looking at how we best manage the system fiscally. - Efficient resource management, where can we gain volume and benefit without duplicating the same thing 11 times across the state? The PAT developed an EMS summary vision and recommended several next steps. Since then, we haven't really done anything to look at the system. Another JLARC report is coming this year - looking at staffing, IT and HR functions, etc. As we discuss current and future operations our history is important to recognize. Many people around the room have been involved in several projects along this journey. We recognize the importance of the regional EMS councils, and we understand that there is a need to have an integrated, comprehensive, coordinated EMS system moving forward. Rachel Stradling - The regional EMS councils have played an important role and have been around for a long time. The main question at this point is how do we take what we have now, with the very limited resources that are available, into the future? Frank Gresh has started his tour of the Virginia EMS system, and he is meeting with the regional EMS councils and talking with stakeholders. Frank Gresh - So far, Fitch and Associates has visited five councils. There were five different councils that do very different things in their regions. I was very impressed with the boots on the ground efforts for not only supporting the EMS system, but also public health. The process is two-fold. We (originally Cam and Frank, but now just Frank) are looking to learn about the regional EMS system, ask a few questions, and absorb information from the regional EMS councils. Later in March, armed with information from the initial visits, Todd, Frank, and Mike will be returning for a second visit. We will ask additional questions about how the EMS councils support the EMS agencies, how OEMS supports the councils, and what's the right level of support that is required. We want to know what's lacking and where do we go from here? Fitch and Associates will assimilate the information and add it to the process and report. We will be reaching out to schedule meetings for the first and second week of March. In short, we will be looking to identify opportunities moving forward for the future of Virginia's EMS system. Cam Crittenden - I enjoyed the EMS Councils that I visited. Unfortunately, I can't continue to travel with Frank, but I'm looking forward to visiting them in the future. Frank is very intelligent and capable. Please be open and honest. Bring in your EMS agencies. We really want to understand the needs of the community. I encourage you to support Frank and let me know if you need anything.	

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	Gary Tanner - Thank you, Kevin, for adding this to the agenda. It's important to hear about it early in the process. The rumor mill is alive and well and perception is 99%. Everything is rolling around in the mill ranging from keeping to dissolving regional EMS councils. My organization spends a lot of time fielding questions. It is very important to be transparent and face it head-on. I truly believe that the regional EMS council system is vital to the Virginia EMS system. Therefore, we need to take strides to continue to work with that moving forward. We need to make sure that the same level of service is available both locally and statewide moving forward. Tracey McLaurin - Regarding the studies that Scott Winston spoke of, I started in 2007. The next year, in 2008, there was the PAT. One of the things that this PAT process demonstrated is the need for the regional EMS councils. It is important to support the EMS system at the regional level. The difference that Fitch and Associates are observing between the councils demonstrates the various needs of the regional EMS system. I feel like 11 is an appropriate number for regional EMS councils. If you have fewer, providers will be less likely to receive the services that they need. I understand the purpose when the hybrid model was created; it was a very good idea. Right now, however, as the 2nd longest tenured director, I'm likely the lowest paid. LFEMS have staff that have left - after 5 years - and we can't hire replacements because we haven't kept up with competitive salaries. If we need a paramedic, I can't hire a paramedic for $50K. I had to go into the 60's just to get interest. It was an eye opener looking at the different salaries. In addition, finding regional EMS council directors with both EMS and NFP experience is not easy. Some of the councils have not been able to do that. In the current system with 3.5 hybrid EMS Councils and the others still traditional, we've got to decide to go one way or the other. There's even misunderstanding among the regional EMS council directors. There are four EMS councils who are reporting to one person and the rest are reporting to others at OEMS. This results in the same information not been shared to everyone. Moving forward, I feel it needs to be something that looks the same across the Commonwealth. Staff positions at one office need to be the same at the other offices. We must have something where the same services are provided at all the regional EMS councils; I don't have anyone available at my office to provide training. Looking at it as a traditional regional EMS council, we need a model that works across the state. Frank Gresh - I had a great visit and I look forward to returning to LFEMS Council. Just to be clear, it is a green field for me. I'm not going into this with any pre-disposed plans. I've heard from a lot of people in the office. I've witnessed that some people know some things and others do not. I've witnessed the silos personally. I have no preconceived notions during this process. We are literally just putting information together to make recommendations. We are a data-driven organization. There will be objective data that we look at, as well as subjective data, which is what we were asked to do in our engagement with VDH. Tracey McLaurin - Speaking for LFEMS Council, we should already have an approved budget for FY25, and we can't because we don't know what's going to happen. The regional EMS councils have only had two funding increases to the contract in 18 years. This makes it difficult to run a business. We've been creative and found ways to offer COLA increases, which helps to retain staff, but this is not a reliable solution.	

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	Andrew Slater - I have seen the value of the regional EMS councils first-hand. We need to keep in mind, for these discussions, while it is necessary for EMS to have a voice it's a disservice to have blinders on and ignore the fact that we are part of a larger system. It's important to be an integrated EMS system. There are other programs within VDH that have similar functions, like the healthcare and emergency preparedness coalitions. Speaking of NVERS in Northern Virginia, this includes all entities, law enforcement, PSAPs, etc. I can appreciate the historical overview, but it's clear that the work is unfinished. I'm certainly not suggesting that anyone should lose their jobs or that regional EMS councils should go away, but there is a risk associated with hyper-specialization. Just be aware that planning for other areas of the state doesn't happen in 11 different regions. Brian Frankel - I just want to add to the customer expectation discussion and how information, programs and services are distributed to the EMS agencies in the field. I hope that Fitch and Associates will be asking random customers about their interactions. There are lots of great opportunities in the Commonwealth. Frank Gresh - Yes, that's one of the things when you're trying to meet with a lot of people and make it as efficient as possible, that you need to balance. We understand that the fan club is coming when meetings are planned. If you can figure out someone who is not a fan of the regional councils, we want to talk with them as well. Allen Yee - To add to Andrew's comments, from my agency's perspective, we get very little from the regional EMS council in our region. We get the regional drug box, which is going away, but we participate and contribute because it helps the regional EMS system. If we can help get people together, we can. We're committed to supporting the regional EMS councils. Q - Beth Adams – I have two questions - Scott, can you make those reports available? There is probably some good information, and specific suggestions, which may not have grown legs and come to fruition. A – Scott Winston - Yes. Q – Beth Adams - Kevin, when you ask about us contacting you regarding the subgroups, what do you envision those groups doing? A - Kevin Dillard - like mentioned earlier, there is a lot of uncertainty at this point in the process. This is an opportunity to improve communication and work more closely with Fitch and Associates moving forward. We may have other groups at some point, but we want to make sure that this WG is becoming closely involved in the process rather than just coming and receiving a report out. Frank Gresh - Regarding our work, we're contracted with VDH for a scope of work. I am happy to take all sorts of input. If there are other constituent groups who we need to visit - please let us know. It can make it harder to distill the information, but we don't want to leave out any key stakeholders.	**Scott Winston to provide the documents referenced in his overview.**

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	Q - Beth Adams - Can you set up an e-mailbox where people can provide input and feedback directly? A – Cam Crittenden - The recent new communication e-mail does have a response e-mail on the form, I checked it this morning and there weren't any messages. Dr Allen Yee - From a philosophical point of view - looking ahead - hospitals don't really have a centralized overarching resource. We should consider that the right model in the future may be more decentralization. As EMS becomes more of a profession, should we have a different model from what it has been for the last few decades? Andrew Slater - Increased decentralization brings a risk for not recognizing the economy of scale and other opportunities. Many of the programs that I've worked on over the years have a core set of functions and skills that are available at all locations. Some of this is identified in the Virginia Code at a high level, but some of this can close a gap identified in stakeholder needs. Tracey McLaurin - Over the years, the regional EMS Council directors have been told that OEMS is paying for part of our salaries, but we've not been told how much funding is going where. Regional EMS Councils receive locality funding, but it would be nice to have some of the gray area defined. We should lay out what items are going to be paid for. If you have X dollars, put it on paper and tell us what it is going to support. The regional EMS councils submit designation budgets to the state. Sometimes they are used and sometimes they are not. Historically, OEMS has taken money away from the councils, in some cases, when they don't like where it is being spent, but OEMS doesn't clarify what the money is supposed to be funding. Mike Paynter - If you look at EMS 20 years ago, it's a little different. In the future, 20 years ahead, it's going to look a little different as well. Each region is different and has different needs. We need to talk with you and the EMS providers to decide what is necessary. Things are changing quickly in EMS. Moving forward with considerations for telehealth and MIH, it's the role of Fitch and Associates to figure out the direction that we move in go together. Gary Critzer - This is a great discussion. Kevin Dillard - Thank you for all the input. We just wanted to get the discussion started and be transparent. Again, if anyone is interested in serving on these two WG please notify Kevin. which is special revenue from the DMV, is still being received and it will be used for grants that have previously been awarded in previous RSAF cycles.	
Trauma Center Funding	Dr. Paula Ferrada - The same anxiety that is felt at the regional EMS council level is happening in the trauma world. Some trauma centers have been told that they are going to have to return money, some are under the impression that they are not going to be paid. What does the funding look like for trauma centers moving forward?	

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	A - Frank Gresh - We are currently working through that review. We are getting close to the finish line, and as best as I can tell, there are three trauma centers who haven't been paid because they are in a provisional status. There is understanding of how much they are going to be paid when they clear that provisional status. We're working on it and getting closer to the finish line. We are in regular communication with VDH. Dr. Paula Ferrada - please provide something in writing when it's available.	
PUBLIC COMMENT	None	
Next Scheduled Meeting:	Next meeting is Friday March 22, at 1000 hours at Old Dominion EMS Alliance.	
Adjournment:	Meeting adjourned at 1441 hours	
Attachments:	1- Approved meeting minutes from January 2024 2- Information referenced during Mike Player's report 3- Reports and Documents referenced during Scott Winston's report	

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Attachment #1 – January 2024 WG Meeting Minutes
Approved 02/23/2024

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Attachment #2 – Mike Player's report on Medication Kits

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Attachment #3 – Documents referenced in OEMS Historical Summary - Scott Winston's report

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