

Draft of Agenda for MDC
April 2, 2026 – 10:30 AM
Old Dominion EMS Alliance
7818 East Parham Road
Suite 911
Henrico, VA 23494

1. Welcome
2. Introduction
3. Approval of Remote Attendees
4. Approval of Agenda
5. Approval of Prior Minutes from January 15, 2026
6. Special Reports
 - A. Quarterly Data Report – Daisy Banta, Senior Epidemiologist
7. DEA and Board of Pharmacy Compliance Issues
8. Old Business
 - A. FARC requests for MDC participation and Tiered Funding – Mike Berg – Discuss items for funding and place in tiers
 - B. White Paper on Prehospital Resuscitation – Brand
 - C. Clarification on Committee/Workgroup regulations
 - D. Bylaw changes for MDC
9. Workgroup Reports
 - A. Pediatric Pain Management – White Paper on Pain Management
 - B. MIH
 - C. Air Medical
 - D. REVLS
10. New Business
 - A. Data Dictionary – Add current NEMESIS Standards(?) – Any fields otherwise would like added? Linkins/Lang – Would need vote to go to EMS Advisory Board for action to BOH
11. State Operational Medical Director Report
12. Questions for Office of EMS
13. Public Comment
14. Future Meetings
 - A. 7/9/26

B. 10/1/26

15. Adjourn

Financial Assistance and Review Committee (FARC)
Medical Direction Committee (MDC)
Joint Workgroup Session Meeting Notes
March 13, 2026
Virtual

Attendance:

Robert Trimmer, FARC
Mark Barenklau, FARC
Charles Lane, MD, OMD
Asher Brand, MD, OMD
Michael D. Berg, OEMS Liaison

The group discussed the initial draft “Funding Tiers” document created by the FARC. The purpose for this document is to offer guidance to the FARC members when evaluating submitted Rescue Squad Assistance Fund (RSAF) grant applications and compare the need versus the funds available. Current funding levels have not changed since 2002.

The following items were agreed to be moved to the following areas:

- Mechanical CPR Devices – Tier II
- Blood/Blood Products = Tier I
- Point of Care Ultrasound – Tier II
- Medication Pumps – Tier I
- Intraosseous IV – Tier I

The group also discussed any future devices known or discussed “on the horizon”. (hi-fidelity manikins -trauma specific, age-appropriate transport devices, hard v. soft cervical immobilization, etc.).

Another point discussed was the ability to place conditions on grants – the answer is yes. The following was suggested for consideration by the MDC:

- Create a template for identifying and reporting the quality assurance component for a medical device and its use to include:
 - Training, initial and recurrent
 - Actual Use of item
 - End Results
 - Other as indicated by MDC

In addition, it was also discussed creating a template regarding medical devices and minimum capabilities. Such items would include:

- Prehospital ventilators
- Cardiac monitoring devices
- IV pumps
- Others as deemed by the MDC

This template then would assist OEMS in creating their Consolidated Pricing Listing and FARC in understanding what is needed compared to what is wanted.

The group also agreed this type of collaboration between the FARC and MDC should continue as a standing event.

Staff will create the notes from the meeting and distribute to both FARC and MDC for further discussion and finalization. Once completed, then FARC will share with EMS Advisory Board for their awareness as this is a product of FARC committee.

RSAF Grant Program Funding Prioritization Draft

Tier I - Mission Critical

Items in this category are related to frequently utilized equipment to provide direct patient care and patient transportation.

Examples:

Ambulances
Stretchers, Load Systems and Stair Chairs
Monitors/Defibrillators
Advanced Airway Equipment
Blood, Warmers/Storage
Ventilators (Transport vs. Critical Care)
Medication Pumps
Intraosseous IV

Tier II – Mission Support

Items in this category are related to equipment utilized to gain access to patients and equipment used to augment or complement patient care.

Examples:

POCUS Portable Ultrasound
Extrication Equipment
Compression Devices
Emergency Medical Dispatch
Bariatric Vehicle/Stretcher and Associated Equipment

Tier III System Enhancement

Items in this category are utilized for system development or sustainment to augment patient access and care.

Examples:

EMS Personal Protection Supplies
Supervisor Vehicles
Non-Transport EMS First Response Units
Tactical Vest and Helmets
Radios, Portable and Mobile
Computers/iPad
Pagers
Training
Recruitment and Retention