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CONDENSED

VIRGINIA DEPARTMENT OF HEALTH ADVISORY BOARD MEETINGS FY20 CONTRACT EVA0001 QQ231979

FRIDAY, FEBRUARY 07, 2020 1:03 P.M.

EMBASSY SUITES BY HILTON RICHMOND 2925 EMERYWOOD PARKWAY RICHMOND, VIRGINIA 23294

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_	VDH Board Meet	ing	February 7, 2020 VR # 17047-5	Page 2
1	2			4
1	APPEARANCES	 ₁	VIRGINIA DEPARTMENT OF HEALTH	
1	BOARD MEMBERS:	'2	ADVISORY BOARD MEETING	
1	GARY SAMUELS	3	· -	
1	ALLEN YEE, M.D.	4	1:03 P.M.	
	ANGELA PIER FERGUSON	5	MR. PARKER: Good afternoon.	
	DREAMA CHANDLER	I -	Let's go ahead and get started. Welcome to the	
	VALETA DANIELS		February 7th EMS advisory board meeting. Each	
8	SAMUEL T. BARTLE		member of the board should have an agenda before	l
	MATTHEW LAWLER		you, and we will start with the Pledge of	
10	WILLIAM FERGUSON		Allegiance. If everyone will stand.	
11	SADIE THURMAN		(WHEREUPON, the audience recited the Pledge of	
12	R. JASON FERGUSON		Allegiance.)	
13	GARY CRITZER	13	MR. PARKER: If you will remain	,
	MEGAN HEALY, Ph. D	14	standing for a moment of silence.	
	PARHAM JABERI, M.D.		(WHEREUPON, the audience observed a moment of	
	DILLARD FERGUSON, JR. (EDDIE FERGUSON)		silence.)	
	GARY BROWN	17	MR. PARKER: Thank you. You may	
1 -	SCOTT WINSTON	18	be seated. The first item on the agenda is the	
	ADAM HARRELL		approval of the November 6, 2019, meeting	
	GEORGE LINDBECK		minutes. The meeting minutes were distributed as	
1	AMANDA LAVIN		well as posted on the town hall. Are there any	
	JEREMIAH O'SHEA. M.D.	22	comments related to the minutes?	
	MICHEL ABOUTANOS, M.D.	23	MR. DILLARD: Mr. Chair, I'll make	
	VALERIE QUICK	24	a motion to approve the minutes, but I would like	
25	JASON D. FERGUSON	25	to have it in the record that from our November	
	3			5
1	BOARD MEMBERS:	1	6th meeting, there are several errors in there,	
2	JONATHAN HENSCHEL		and I've met with the Office of EMS leadership	
3	KEVIN DILLARD		and reviewed that and I don't want to delay	
4	JULIA MARSDEN		today's meeting, but just want to note that there	
5	BETH ADAMS		are some errors.	
6	JOHN C. BOLLING	6	MR. PARKER: Okay. Any other	ŀ
7	GARY TANNER	7	discussion? So Kevin has made a motion on the	
8		8	floor to accept the minutes as amended.	1274
9		9	(WHEREUPON, the motion was seconded.)	
10		10	MR. PARKER: All in favor?	
11		11	,	ĺ
12	N.		affirmative.)	
13		13	MR. PARKER: Motion passed to	1
14			accept the meeting minutes as amended. Next is	
15			the approval of the agenda. I do have one	
16	İ		additional item to place on the agenda today.	
17			Dr. Megan Healy from the governor's office will	
18			address the board today related to the G3	
19			initiative, and I'll let her discuss that in just	
20			a little bit. With that addition to the agenda,	
21	1		is there a motion to accept the admitted agenda?	
22			(WHEREUPON, the motion was moved.)	
23		23	MR. PARKER: So we have a motion	
24			on the floor. Second?	
25		25	(WHEREUPON, the motion was seconded.)	

R

MR. PARKER: All in favor?

2 (WHEREUPON, the board members voted in the

3 affirmative.)

MR. PARKER: Motion passed.

5 Chairman's report: As we come together today,

6 let us remember the reason that all of us are

7 seated here at this table. This board is here to

8 discuss and consider items that affect the

9 citizens of the Commonwealth of Virginia

10 regardless of how they enter into the system, as

11 patients, providers, educators, or

12 administrators. With that in mind, it is

13 imperative that as we conduct business today.

14 that we reflect and look forward as well as

15 inward to determine the future of the EMS system

16 in Virginia. I also want to note that we will be

17 following the Board of Health procedures for

18 public comment during this meeting. Those coming

19 before the board are reminded that they will have

20 three minutes to address the board, and the board

21 does not have to respond to public comment. This

22 concludes my report. Next step is the Vice

23 Chair, Eddie Ferguson.

24 MR. E. FERGUSON: Thank you.

1 couple of committees we've been working with

25 Chris. I don't have a long report. Just a

1 develop symptoms and potentially have further

2 spread in our communities. Individuals will be

3 put into four risk categories. High risk was

4 basically those who are symptomatic and would be

5 considered a person under investigation, and we

6 would do some laboratory testing to confirm

7 whether they do or do not have the illness. They

8 would be isolated away from other individuals,

9 people who may be at high risk and still

10 asymptomatic may be quarantined, and some of

11 these tasks would certainly require a

12 commissioner's order. And others similar to what

13 we did with the Ebola response who may come from

14 an area of potential risk but are currently

15 asymptomatic and we believe are medium risk or

16 below, they will be also asked to self-quarantine

17 or stay in their homes while with public health

18 monitoring to see if they have developed any

19 symptoms on a daily basis.

20

7

So a fairly extensive amount of

21 work that's going to be going on, again trying to

22 ensure that we identify any individuals who do

23 become ill as quickly as possible, to make sure

24 obviously they get the most appropriate care and

25 to prevent the spread of the illness in the

1 community. As many of you may know, there have

2 been some persons under investigations here in

3 Virginia, but so far, the lab results have all

4 been negative. There's one more that's been

5 added that we are waiting to see and hear about 6 the results. As of today, as of this moment, we

7 do not have any confirmed cases of coronavirus

8 here in the Commonwealth.

This is obviously an illness that

10 is unique. Many folks have compared this to MERS

11 and SARS, which are much more aggressive, and as

12 most people know and as I've shared, when you

13 have a very aggressive virus or aggressive

14 pathogen, the person winds up becoming ill, they

15 wind up going to the hospital, and containment

16 becomes a little bit easier, believe it or not.

17 When you have an illness such as this where

18 individuals are mildly ill, may look very much

19 like other colds or other flu and they're still

20 able to travel and go about their business, from

21 a public health perspective, it becomes a little

22 bit harder to contain.

23 So we're taking a lot of measures

24 towards an illness that, again, looks something

25 along the lines of a cold and the flu spectrum,

2 since last meeting, and I've also taken a few 3 phone calls and referred them to the Office of 4 EMS regarding the new background check process, 5 and they've been extremely helpful. And I want 6 to thank Chief Passmore for being available, even 7 after hours, to help clarify some of these points 8 of the new process and so forth. And that's all 9 I have for my report. Thank you. MR. PARKER: Thank you, Eddie. 10 11 Next up is Chief Deputy Commissioner, Dr. Jaberi. 12 DR. JABERI: Good afternoon. 13 Thanks again. I appreciate everybody joining 14 today. My main updates are around coronavirus. 15 As you-all know, the Health Department, the State 16 Health Department, has been working very closely 17 with the CDC and our fellow partners in ensuring 18 that we provide the best possible response for 19 our communities. We are taking some very 20 aggressive measures as a nation to prevent the 21 spread of coronavirus here in the U.S., and as 22 many of you know, for any individuals coming from 23 Wuhan or Hubei province as of February 2nd, 5:00 24 p.m., they are required to be monitored by the

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25 Public Health Department and ensure they don't

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1 mostly respiratory symptoms, and of course which

2 could lead to pneumonia, kidney failure, and

3 other more serious consequences. We're taking

4 some very, very aggressive measures that mirror

5 what we were planning to do for Ebola, and again,

6 the intent there is not to scare the population

7 or to scare the individuals coming in. The

8 intent is simply to be as aggressive as possible

9 to prevent the spread in the hopes of, in the

10 hopes of that over the next few months, new

11 research may identify other opportunities to help

12 mitigate the spread, potentially a vaccine being

13 developed, so anything that we can do to buy more

14 time in preventing the spread of this illness

15 will help us in the long run.

16

13

16

For EMS community, the healthcare

17 community, I know that all of you have been

18 receiving information either from the state or

19 VHHA and other partners. We did do a Polycom

20 presentation, a WebEx. Thank you to VHHA for

21 arranging that last Thursday, and we're

22 continuing to provide additional guidance. I

23 just came from the health department where all of

24 our local health directors are again hearing the

25 updates on the monitoring, the guidance, and what

1 have the capability to do that testing. So we're

2 looking at such testing being available I would

3 say in the next one to two weeks, but that is in

4 the works. All right, thank you.

MR. PARKER: Thank you. Now OEMS

6 reports. I'll turn it over to Gary.

MR. BROWN: Thank you, Mr. Chair.

8 I'm going to, like I always do, tag team the OEMS

9 report with my staff who actually does the heavy

10 lifting, but a few housekeeping things to begin

11 with, just to make sure that people have it on

12 their calendar. The remaining meetings for this

13 year are May 8th, August 7th, and November 11th

14 in concert with the annual Virginia EMS Symposium

15 in Norfolk. So May 8th, August 7th, November

16 11th.

17 Also, housekeeping, we do have several

18 members whose terms expire and are not eligible

19 for reappointment, and I have been working with

20 the Secretary of the Commonwealth's office and I

21 will be getting communication out to the

22 organizations requesting nominees to fill these

23 positions. Sam Bartle with the American Academy

24 of Pediatrics, Dreama Chandler with VAVRS, Jason

25 D. Ferguson, Western Virginia EMS Council, Julia

11

1 needs to happen. This is an evolving situation. 2 I would say for those of you who work in the

3 localities, your local health director would be

4 the best source of contact. For those who are at

5 the state level, certainly our state

6 epidemiology, Office of EPI Program has many

7 folks, I myself can be a contact to you, as well.

8 But we do realize this is an ongoing situation.

9 Information with regards to infection control,

10 personal protective equipment, they may be

11 updated is from what I understand by the CDC. So

12 be on the lookout for such types of information.

I'll take any questions. If not,

14 I'm certainly happy to hang around a few minutes

15 after this advisory board meeting, too.

DR. O'SHEA: Dr. Jaberi, Jake

17 O'Shea from VHHA. Can you talk about the

18 possibly of testing for coronavirus occurring at

19 the state level instead of at the CDC?

20 DR. JABERI: Yes. DCLS is

21 intimately involved. The concern here is that

22 they need some more time for us to go through the

23 validation process, but given the bottleneck

24 that's occurred at the CDC, very much like H1N1,

25 they are just as interested to allow states that

1 Marsden, Consumer, and Chris Parker, ENA and VNA.

2 They have served their full two terms and are not

3 eligible to be reappointed, so I will be reaching

4 out to those organizations next week. We do have

5 three people whose terms expire that are eligible

6 for reappointment: R. Jason Ferguson, Blue Ridge

7 EMS Council, Jethro Piland, who has resigned from

8 the board, the Virginia Fire Chiefs Association

9 has submitted their nominees to the secretary's

10 office and they are pending at the moment; and

11 Valerie Quick with Thomas Jefferson EMS Council.

12 Again, R. Jason Ferguson and Valerie Quick are

13 eligible for reappointment.

The Office of EMS, as it always does,

15 we have submitted our quarterly report to all

16 members of the board, to the regional councils,

17 and other individuals and organizations on our

18 distribution list. The quarterly report is

19 posted on our website, as well, so I will not get

20 into all the details. Most of that will come up

21 during committee reports. But to bring to your

22 attention also, as we do every year at this time,

23 we submit a weekly legislative grid and report on

24 legislation that we are tracking in the general

25 assembly and any bills that directly impact EMS

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1 and trauma care or indirectly, and so you get

- 2 those on a weekly basis. We may get into some of
- 3 the bills that if you have questions on them, to
- 4 elaborate and try to answer your questions, but
- 5 since we're tracking probably fifty to sixty
- 6 bills, it just would not be prudent to try to go
- 7 through that entire list at this meeting. But
- 8 you do have those reports and we'll be glad to
- 9 answer any questions that we can.

10 And also in the quarterly report, we

- 11 have listed budget amendments that have been
- 12 introduced that again have direct or indirect
- 13 impact on EMS and trauma care. We do have three
- 14 trauma center fund budget amendments two
- 15 amendments for poison control centers, and
- 16 several other amendments, one dealing with adult
- 17 and pediatric traumatic brain injury
- 18 demonstration project. And I think that's all
- 19 the stuff in terms of the budget amendments
- 20 there.
- 21 Also, and I'll turn this over in a
- 22 second. I'll start with, actually I'm going to
- 23 skip over Scott and go to Adam to cover a couple

1 Gary Critzer to make some comments at that time.

4 the fortieth annual Virginia EMS Symposium, and

5 we did have the governor's EMS awards, and I

7 awards was a few days after the last meeting of 8 this board, some folks that are notable in terms

9 of sitting on this board that were recognized by

11 Governor's EMS award for outstanding contribution

13 Rappahannock EMS Council's CISM team. Kevin

16 council and the CISM team for being recognized by

Also the governor's EMS award for

17 the governor for that outstanding contribution to

20 outstanding contribution to EMS for children, Dr. 21 Sam Bartle received that recognition and, oh,

22 there's Sam. I just look for the person with the

23 bushy beard, so, but Sam, congratulations, well

24 deserved. And last but not least, the, I guess

25 what you would call the Pulitzer Prize, the

14 Dillard is president of the Rappahannock EMS 15 Council, and want to congratulate Kevin and the

10 the governor's office, and I will start with the

12 to EMS health and safety. It was the

18 EMS health and safety.

19

6 would just bring to your attention since the

2 So the only other thing at the moment, as you 3 know, our last board meeting was in November at

- 24 of things because I want to come back to Scott
- 25 with his report. He's also going to introduce

- 1 Academy Award winner and all that stuff is the
- 2 governor's EMS award for excellence in EMS, the
- 3 highest award that is, we give in Virginia by the
- 4 governor, and that is Byron Andrews won that
- 5 award, and where is Byron? Oh, he's in the back.
- 6 Okay. I knew he was here. Byron,
- 7 congratulations.
- 8 And with that, Adam, I'll turn to you
- 9 if you want to say anything. I know one of the
- 10 bills that we're tracking is House Bill 661, and
- 11 if you want to say anything about that, and I
- 12 know you have some administrative updates for the
- 13 board, as well.
- 14 MR. HARRELL: All right. Thank
- 15 you, Gary. As he said, House Bill 661 has been
- 16 on Gary's legislative briefing grid for some
- 17 time. That specific bill deals with decedent
- 18 blood testing as it relates to fire, EMS, law
- 19 enforcement. So the bill at its basic level
- 20 empowers the Secondary of Health and Human
- 21 Services to appoint a working group as well as
- 22 the Secretary of Public Safety, to appoint a
- 23 working group to look at the impacts and
- 24 implications of decedent blood testing, what are
- 25 the obstacles and hurdles associated with that

15

1 and how to overcome it, as well as working with

- 2 the Office of the Chief Medical Examiner to
- 3 ensure some form of testing process or procedure.
- 4 And then we'll also be working with the
- 5 Department of General Services and DCLS to ensure
- 6 some form of adequate testing mechanism, whether
- 7 that's a contractor or DCLS themselves. As of
- 8 right now, that bill has been read before the
- 9 House and it looks like it will be crossing over.
- 10 The administrative update to the
- 11 board that Gary was talking about is as it
- 12 relates to expense reimbursement for board and
- 13 committee members. And I'll preface this with
- 14 I'm the messenger, so please don't shoot me. But
- 15 it was brought to the office's attention probably
- 16 about three weeks ago as we started getting some
- 17 denials for board member reimbursements from the
- 18 last set of meetings relative to mileage, and I
- 19 reach, as we started getting those denials, I
- 20 reached out to VDH's office director for
- 21 financial management, Stacy Ferrar, and inquired
- 22 as to what had changed in the mileage
- 23 reimbursement for our board and committee
- 24 members. I was advised that there was an
- 25 interpretation change with the Commonwealth

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1 Accounting Practice and Protocol Manual, or we

2 refer to it as the CAP manual, specifically topic

3 number 20335 that speaks to reimbursements for

4 state employees as well as individuals doing

5 business on behalf of the Commonwealth. When it

6 comes to mileage reimbursements, there are two

7 different levels of mileage reimbursement.

8 There's the high level, which is currently \$0.58

9 per mile, and then there's a lower reimbursement

10 rate which is \$0.246 per mile. What the CAP

11 manual policy outlines is that each agency.

12 before reimbursing mileage, has to do a cost-

13 benefit analysis, and this cost-benefit analysis

14 is actually, has to occur before the travel ever

15 happens. And at that time, we have to look at

16 what is in the best interest of the Commonwealth

17 to pay for. Is that mileage reimbursement or is

18 that providing a rental vehicle to the individual

19 that is traveling? So what we look at, and this

20 is not an exact, but generally if it's going to

21 be about three hundred, over three hundred miles

22 roundtrip, it is in the Commonwealth's best

23 interest to rent that individual an Enterprise

24 rental vehicle in lieu of paying them the higher

25 mileage rate. If the individual does not want to

1 board members, and I do apologize for that. But

2 trust when I say that the staff of OEMS as well

3 as VDH are doing everything we can to prevent any

4 delays in your expense reimbursements.

Before I move on, are there any

6 questions for that?

MS. DANIELS: So, it doesn't

8 matter to me because I never get reimbursement, I

9 don't put in for it. I guess I'm silly because

10 I've been involved here in the state for twenty-

11 eight years. So I've never asked for it, so I

12 really don't have too much to do with that part

13 of it. But it just seems to me do they

14 understand that the rental car has to have gas?

15 That you have to fill it back up before you take

16 it back in?

17 MR. HARRELL: And the policy does

18 address that. That would be a receipt that would

9 come back as part of the reimbursement request.

20 MS. DANIELS: So they're doubling

21 their, tripling probably their expenses then?

22 MR. HARRELL: All I can do is

23 speak to the policy. Like I said...

24 MS. DANIELS: No, no, πο, Ι

25 understand.

19

1 utilize an Enterprise rental vehicle, then they

2 have the option to say I want the lower mileage

3 rate. Currently, of the individuals on the EMS

4 Advisory Board, it impacts about four of you.

5 We are working with the Office of

6 Financial Management with NVDH to try to figure7 out how to best address this, but when I was

8 talking with her, she said this was not something

9 specific to our boards and our committees. This

10 is going on through all executive branch

11 agencies. This is also affecting the Board of

12 Health and all other boards and committees in the

13 Commonwealth that are under executive branch

14 agencies. So right now, we are working with

15 them, trying to figure out the best way to

16 address this, because in speaking with some of

17 the individuals that this affects, there isn't an

18 Enterprise rental location close to them or that

19 will be open when they return home, and so forth.

20 So we're trying to figure out how to best address

21 this, and once we have a determination from both

22 our Office of Financial Management and VDH as

23 well as the Department of Accounts, we will be

24 relaying that. Bur currently this is holding up

25 some personal reimbursements for some of the

1 MR. HARRELL: This is a very big

2 headache, and trust me, I've had many an angry

3 conversation with individuals involved in this

4 trying to understand it because I had the same

5 concern.

6

MS. DANIELS: Right. I mean this

7 is just common sense. I don't have to have a

8 cost-benefit analysis to see that it still has to

9 have gas, that still has to be expended, and then

10 on top of it, you're going to rent a car. Just a

11 little thought out there.

12 MR. HARRELL: All right. If there

13 are no other questions, I'll move on to just a

14 few more quick items. In the quarterly report,

15 we mention a few new partnerships and initiatives

16 that the Office of EMS has entered into with

17 National Registry, one of which pertains to

18 REPLICA, moving on to the next steps, as the

19 compact language was enacted in Virginia and

20 REPLICA became a thing in Virginia. The REPLICA

21 Commission was formed and they, one major

22 component of people being able to participate in

23 the Interstate Compact is data sharing

24 information between those states. So the REPLICA

25 Commission reached out the National Registry to

22

- 1 maintain a database associated with REPLICA.
- 2 This is termed the Coordinated Database for
- 3 Emergency Medical Services, or the acronym of
- 4 CDEMS, and Virginia will be the first state to go
- 5 live with the CDEMS database later this month.
- 6 This will provide EMS providers with their
- 7 ability to cross state lines to other member
- 8 states and their data will be able to be accessed
- 9 in almost near real time, Virginia will be able
- 10 to participate with all other REPLICA states very
- 11 similar to the Nursing Compact.
- 12 The other collaboration that we
- 13 have with National Registry is we've entered into
- 14 a research arrangement. National Registry has
- 15 been conducting nationwide research since 2004 on
- 16 various topics, and a lot of these are topics
- 17 that we have questioned in Virginia. One of the
- 18 major ones that they're working on right now
- 19 deals with the EMS workforce and future planning
- 20 relative to the EMS workforce. The problem with,
- 21 that Registry encounters with their research is
- 22 it's all at the national level, and it's based
- 23 off of two-year incremental data points. So we
- 24 are going to work with National Registry to
- 25 provide a state-specific focus on that national

- 1 now, so they will be able to report this
- 2 information out by a licensed DMS agency. This
- 3 will also provide EMS agencies with access to the
- 4 jurisdictions EMS return to locality funding. So
- 5 this will take it from a once a year snapshot in
- 6 time to the ability for year-round access to
- 7 return to locality funding, expenditures, and et
- 8 cetera. So when we send out that notification
- 9 within the next month to month-and-a-half, we're
- 10 not only going to send it out to the
- 11 jurisdictions, we're going to include the EMS
- 12 agency officers and super users to be able to
- 13 attend the webinars associated with that new
- 14 system, its capabilities, and how to gain access
- 15 to that information. And that is all I have.
 - MR. BROWN: Okay. Thank you,
- 17 Adam. Before we move on to Scott, I do want to
- 18 bring to your attention again the significance of
- 19 our work with National Registry on the EMS
- 20 Interstate Compact and the fact that we were
- 21 chosen in, with the National Registry the first
- 22 state to do this because we are the only state of
- 23 the REPLICA states that were as advanced in terms
- 24 of the data elements that are being collected,
- 25 and we're the only ones that are in a position

23 25

- 1 research to be able to further identify and
- 2 research components such as workforce shortages
- 3 and workforce projection into the future.
- 4 The final thing that I'll speak
- 5 on, I spoke to it and it actually came relatively
- 6 recent and was so recent it didn't make it into7 the green book, but with return to locality, that
- 8 program will be changing within the next month,
- 9 month-and-a-half relative to how agencies,
- 10 jurisdictions are notified about their return to
- 11 locality funding. Historically, that's been an
- 12 entirely paper process. We send out emails, we
- 13 send out letters, and those go to whomever we
- 14 contacted the previous year within a
- 15 jurisdiction. Those people may have changed,
- 16 they may have moved, and we don't know until we
- 17 don't get a report. So VDH's Office of
- 18 Information Management has worked with us to
- 19 develop a new module in the EMS portal for return
- 20 to locality. This will provide jurisdictions the
- 21 ability to log in and electronically report their
- 22 return to locality expenditures. They will be
- 23 able to see a trend of their expenditures for the
- 24 last twelve years. They will be able to actually25 report out in greater detail than what they do

- 1

16

- 1 right now to do all the testing and validation of
- 2 this database, and so we were selected. And once
- 3 that is completed at the end of the month, every
- 4 other Interstate Compact state must follow what
- 5 we have developed here in Virginia in concert
- 6 with National Registry. So again, we're leading
- 7 the nation and it's a pretty significant type of
- 8 event.
- 9 With that, I'll turn it over to
- 10 Scott Winston.
- 11 MR. WINSTON: Thank you, Gary.
- 12 The first item I'd like to mention to the group
- 13 is a new hire within the office of EMS, and it's
- 1.4 within the regulation and compliance division of
- 14 within the regulation and compliance division of
- 15 the office, and looking at you, Ron, as the
- 16 division manager, if you could come forward and
- 17 introduce the new employee to our office. Yeah,
- 18 that's you, Ron.
 - MR. PASSMORE: ... pass it off to
- 20 him because he's supervisor...
- 21 MR. WINSTON: Okay. Well, bring
- 22 them both up.
- 23 MR. PASSMORE: I'd like to
- 24 introduce Lenny Mascaro. Can you stand up? He
- 25 is the new Regulation and Compliance Program

29

1 representative, or field investigator if you 2 will, for the Northern Virginia, area. 3 MR. WINSTON: And I believe Lenny 4 comes to us from the city of Fairfax? 5 MR. MASCARO: Yes, sir, Fairfax 6 County. 7 MR. WINSTON: Fairfax County and 8 you're in the aviation division there? 9 MR. MASCARO: Yes, sir, I was. 10 MR. WINSTON: Okay, thank you. I 11 would also like to draw your attention to 12 appendix A of the quarterly report. Beginning 13 with this report and moving forward, we will be 14 providing you updates on the progress of our 15 collaborative agreements with the regional EMS 16 councils across the state that have approached 17 the office with an interest in establishing a 18 hybrid regional office. We have begun that 19 process at the Central Shenandoah EMS Council, 20 and our first regional program manager that was 21 hired is Daniel Lincolns, and I believe we 22 introduced him last meeting. He began work the 23 10th of October at the council office, and I'd

1 and his staff, the commissioner obviously who 2 approved this initially to allow this process to 3 be undertaken. I believe it's going to be the 4 future of the regional EMS system, and we're very 5 pleased to be part of that. 6 MR. WINSTON: Matt, did you want 7 to add anything? 8 MR. LAWLER: Sure. I would just 9 echo what Gary was saying and endorse the model 10 that has been developed between the Virginia 11 Department of Health Office of EMS and the 12 Regional EMS Council, and also report that Daniel 13 is doing a terrific job for us as the program 14 manager. I've been involved in multiple 15 committees and meetings with him and he's again 16 doing an outstanding job. I hope that the rest 17 of the staff that he hires is as competent and 18 hard working as he is. 19 MR. WINSTON: Thank you both for 20 those very kind words. We have also been 21 approached by two other regional council about 22 the possibility of establishing a hybrid state 23 regional office, and that is the Blue Ridge EMS 24 Council and the Rappahannock EMS Council, and I

27

MR. CRITZER: Thank you, Scott. 2 To date, we are extremely pleased with the

24 like to lean on Gary Critzer to provide some

25 brief comments about the experience thus far.

3 progress that's been made. Daniel hit the ground

4 running, has made lots of changes in our office.

5 He's working on the position profiles for the

6 other positions. Our committees are meeting and

7 active. There's lot of activity going on. Matt

8 Lawler, who represents CSEMS on the board also

9 may want to make a comment, but to date we've

10 been very pleased with the relationship. The

11 folks from real estate services were up I would

12 say about a week ago to meet with us about the

13 final lease documents on our building. It looks

14 like that's going to be a fairly easy process. I

15 hope I didn't just jinx that, but hopefully we'll

16 have those signed in a few weeks to a month and

17 that will finalize the project. But there are

18 lots of things going on.

19 I don't know if I'm at liberty to

20 show it yet, but there are already pictures of

21 vehicles that are coming up that share the

22 collaborative approach that we've set into that

23 has both OEMS and Central Shenandoah on the

24 vehicles, so it establishes that partnership. So

25 we're very pleased. I want to thank Gary Brown

1 that are the equivalent to Daniel Lincolns in

2 Central Shenandoah began, the open recruitment

25 believe both of those program manager positions

3 began yesterday or today?

MR. HARRELL: Both. REMS was

5 yesterday and CSEMS was today.

6 MR. WINSTON: Okay. So both of

7 those positions are now under active recruit in

8 our recruitment management system for the state,

9 and the positions will only be open for a short

10 period of time. They'll be open for six days, so

11 if there is anyone in the audience that has an

12 interest in either of those two positions, I'd

13 please encourage you to take a look at the

14 posting and apply if you're interested. That's

15 all I have, Gary.

16 MR. BROWN: Okay. Dr. George

17 Lindbeck, our state EMS medical director.

DR. LINDBECK: I don't think I've

18

19 got anything in addition. Thanks. 20

MR. BROWN: Well, okay. So we'll

21 cut your salary this month, then. Just kidding.

22 Okay. Also as I always do, please read the

23 section in the quarterly report on EMS on the

24 national scene because that will give you a peek

25 towards a lot of what is going on nationally and



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1 then what could affect us here in Virginia, and

- 2 with a lot of it, like I said, we're ahead of the
- 3 curve even in terms of what may be in the report
- 4 itself. So, and I think on the other things,
- 5 probably even a little bit more information on
- 6 legislation possibly and would come out in the
- 7 Legislative and Planning Committee report and
- 8 other reports, so I'll just stop there, Mr.
- 9 Chair, and that concludes our OEMS report.
- 10 MR. PARKER: Thank you, Mr. Brown.
- 11 Assistant Attorney General report, Amanda Lavin.
- 12 MS. LAVIN: I still don't have
- 13 anything. I hate to ruin my streak, but I did
- 14 just want to say that this is my last meeting
- 15 with the EMS Advisory Board. I am switching
- 16 sections in the Attorney General's office, so I
- 17 just wanted to publicly thank OEMS, Gary, all the
- 18 staff, VDH for being such a great client to work
- 19 for and to work with, and all you-guys for being
- 20 so great. So I really appreciate it and thanks
- 21 for giving me a good six-and-a-half years.
- 22 MR. BROWN: Thank you, ma'am.
- 23 MR. PARKER: State Board of Health
- 24 EMS representative, Gary Critzer.
- MR, CRITZER: Mr. Chairman, State 25

1 Board of Health last met on December the 12th.

2 We took up regulations related to the licensure

4 the licensure of hospice, all of which

8 I also took the opportunity, as I do each

9 meeting, to update the board on ongoing

14 be on March the 26th at 9:00 a.m. at the

16 public. If you're interested in all of the

19 Health is working. So thank you.

20

24

3 of nursing homes, the licensure of hospitals, and

5 successfully were enacted on. Also the Board of

7 Health or Well-Being and that was also acted on.

6 Health received the annual report for Virginia's

10 activities with this board and other things going 11 on in EMS around the state and reported to them

12 on our EMS symposium in November and our

13 anniversary. The next meeting of the board will

15 Perimeter Center. Those meetings are open to the

17 duties that VDH encompasses, I'd encourage you to

MR. PARKER: Thank you. And at

MR. FERGUSON: Thank you, sir. So

18 come participate and hear what the Board of

21 this time, before we move into the standing

23 Ferguson to introduce the guest speaker.

22 committee reports, I'm going to ask R. Jason

25 you folks have heard me speak several times for

- 1 several meetings about the G3 initiative coming
- 2 from the governor's office, and I invited Dr.
- 3 Megan Healy, she's the chief workforce officer
- 4 for the governor's office to come and address the
- 5 board and address the audience to give you a
- 6 better overview, now that it's actually in
- 7 General Assembly.
- R DR. HEALY: Great. Thank you so
- 9 much, Jase, and thank you Mr. Chair and the board
- 10 for having me today. I am Megan Healy. I'm
- 11 Governor Northam's chief workforce development
- 12 advisor. I do sit on his cabinet and think about
- 13 workforce all day, all night. It's really about
- 14 working with our education system, if it's our K-
- 15 12, particularly career and technical education,
- 16 our community colleges or universities or
- 17 professional schools, and making sure that the
- 18 students coming out of those programs have the
- 19 skills to be employable and to move into our
- 20 unfilled jobs. But then I also work with many
- 21 employers to see what those unfilled jobs are
- 22 today or those anticipated jobs are the future
- 23 and making sure we have those bridges. I also
- 24 oversee a lot of our career work centers. We
- 25 have sixty-one. The agencies that come under me

- 1 are the Employment Commission, Department of
- 2 Labor and Industry that I share with Secretary of
- 3 Commerce and Trade, as well as DPOR, so
- 4 Department of Professional and Occupational
- 5 Regulations and I've worked very, very closely
- 6 with some workforce issues with VDH as well as
- 7 DHP, so our health professions. And so we work
- 8 closely. I mean, that's one of the things with
- 9 the chief workforce advisors; I work with all the
- 10 secretaries in the governor's cabinet.
- 11 So the governor has two large
- 12 budget initiatives this year. One is early
- 13 childhood education and the other is his G3
- 14 program, which means get skilled, get a job, and
- 15 give back. I will tell you the governor came up
- 16 with his own name, so you're like G3? It's hard
- 17 to remember sometimes, but he's very excited and
- 18 thought it was pretty clever of his title. But
- 19 what this really does is he campaigned on some
- 20 type of tuition-free community college program.
- 21 There are currently twenty-three states across
- 22 the country that have some type of tuition free
- 23 or free community college, also known as
- 24 community college promise programs. We've
- 25 examined the last two years those twenty-three



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1 programs, very bipartisan; ten were from

- 2 Republican governors, thirteen from Democrat
- 3 governors. And we looked at the best. Some are
- 4 programs right for students out of high school.
- 5 Others are specific workforce pathways. And so
- 6 the G3 program is we decided we have a workforce
- 7 challenge. Healthcare is our fastest-growing
- 8 industry with our most open jobs. As I travel
- 9 around the Commonwealth, most people think it's
- 10 IT, cybersecurity and computer science. I will
- 11 let you know those companies with those jobs that
- 12 are open are very, very loud, and so I always
- 13 have to stress that healthcare is our actually
- 14 number one challenge we have in Virginia. So
- 15 some of you need to be a little louder, just FYI,
- 16 talking about your workforce challenges.
- 17 So after the governor did a tour
- 18 in September, we talked to over a thousand
- 19 business and community leaders, and we heard loud
- 20 and clear about specific workforce challenges,
- 21 specifically in what he calls the new collar
- 22 jobs. It's not blue collar or white collar; it's
- 23 new collar, because everything these days needs
- 24 some type of technology or some type of skill,
- 25 and so we looked at what those new collar jobs

- 1 of high school, so we're really excited because
- 2 we have a lot of adults especially in their
- 3 thirties that we're finding that have job, job,
- 4 job, but no career and so we're trying to get
- 5 them on those career paths. This, there is a
- 6 family income, but the cap currently is \$100,000
- 7 for a family of four, so that's pretty good. I
- 8 know there are some people from Northern
- 9 Virginia, that's still tough, but that covers a
- 10 lot of our rural areas and our rural families.
- 11 The students are required to take at least six
- 12 credits or be enrolled in our Fast Forward
- 13 programs. Is anyone, is everyone familiar with
- 14 our Fast Forward program at the community
- 15 colleges? So this is a short-term training
- 16 program that might be for your entry level EMS
- 17 programs. Short-term, non-credit, not related to
- 18 the credit side, that the student pays the first
- 19 third of the training, and then when they
- 20 complete the class, the state pays the second
- 21 third. And then when they get their licensure or
- 22 certification, the state pays the third third.
- 23 So some of your programs and your communities
- 24 might be going through what we call Fast Forward.
- 25 The state has already invested \$13.5 million per

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- 1 would be. We looked at our gaps. We hear from 2 people, maybe some of you are probably at some of
- 3 our sessions we had around the state, and so we
- 4 developed the G3 program. So this program is
- 5 going to be around the Budget Ask that proposed,
- 6 right, the General Assembly gets to look at our
- 7 budgets and cut or change whatever the language
- 8 is. It's a proposal for \$72 million per year.
- 9 It's one of the largest investments in community
- 10 colleges since the start of the community
- 11 college, and we picked five pathways. We looked
- 12 at where workforce challenges are, we looked
- 13 across the state, and those pathways are
- 14 healthcare, public safety, early childhood
- 15 education, technology, which is your IT.
- 16 cybersecurity and computer science, and skilled
- 17 trades, which is your construction trades and
- 18 your advanced manufacturing. So most of the
- 19 students at community colleges, actually two
- 20 hundred and thirty thousand across the state,
- 21 it's a lot of students, that this program is
- 22 going to be for about forty thousand students.
- 23 We have some criteria. So the
- 24 criteria, one, I'm excited, it could be anyone of
- 25 any age. Other promise programs have right out

1 year.

- 2 So this is actually expansion.
- 3 We're going to actually pay for that first third
- 4 and short-term training, but then we're also
- 5 going to pay the tuition for the students that
- 6 qualify. A lot of our healthcare programs for
- 7 EMS, firefighters, some of them are on the credit
- 8 side, so many students will go for those for
- 9 free. We are covering tuition. We are covering
- 10 books. That number is changing but it's up to
- 11 \$500 a year, because we know students a lot of
- 12 times don't get the book and then they struggle.
- 13 And then we also have what's really exciting;
- 14 it's called a Student Support Incentive Grant.
- 15 So we know students that go to community college,
- 16 a lot of them drop out and it's not because they
- 17 fail out. It's actually because they can't pay
- 18 for food or childcare or transportation. Right?
- 19 So they can't get on that path. And so the
- 20 governor has proposed that if a student is going
- 21 full time in any of our programs and they qualify
- 22 for full federal financial aid, that they will
- 23 get an extra \$1,000 per semester that we say
- 24 basically to pay for life. Because when we look
- 25 at trends of students, especially at community



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1 colleges, they need that extra financial support.

2 Lower income people, if you pay tuition loan,

3 they still can't pay out of their pockets for

4 many things. So we're really, really excited

5 about adding that.

And then I will say that in the

7 Homeland Security, which covers also our public

8 safety, firefighter, protective services, law

9 enforcement, we are projecting about three

10 thousand students that will get tuition-free

11 community college across the state. And then the

12 allied health, I could break it out for you if

13 you wanted to, but just roughly, healthcare is

14 eighteen thousand students that will be moving

15 per year through this program in some type of

16 health. So we're really, really excited about

17 that. That's by far the highest number. I think

18 the next is the IT areas, and that's nine

19 thousand. So we've been working with

20 legislature, so if you, I ask is if your friends

21 and legislatures are working with them and you

22 know you have a workforce challenge, we would

23 love for you to support the governor's G3 program

24 and say hey, this is going to help my community,

1 these people in our fields. And so we're really,

4 monies, committees, and staff to really kind of

3 very closely with the legislatures and all the

5 flesh out this program and make sure it's a

So I'll open it up for any

10 be around after the meeting? Or do you need to

MS. DANIELS: So are you going to

DR. HEALY: I do need to leave, 13 but anyone can email me, call me. I can give you

MS. DANIELS: Okay. I'll just

MS. DANIELS: So I've been a

19 paramedic for twenty some years. You know, it's

23 obviously vital signs. You know, we treat on the

DR. HEALY: Yeah.

20 like a puzzle piece. You have to figure out

21 their history. They don't know their history.

22 You have to figure it out from medications.

24 street. However, I can't get into a doctor's

25 office because I'm not a certified medical

6 priority for everyone.

8 questions, Yeah?

11 leave after your report?

16 give you a quick scenario.

14 my email address.

12

15

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2 really excited about this program. We're working

25 this is going to help my office, we really need

1 assistant. Okay, there should be some sort of

2 challenge I could do. You know, if I fail it,

3 it's on me, but there should be a shorter way

4 when you have this expertise behind you to be

5 able to challenge maybe, you know, a tester or

something like that. And there's obviously

7 similar other ways to do that. And then

8 recognizing what we do have, the only time, one

9 of the times that I know of was when the flu

10 epidemic as a couple of years ago, will consider

11 EMS to give flu shots. Okay, I can give you meds

12 to stop your heart but I can't give you a flu

13 shot. So I think sometimes our education is not

14 recognized enough in the medical world to be able

15 to reflect what we can do, our capabilities, and

16 how much we can help out the EMS, I mean the

17 private sector as well as EMS.

DR. HEALY: Now you know, actually

19 a little bit more about this, I did come from the

20 community college system and I was the assistance

21 vice chancellor for academics. I will say I also

22 was EMT licensed when I was in college and I have

23 a little bit of background in health. So one of

24 the things we've struggled with, especially with

25 the medic and corpsman program, which is through

39

1 our veterans is we're bringing them into the

2 hospitals with those particular backgrounds and

3 licensure, and then we're almost doing, we have

4 people at most of our large general hospitals

5 that are checking off skills, but again, that was

6 the point, that we had folks that could almost do

8 couldn't fold sheets in a hospital because they

10 looking at creative ways. I mean, I work very

11 closely with the Department of Health Professions

12 on that, but that was the sticking point is when

13 these medics come over with a military

14 background, where do they fall into our current

15 licensing program. Are they paramedics? Are

16 they not? At what different level? They can't

17 be nurses, and that was the big like no. I

18 remember that. But then also we have other

19 states that are looking, you can go medic to RN,

20 and there are bridge classes, and we currently

21 don't have that in Virginia, as well. So I'm

22 aware of that, so that's something that, you

23 know, I can figure out if we can address that.

24 I do have a new governor's

25 advisory, healthcare workforce advisory board.

18

7 surgery in the middle of a war field that

9 didn't have the right licensure. So we're

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1 We do have the Healthcare Workforce Authority. 1 MR. PARKER: Thank you. 2 which is in code, that they do run really the 2 DR. HEALY: Great, thanks. 3 AHECs, and so it's the federal funds that go down 3 MR. PARKER: All right, at this 4 out to the communities. We do have that but 4 time we're going to move into the standing 5 we're also starting an advisory board that I co-5 committee reports. First on the agenda is the 6 chair with a Virginia Hospital and Healthcare 6 executive committee. The executive committee did 7 Association chair. So we're looking at different 7 not meet this week, and our next meeting will be 8 licensing issues, reimbursement issues. 8 in May. FARC, Kevin Dillard. You can go ahead 9 Reciprocity is another big deal, like so we have 9 and speak to the other. 10 our veteran population, our military, like how do 10 MR. DILLAR: All right. Thank 11 we get more of trailing spouses specifically in 11 you, Mr. Chair. So our committee continues to be 12 our military to get them licensed faster. So 12 very active. We've got a very dedicated group of 13 thank you. 13 people serving on the committee, and since our 14 MR. PARKER: Excellent, thank you. 14 last meeting, we closed out the fall grant cycle, 15 MR. SAMUELS: Real quick, Chris. 15 and we did receive 112 grant applications, and 16 I just want to ask a question. You talked about 16 they were requesting over \$14 million. So we 17 the medic to RN program. When that comes back up 17 were able to award seventy agencies a total of 18 again, look at the viability of the number of 18 4.2 million. And I wanted to announce to 19 credit hours a medic gets towards an RN, because 19 everybody that the application for the spring 20 currently if I went to J. Sarge, I got three 20 cycle opened up on January the 31st, and we'll 21 credits for my paramedic, I get three credits. 21 close that on March the 16th. 22 The state of Maryland gives you, they bridge you 22 We will be conducting a Rescue 23 to fifteen, so you get a quarter of the credits 23 Squad Assistance Fund technical assistance 24 bridge, plus you have to do your other credits, 24 webinar. That's going to be held on Tuesday, 25 your normal general ed's. So that's, you're at 25 February 25th. That will be from 1:00 till 2:00. 43 45 1 thirty. Then you do thirty-four or forty credits 1 We have sent out information to all the EMS 2 towards the nursing side, so there's some value 2 agencies and it's on the OEMS website. And we're 3 added there to maybe get a paramedic to an RN, I 3 going to be, I am recommending a special project 4 mean we're talking about shortages in both fields 4 priority funding for the fall 2020 cycle and for 5 right now... 5 both cycles in 2021, and this will be for 6 DR. HEALY: Yes, definitely. 6 emergency medical dispatch funding. We've got 7 MR. SAMUELS: ...based on 7 thirty-five localities in Virginia that do not 8 educational. So just looking at the road blocks 8 have EMD, and our goal would be to have all these 9 with other boards and certifying bodies within 9 localities in Virginia to have that no later than 10 the state, slowing down the process and creating 10 2024. So I'm offering a motion to the board from 11 roadblocks because of equality issues. 11 the Financial Assistance Review Committee that 12 DR. HEALY: Yeah, we're looking at 12 the board accept as a priority the EMD special 13 the seamless pathways and what's stackable and 13 project funding for the fall cycle of 2020 and 14 not. We're looking at all different professions. 14 both cycles in 2021. 15 Also looking at different career switcher 15 MR. PARKER: So there is a motion 16 programs, so when we get that adult who has had 16 on the floor coming from a committee. It does 17 jobs, how do we bring over any additional 17 not need a second. Any discussion? 18 experiences to help them accelerate their 18 DR. O'SHEA: Mr. Chair, can you 19 pathways. 19 just sit, offer a little bit more about what's 20 MR. PARKER: Any other questions 20 entailed there? 21 or comments? 21 MR. DILLARD: A little bit more 22 DR. HEALY: Jason has my email, 22 about the emergency medical dispatch? 23 too, so if you have any questions, you can email, 23 DR. O'SHEA: Yes, sir. 24 he can send an email if you have additional 24 MR. DILLARD: So when people call 25 questions. 25 9-1-1 and have an emergency, there are certain

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1 localities in Virginia that can walk these people

2 through what to do until EMS or fire arrive on

3 the scene. But we've got thirty-five

4 jurisdictions in the Commonwealth that offer no

5 such support. So the people are just on their

6 own. So it's been identified by a couple

7 different groups in Virginia of the importance of

8 getting there, and they've set the date of 2024

9 to reach that goal.

DR. O'SHEA: How much, what

11 percentage of the FARC budge would this

12 represent?

10

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MR. DILLARD: So we're not sure of

14 that yet. Right now the majority of our budget

15 goes to funding vehicles. That's a huge chunk.

16 And a very small percentage has historically gone

17 to emergency medical dispatch.

DR. O'SHEA: Thank you.

19 MR. E. FERGUSON: Kevin, we have

20 been hearing about some bills in the General

21 Assembly about emergency medical dispatch. Is

22 there any funding tied to any of those bills or

23 is it just coming through as a mandate? Do you

24 know?

13

18

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17 affirmative.)

25 MR. HARRELL: So, yeah, I'm not up

1 to date on those bills. So I can speak to that a

3 involved in speaking to specifically House Bill

5 which is telecommunication CPR as well as EMD

6 requirements and mandates and so forth. And in

7 regard to RSAF, RSAF funding would cover EMD

8 components that is outlined in the RSAF program,

10 associated with TCPR because TCPR, as I learned

MR. PARKER: Any other comments or

MR. PARKER: Any opposed? Any

MR. DILLARD: All right. Thank

21 you, Mr. Chair. Our next meeting will be held in

23 meeting. And then I do want to announce some

24 information about the awards committee which I

25 chair. We're going to be offering a new awards

22 May in conjunction with the advisory board

11 in the communications committee this morning, is

9 but it would not cover any of the components

12 a very small component of an EMD program.

14 discussion? Okay. Hearing none, I'll call for a

16 (WHEREUPON, the board members voted in the

15 vote with a motion on the floor. All in favor?

19 abstained? Okay. Motion passes.

4 727, and that specific bill talks about TCPR.

2 little bit. Karen Owens has been actively

1 category this year and it's going to be called

2 Innovation Excellence. So we're looking to

3 support and encourage innovation. We want to

4 highlight excellence that's going on in Virginia,

5 so we're going to get the criteria out to

6 everybody next week. And then another item is

we're changing the title of the outstanding 7

8 administrator award, and the new award title is

9 going to be outstanding EMS leadership award.

10 And then finally, there will also be a special

11 award offered this year and that's going to be

12 related to transportation in TEMS, and so more

13 information forthcoming on that. Thank you.

MR. PARKER: Thank you.

15 Administrative coordinator, Jon Henschel, and you

16 may give your rules and reg's committee.

17 MR. HENSCHEL: I have no report as

18 administrative coordinator. The rules and reg's

19 committee met Wednesday. We have no action items

20 to bring before the board. We did discuss some

21 staff changes as well as some redefined areas for

22 the reps. That can be found in appendix H of

23 your quarterly report. We had a discussion on

24 chapter thirty-two, which had been delayed for

25 some of the MIH language coming out of committee.

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1 We're looking to add some definitions and

2 finalizing that process so we can continue moving

3 forward. We may realize a delay with Amanda's

4 departure while we bring someone new onboard.

5 DD&R periodic review is complete with no changes,

6 and our extremities meeting will also coincide

with the next advisory board meeting. 7

8 MR. PARKER: Thank you.

9 Legislative and planning committee, Gary Samuels.

10 MR. SAMUELS: Legislative and

11 planning committee met this morning here. We

12 reviewed where some of the current legislation is

13 currently and what bills would be going to cross

14 over that we've been following. The committee

15 did not have any action items for the board, and

16 our next meeting will be May 8th.

17 MR. PARKER: Thank you.

18 Infrastructure coordinator, Dreama Chandler.

19 MS. CHANDLER: None of the

20 committees have any action items. I would like

21 to defer to the committee chairs to give

22 informational report from their meetings.

23 MR. PARKER: Thank you.

24 Transportation committee, Eddie Ferguson.

25

MR. E. FERGUSON: Transportation

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1 committee met on January 27th. We did not have

2 grants to review for this meeting, but we did

3 talk about our process as well as some of the

4 components that we see on emergency vehicles that

5 we actually approve and recommend to the FARC

6 committee. We decided that the committee would

7 actually go out into the field and visit some of

8 the agencies and so we can see some of the things

9 and generate some more discussion on those

10 meetings that occur in between grant cycles. And

11 that's what we have to report.

12 MR. PARKER: Thank you.

13 Communications committee, Jon Korman.

14 MR. KORMAN: The communications

15 committee met today. Highlights from the

16 quarterly report to state EMS advisory board

17 noting Next Generation 9-1-1 and the Secretary of

18 Health and Human Resources will form that work

19 group to study dispatchers providing, or

20 gathering more location-rich information. We

21 also talked about the Virginia legislation bills.

22 notably those that have already been discussed,

23 House Bill 727 and House Bill 1468, which is

24 about the role of 9-1-1 centers managing opioid

25 overdoses and dispatchers providing information

1 assistance over the phone to manage those cases

2 and administering naloxone. That work group

5 already talked about House Bill 727 in this

9 re-accreditation process that 9-1-1 centers

11 Virginia Office of EMS.

25 for that. That's it.

12

10 throughout the Commonwealth have with the

13 ensure your radio towers have appropriate and

15 radio signal boosters with the FCC to avoid any

16 fines. Apparently there have been some heavy

17 fines levied in the Commonwealth since we last

18 met. The Virginia Office of EMS outlines some

20 standard of care, showcasing that 9-1-1 centers

23 talked about the requirements for accreditation,

24 re-accreditation, and the new proposed changes

21 provide emergency medical dispatch throughout the

22 Commonwealth as already mentioned. And we also

19 outreach plans with the goal of improving the

14 functional lighting and to register commercial

3 should have a report according to the House Bill

6 forum. We also mentioned the telephone CPR

7 recommendations provided by American Heart

8 Association and the update to the accreditation.

From the FCC, a reminder is to

4 1468 to the governor by November 1st of 2020. We

MR. PARKER: Thank you. Emergency

2 management committee, and we'll ask Mike Player

to come forward for the report.

MR. PLAYER: Thank you, Mr.

5 Chairman. The emergency management committee met

6 yesterday morning here at Embassy Suites. During

7 our meeting, we received reports from our members

8 and primarily we discussed the coronavirus

9 outbreak, specifically the spread of

10 misinformation and efforts underway at OEMS/VDH

11 to provide a consistent message and resources to

12 EMS agencies. We also briefly discussed the

13 December 22nd seventy-nine car pile-up in York

14 County. Our next meeting is May 7th. That

15 concludes my report unless anybody has any

16 questions. Thank you,

17 MR. PARKER: Thank you.

18 Professional development coordinator, R. Jason

19 Ferguson.

4

20 MR. FREEMAN: Thank you, Mr.

21 Chair. For the professional development

22 coordinator report, I'd just like to recognize

23 the OEMS staff, the committee chairs, and the

24 committee members and their continued strong work

25 related to provider mental health. It's been an

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1 area that's needed some attention for quite some

2 time, and I think we're making great strides in

3 better understanding and implementing initiatives

4 to protect our providers. I'll go ahead and give

5 a quick overview for provider health and safety

6 as well as the chair person, Lori Knowles, is ill

7 and unable to attend. We met earlier today but 8 without a quorum. It was an information session

9 only and no actions were taken. The main points

10 of discussion were related to how the use of data

11 from the recent study conducted by OEMS to

12 improve mental health opportunities for providers

13 could be used. OEMS is also working with

14 committee members to develop training programs

15 for designated infection control officers. And

16 lastly, it was presented that several bills are

17 going through General Assembly related to driver

18 safety, particularly to handheld devices, which

19 could use some more support from fire and EMS

20 associations and individuals. This concludes

21 that report. Their meeting is scheduled for, the

22 next one is Friday, May 8th, at 9:00 a.m. here.

23 For training and certification

24 committee, we met on January the 15th. During

25 the review of the TR-90a document for accredited

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1 EMT programs, we discussed education and practice

- 2 minimums and maximums. It was decided to keep
- 3 the requirements aligned with the language of the
- 4 national scope model from minimum criteria, but
- 5 the committee felt education programs at all
- 6 levels should have autonomy to teach anything
- 7 within the Virginia scope formulary that their
- 8 stakeholders and advisory committees deemed
- 9 appropriate. This was also discussed at MDC, and
- 10 I'll yield to Dr. Yee during his report to
- 11 address that matter in more detail. The TR-90a
- 12 revisions were approved and presented the
- 13 following day to MDC. They have endorsed the
- 14 document and I now bring it before this board for
- 15 approval, which is listed under appendix D in the
- 16 quarterly report.
- 17 MR. PARKER: Appendix D of your
- 18 quarterly report. This is coming from a
- 19 committee, so therefore it does not need a
- 20 second, so we'll lay it on the floor. Is there
- 21 any discussion or questions for the chair?
- 22 Hearing none, we'll call for a vote. All in
- 23 favor?
- 24 (WHEREUPON, the board members voted in the
- 25 affirmative.)

- 1 appointed to the member at large position, and we
- 2 are still waiting for EMS for children to provide
- 3 a representative from that group.
- This concludes that report. Our
- 5 next meeting is scheduled for Thursday, April
- 6 1st, at 10:30 here.
- MR. PARKER: Thank you. Patient
- 8 care coordinator, Dr. Yee. Actually, excuse me.
- 9 Workforce development committee, Valerie Quick.
 - MS. QUICK: Thank you, Mr.
- 11 Chairman. We met vesterday. We actually had a
- 12 work group specific to the EMS officer class.
- 13 which has been very successful. There's been
- 14 nine classes this past year total of 170 students
- 15 that have gone through there with some great
- 16 feedback that came from that program. So we are
- 17 actually in development for an EMS Officer II and
- 18 then potentially a III, sort of matching what the
- 19 fire side does but very specific, obviously, to
- 20 EMS.

10

- 21 The other thing that we talked
- 22 about was certainly the mental health aspects.
- 23 and Vince came and talked with us on those
- 24 impacts to our area. We discussed the impacts
- 25 that it had on both recruitment and retention,

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1 and acknowledged the fact that a big component of

2 that is certainly fatigue and that we need to be

3 looking a little bit more closely at that.

Diversity inclusion was a subject

5 that was brought up because of just some recent

6 inquiries as to what we're doing to address that

- problem. So we actually are going to be bringing 7
- 8 a work group together to actually look at what
- 9 the state has in terms of grants for diversion, 10 or not diversion, but diversity and inclusion,
- 11 different kinds of programs. We actually talked
- 12 specifically about a program that targets
- 13 fourteen- to eighteen-year-old girls to get them
- 14 Interested in EMS and how successful that has
- 15 been. So what we'd like to do is to organize all
- 16 of those potential opportunities and coordinate
- 17 with other state entities to make sure that we
- 18 can get that out.
- 19 And the last thing is just the
- 20 work that has been done with the keeping of this
- 21 tool kit. We plan on doing a class at symposium
- 22 this November, and we will meet next on May 7th.
- 23 MR. PARKER: Thank you. Patient
- 24 care coordinator, Dr. Yee.
 - DR. YEE: No report as patient

MR. PARKER: Any opposed? Any

MR. FERGUSON: Okay. The CTS

- 4 psychomotor work group has continued to meet and
- 5 working on scenarios similar to the national

2 abstained? Motion passes.

- 6 registries out of hospital station to where it
- 7 looks more, the scenario as a whole for critical 8 thinking versus just skill. And they've done a
- 9 great job with that and they continue to, again,
- 10 make great progress. We've also reconvened the 11 education coordinator work group. There were
- 12 some concerns from some more of the rural areas
- 13 that felt like it was maybe a bit too
- 14 prescriptive with the number of EMT specific
- 15 hours required in that, so they're taking a look
- 16 to see if we can make the mentorship program a
- 17 little bit more lenient to meet the needs of all

18 localities.

- For the vacancies that we've had 19
- 20 for some time now, VAVRS has submitted Bobby
- 21 Lester for their vacant position on TCC, and he
- 22 has been appointed based on their recommendation.
- 23 Steven Moring from ECPI is being appointed to the
- 24 non-VCCS program position, currently, previously 25 held by Billy Fritz. Matt Lawler has been

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1 care coordinator, but for medical direction, we

2 have two agenda items. The first agenda item is

3 a change to the scope of practice, which we

4 discussed in the past. There are three items

5 within the scope practice that we wanted to

6 address. First is a clarification that EMTs can

7 transport patients with IV fluids, but the IV

8 fluids cannot have additives, nor can they be

9 titrated. So it's, the intent was to establish

10 at a facility, i.e. nursing home, that can

11 transport it.

12 The second item within the scope

13 of practice is the EMT level administering

14 epinephrine but drawing it up out of the vial and

15 administering using a dose-limiting syringe or a

16 color-coated syringe, or a syringe that's clearly

17 demarcated with appropriate dosage, like i.e.

18 0.15 cc's, 0.3 cc's.

19 The third item was oversight on

20 medical control. We've been doing this forever,

21 but we actually added in hormones at the ALS

22 level, i.e. Pitocin, octreotide, and

23 prostaglandins. We do, our inter-facility

24 colleagues do administer these medicines. That

25 was a technicality and we're just adding it back

1 The Office of EMS has also

2 developed a notice of intent, essentially a, I'm

3 not sure if the right term is an application, but

4 it's an application to the Office of EMS saying

5 you are interested in doing mobile-integrated

6 healthcare. It's multiple pages describing your

7 program.

8 MR. PARKER: All right, so this is

9 on the floor. Coming from a committee, it

10 doesn't need a second. We'll call for any

11 discussion? Okay. Hearing none, we'll call for

12 a vote. All in favor?

13 (WHEREUPON, the board members voted in the

14 affirmative.)

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15 MR. PARKER: Any opposed? Any

16 abstained? Motion passes.

DR. YEE: We have some

18 informational items. Medical control did discuss

19 the TR-90a. Medical control is in unanimous

20 support of the recommendations from training and

21 certification, which includes the educational

22 minimum but allowing programs through their

23 advisory committees to teach additional skills

24 and formulary.

Other informational items, medical

1 in to the scope of practice. That's the first

2 agenda item.

MR. PARKER: Okay. This agenda

4 item is coming from a committee, so it doesn't

5 need a second. We'll lay this on the floor. Is6 there any discussion/questions for the chair?

7 Hearing none, we'll call for a vote. All in

8 favor?

11

13

9 (WHEREUPON, the board members voted in the

10 affirmative.)

MR. PARKER: Any opposed? Any

12 abstained? Motion passes.

DR. YEE: The second agenda item

14 we'd like to bring forward is the work that the

15 committee has done for mobile-integrated

16 healthcare. We started going, developing a

17 subcommittee almost a year ago to deal with the

18 issues of agencies wanting to do MIH because it

19 was not well-described in the EMS regulations.

20 What we've come up with is a white paper

21 addressing the need as well as some asks of the

22 agencies, some requirements of what they need to

23 do in terms of training, equipment, demarcation

24 of units, and, well, training is ongoing and as

25 well as continuing.

1 control is working on three different white

2 papers. The first is blood products. Really,

3 essentially from medical control's point of view.

4 advocating for the use of blood products in the

5 pre-hospital environment. We've already

6 coordinated with the pre-hospital care committee.

7 and our intent is to also coordinate with the

8 medevac committee. That was an oversight on our

9 part. We failed to include them from the

10 beginning. There will be a, there will be

11 recommendations as well as a companion document

12 talking about the science and some operational

13 issues associate with it. We're also

14 working on an RSI white paper to describe from

15 the committee's perspective what are the

16 requirements if an agency chooses to have an RSI

17 program. The third white paper we're working on

18 is immunizations, really encouraging influenza,

19 MMRs, et cetera, and we'll be working with the20 health and welfare committee on that. Well,

21 we'll give it to them when we're done with at

22 least the first draft. That's all I have.

23 MR. PARKER: Thank you. Medevac

24 committee, Jason Ferguson.

MR. J. FERGUSON: The medevac



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1 committee met yesterday morning. We have no

- 2 action items. The only thing of note, we had a
- 3 presentation on incapacitated pilot initiative
- 4 that was requested for the clinic to present, and
- 5 Julia has been able to help connect us with a
- 6 drove vender that may be coming in future
- 7 meetings to present on some of the technology and
- 8 how that interacts with him.

MR. PARKER: Thank you. EMS for

10 children, Dr. Bartle.

11 DR. BARTLE: Thank you. We last

12 met on Wednesday the 5th. There are no action

- 13 items, but there are two items of information.
- 14 The national EMSC program has kicked off their
- 15 EMS survey that we'll be participating in here in
- 16 Virginia, the EMS agencies looking at level of
- 17 pediatric skills and availability of pediatric
- 18 patients on the pre-hospital side. And the
- 19 identification of a pediatric champion within the
- 20 agencies. The national EMSC program is to
- 21 recognize that the needs of kids are especially
- 22 met when there's a pediatric champion within the
- 23 various agencies on the pre-hospital side.
- 24 The second item is that we're
- 25 continuing on the second round of the pediatric

1 readiness survey with Virginia hospitals and to

3 which is the basic need for titrating pediatric

4 medications. And looking to make sure that

5 pediatrics are included in the state hospital

6 disaster and emergency plans and that they are

I also would like, on a personal

MR. PARKER: Thank you. Trauma

7 included in the QI programs that the hospitals

8 have. And our next meeting is on May 6.

10 note, I want to thank the Office of EMS for

13 have shown for pediatrics in Virginia.

11 allowing me the opportunity to sit on the board

12 and participate, and for all the support you-all

9

14

16

2 make sure that weights are recorded in kilograms,

1 but will extend to the hospital so we could start

- 2 talking as a true EMS. And that's, I think this
- 3 is one of the very important steps, to look at it
- 4 from an entire model from that aspect.
 - I'll go ahead continue giving the
- 6 trauma administrative and governance committee.
- 7 So we met today and we heard from all the other
- 8 committees, which you will hear from. One thing
- 9 we are currently appreciative of all the work
- 10 that's been done with regard to the trauma fund
- 11 that Gary has mentioned. This is a significant
- 12 amount of work and we really hope that this will
- 13 come through. We are also eager to get the
- 14 report on the retreat that is happening here. I
- 15 think we are looking forward to see what will be
- 16 the action from that retreat. This is very
- 17 important as I have to answer to six committee
- 18 chairs who are non-voting members of this
- 19 committee, and therefore have no influence. And
- 20 so this is very important for us to address, and
- 21 we're hoping that that will be an action taken by
- 22 this as part as, just a vision of where we're 23 going forward, for us to know where to be an
- 24 integrative model. That's one of the main
- 25 aspects.

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- And I will go ahead and give the 2 other committee reports. Some of these chairs
- 3 are not, could not stay, so I will go ahead and
- 4 do that. Especially from the system improvement
- 5 committee, one of the big aspects with the system
- 6 improvement, and we're very appreciative of the
- 7 quarterly report for the EMS, was heavily
- 8 discussed. This is incredibly helpful with
- 9 regard to where is our data system and we're very
- 10 appreciative of how much the whole data has
- 11 improved, especially if you even look at the
- 12 vital signs in the report. If you remember a
- 13 couple of years ago, we gave the report we got
- 14 about seventy-five percent and went up to ninety-
- 15 eight percent simply by showing everybody what
- 16 your report is, what are you reporting, and
- 17 without having any type of enforcement. I think
- 18 that's common. If you show someone where they're
- 19 at compared to everybody else, people will just
- 20 improve given the opportunity, and this is
- 21 exactly what happened. We are very proud of that
- 22 and would be continuing to monitor that from that
- 23 aspect.
- 24 The system improvement though I
- 25 addressed the overall aspect that if you look at

15 system coordinator, Dr. Aboutanos. DR. ABOUTANOS: Thank you, Mr. 17 Chair. There were no action items from any of 18 the committees. I do want to thank the Office of 19 EMS for changing their system and making sure 20 that as division manager that was staffed at the 21 time of assistant committee meetings. That's a 22 significant improvement in integration process 23 and hopefully will, as you hear and as you've 24 heard all day from every part, I'm hoping that it 25 will not only be limited now from pre-hospital

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VDH Board Meeting February 7, 2020 VR # 17047-5 1 a trauma system all the way from pre-hospital, 1 charge to work on the Virginia Designation Manual 2 I'm sorry, look at pre-injury, pre-hospital, 2 and looking at comparators to the American 3 acute and post-acute, we mainly have the report 3 College of Surgeons Manual, so for the next board 4 on the pre-hospital. That's only one vertical 4 meeting, we plan on detailing the redundancies 5 way. Our idea is what our need for everybody 5 and the current Virginia Designation Manual to 6 working in the horizontal aspect from a public 6 have them eliminated to make the document more 7 health approach and start getting the report that 7 efficient. And then the inter-hospital transfer 8 every level of a trauma system level within the 8 guidelines are still in draft form, so we plan at 9 EMS structure. So this is what we're working on. 9 the next meeting to go through it again, approve 10 This is a vision that the Office of EMS heavily 10 it at the committee, and then bring it to the 11 supports, and so we're moving, we're going to be 11 board for approval. 12 moving next with regard to this aspect. This was 12 MR. PARKER: Okay. Thank you. 13 discussed in the system improvement. 13 Post-acute care, Dr. Griffen. 14 Similarly with regard, I'll go 14 DR. ABOUTANOS: Dr. Griffen had to 15 ahead and give the injury and violence prevention 15 leave, so I will give quickly the report. The 16 report, as well, and there were, there are going 16 committee has done just some amount of work with 17 to be changes in the chair, so I'm waiting to 17 regard to the post-acute phase. As you know, 18 have some recommendation with regard to who will 18 there's been a black box for us. We have no idea 19 be the next chair for that committee. But the. 19 what happens after we treat the patient in the 20 most of the discussion with regard to injury and 20 pre-hospital and the hospital level and what 21 violence prevention again is centering on what 21 happened to them as they get discharged. There 22 type of data would be useful, and there's a 22 is no true data system with regard to what 23 significant amount of that already present on the 23 exists, what are the criteria, and what's the 24 VDH and other agency with regard to the pre-24 outcome. So they really weren't able to get to 25 injury level and the consequences to it. So I 25 report, but the number of agencies that are true 67 1 think part of the objective was to align all that 1 rehab agencies and the number that are SNF 2 with regard to the trauma system structure. 2 agencies, that's a very big step. They're And I guess next would be the pre-3 working next with regard to both to identify who 4 hospital committee. 4 goes where and why from that aspect, and 5 MR. PARKER: Pre-hospital 5 eventually we're hoping that will move to another 6 committee, Mike Watkins. 6 part of the data system in the post-acute phase MR. WATKINS: Good afternoon. 7 that would be linked back toward the hospital and

with regard to the trauma system structure.

And I guess next would be the prehospital committee.

MR. PARKER: Pre-hospital
committee, Mike Watkins.

MR. WATKINS: Good afternoon.

Mike Watkins for pre-hospital care committee. We met yesterday, had some discussions about some developing action items to include the blood product position paper that was presented from medical control as well as working on data for traumatic arrests and transports. We are excited working forward. We're going to have the trauma data report at our meetings and make it be able to create more discussion items actually in the meeting and make it very pertinent, so we're excited about that. Looking forward to evaluating a trauma triage guideline for the extremes of age, as well.

MR. PARKER: Okay. Thank you.

DR. YOUNG: Thank you. We met

24 yesterday. There are no action items. There are

25 two developing action items. The first is our

22 Acute care, Dr. Jeff Young.

23

8 the pre-hospital phase. So more to come with 9 regard to the post-acute, but there are no action 10 items for now. 11 MR. PARKER: Okay. Thank you. 12 Emergency preparedness and response? 13 MR. REECE: We had previously 14 reported from this committee that the emergency 15 preparedness response subcommittee of the Tag was 16 looking at particularly pediatrics and burn 17 concerns. We are going to expand that over the 18 next few months to look at supply chain 19 management, knowing that that has a tremendous 20 impact on the way that we prepare and respond to 21 disasters, particularly at a very austere 22 environment. And then we will be developing for

23 presentation at the Tag committee, a standardized

25 capabilities are within the Commonwealth, looking

24 set of reports on exactly what our preparedness

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1 at things such as our mobile medical assets and 2 giving a snapshot of where these are, looking at

3 our communications backbone and those kinds of

4 things. So we'll be developing that and we'll

5 start that presentation at the next subcommittee,

6 next Tag committee meeting. Other than that, no

7 action items and nothing for approval by the

8 board.

9 MR. PARKER: If you'll state your 10 name for the, so that they can record it.

MR. REECE: Morris Reece.MR. PARKER: Thank you. All

13 right, so we are down to the regional EMS council

14 executive directors. Greg? Did I get it right?15 MR. WOODS: Thank you. The

16 regional directors group met on December 6th with

17 the Office of Emergency Medical Services to

18 foster continued collaboration and to discuss

19 strategic planning opportunities between regional

20 EMS councils and the state office, and I want to

21 take a moment to thank the state office and Dr.

22 Jaberi for facilitating that meeting and for

23 their continued commitment to partnering with the

24 regional EMS councils to affect positive changes

were several items that were identified duringthat meeting that we will continue to explore

3 through ongoing discussions. At that meeting, I

5 Tracey McLaurin was elected vice chair, Wayne

6 Perry was elected as treasurer, and David Long

9 of this week, February the 5th. We discussed

10 several ongoing state projects, both current and

11 potential future, and ways that regional councils

13 retreat with OEMS April 13th and 14th to continue

17 situational update with Karen Owens and we're

19 information to EMS agencies related to that. Our

20 next regularly scheduled meeting will be held in

21 conjunction with your next meeting. I'd be happy

22 to answer any questions that you might have at

MR. PARKER: Any questions for

18 coordinating as a group to help disseminate

12 can support those. And we have scheduled a

14 this strategic planning and collaboration

15 process. This morning, regional council

16 directors participated in a coronavirus

23 this time.

25 Greg? Okay.

24

Our group met again on Wednesday

7 was elected as secretary.

4 was elected as chair of our group. In addition,

25 In the advancement of EMS across Virginia. There

1 MR. WOODS: Thank you.

2 MR. PARKER: Thank you. We are

3 down to the public comment period. Is there any

4 public comment to come before this board today?

5 MR. SAMUELS: Chris? Real quick, 6 well, what I'm going to talk about, the Central

7 Virginia EMS Symposium opened on Wednesday for

7 Virginia Emb Symposium opered on vvednesday to

8 the registration.

9 MR. PARKER: Okay.

10 MR. SAMUELS: To date, they have,

11 almost six hundred people have signed up to come

12 to the event. It's March 5th through the 8th.

13 The 7th and 8th is that weekend, and we want to

14 remind anybody to go back to your agencies. It's

15 free to any EMS provider or nurse that wants to

16 take the class. We have both tracts so you can

17 get your credit and it's a collaboration between

18 Henrico Fire, Chesterfield Fire, VCU, and Bon

19 Secours. So it crosses many lines within, in the

20 region, and it's free to, like I said it's free.

21 Everything is covered by the healthcare systems

22 or the local government allowing us to use

23 buildings and things like that. So a lot of good

24 classes this year. They have a new online

25 platform that you can sign up on, so you only

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1 need to make one choice instead of three. You'll

2 know if the class is full or not, similar to what

3 we do at the EMS Symposium. So just wanted to

4 get that out there for everybody to know about

5 and to, hopefully we could get more people

6 signing up. There are some really good speakers

7 coming from out of state.

8 The gentleman from FDNY is going

9 to come down, Kevin, and do a similar class

10 there. He's going to talk about his threat class

11 and then he's also going to do a hands-on active

12 shooter type of class, and he's bringing that

13 whole cadre of instructors with him, so it's a

14 pretty good list and we use, you know, the EMS

15 Symposium to vet that we thought that he would be

16 good for a second chance and come back to

17 Virginia and he agreed to do it. So a lot of

18 good speakers and we just want to make sure

19 everybody knows that registration is open and

20 there are still plenty of classes left.

21 MR. PARKER: Thank you. Any other

22 public comments to come before the board? Okay.

23 Hearing none, we're down to the unfinished

24 business, and I'm going to ask for Jason, R.

25 Jason Ferguson to comment on the nominations

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	VDH Board Meetir	ıg	February 7, 2020 VR # 17047-5 Page 2
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۱,	committee process.	I،	CARTION
		1	CAPTION
2	MR. FERGUSON: All right, so the	2	
	nominations committee met on January 23rd and	3	The foregoing matter was taken on the date, and at
	recommendations were made for several positions,	4	the time and place set out on the title page hereof.
5	which I made you aware of and as we continue to	5	
	confirm interest. It was decided then for the	6	It was requested that the matter be taken by the
	two-committee chair positions, medevac and EMS	7	reporter and that the same be reduced to typewritten
8	for children, which will become vacant as current	8	form.
9	chair persons rotate off the board, we'll	9	
10	reassess those after the governor has made his	10	
11	new appointments. The other positions will be	11	
12	provided for you and the members to review at	12	
13	least thirty days in advance prior to the May	13	
	meeting, but I would like to ask all members of	14	
	the nomination committee to convene briefly after	15	
	this meeting today.	16	
17	MR. PARKER: Thank you. Is there	17	
18	any new business to come before the board? Any	18	
19	new business to come before the board? Hearing	19	
20	none, we'll ask for a motion to adjourn.	20	
21	(WHEREUPON, the motion was moved.)	21	
22	MR. PARKER: Second?	22	
23	(WHEREUPON, the motion was seconded.)	23	
24	MR. PARKER: All in favor?	24	
	(WHEREUPON, the board members voted in the	25	
Ľ	(WILLIAM ON, the board manibers voted in the		
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		1	
	affirmative.)	1	77 CERTIFICATE OF REPORTER AND SECURE ENCRYPTED
2	affirmative.) (WHEREUPON, the meeting was concluded at 2:27	1 2	CERTIFICATE OF REPORTER AND SECURE
3	affirmative.) (WHEREUPON, the meeting was concluded at 2:27		CERTIFICATE OF REPORTER AND SECURE ENCRYPTED SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT
2 3 4	affirmative.) (WHEREUPON, the meeting was concluded at 2:27	2	CERTIFICATE OF REPORTER AND SECURE ENCRYPTED SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT I, SHELDON POE, Notary Public, do hereby
2 3 4 5	affirmative.) (WHEREUPON, the meeting was concluded at 2:27	2	CERTIFICATE OF REPORTER AND SECURE ENCRYPTED SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT I, SHELDON POE, Notary Public, do hereby certify that the forgoing matter was reported by
2 3 4 5 6	affirmative.) (WHEREUPON, the meeting was concluded at 2:27	2 3 4 5	CERTIFICATE OF REPORTER AND SECURE ENCRYPTED SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT I, SHELDON POE, Notary Public, do hereby certify that the forgoing matter was reported by stenographic and/or mechanical means, that same was
2 3 4 5 6 7	affirmative.) (WHEREUPON, the meeting was concluded at 2:27	2 3 4 5 6	CERTIFICATE OF REPORTER AND SECURE ENCRYPTED SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT I, SHELDON POE, Notary Public, do hereby certify that the forgoing matter was reported by stenographic and/or mechanical means, that same was reduced to written form, that the transcript prepared
2 3 4 5 6 7 8	affirmative.) (WHEREUPON, the meeting was concluded at 2:27	2 3 4 5 6 7	CERTIFICATE OF REPORTER AND SECURE ENCRYPTED SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT I, SHELDON POE, Notary Public, do hereby certify that the forgoing matter was reported by stenographic and/or mechanical means, that same was reduced to written form, that the transcript prepared by me or under my direction, is a true and accurate
2 3 4 5 6 7 8 9	affirmative.) (WHEREUPON, the meeting was concluded at 2:27	2 3 4 5 6 7	CERTIFICATE OF REPORTER AND SECURE ENCRYPTED SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT I, SHELDON POE, Notary Public, do hereby certify that the forgoing matter was reported by stenographic and/or mechanical means, that same was reduced to written form, that the transcript prepared by me or under my direction, is a true and accurate record of same to the best of my knowledge and
2 3 4 5 6 7 8 9	affirmative.) (WHEREUPON, the meeting was concluded at 2:27	2 3 4 5 6 7 8 9	CERTIFICATE OF REPORTER AND SECURE ENCRYPTED SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT I, SHELDON POE, Notary Public, do hereby certify that the forgoing matter was reported by stenographic and/or mechanical means, that same was reduced to written form, that the transcript prepared by me or under my direction, is a true and accurate record of same to the best of my knowledge and ability; that there is no relation nor employment by
2 3 4 5 6 7 8 9 10	affirmative.) (WHEREUPON, the meeting was concluded at 2:27	2 3 4 5 6 7 8 9	CERTIFICATE OF REPORTER AND SECURE ENCRYPTED SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT I, SHELDON POE, Notary Public, do hereby certify that the forgoing matter was reported by stenographic and/or mechanical means, that same was reduced to written form, that the transcript prepared by me or under my direction, is a true and accurate record of same to the best of my knowledge and ability; that there is no relation nor employment by any attorney or counsel employed by the parties
2 3 4 5 6 7 8 9 10 11 12	affirmative.) (WHEREUPON, the meeting was concluded at 2:27	2 3 4 5 6 7 8 9 10	CERTIFICATE OF REPORTER AND SECURE ENCRYPTED SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT I, SHELDON POE, Notary Public, do hereby certify that the forgoing matter was reported by stenographic and/or mechanical means, that same was reduced to written form, that the transcript prepared by me or under my direction, is a true and accurate record of same to the best of my knowledge and ability; that there is no relation nor employment by
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2 3 4 5 6 7 8 9 10 11 12 13	affirmative.) (WHEREUPON, the meeting was concluded at 2:27	2 3 4 5 6 7 8 9 10 11 12 13	CERTIFICATE OF REPORTER AND SECURE ENCRYPTED SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT I, SHELDON POE, Notary Public, do hereby certify that the forgoing matter was reported by stenographic and/or mechanical means, that same was reduced to written form, that the transcript prepared by me or under my direction, is a true and accurate record of same to the best of my knowledge and ability; that there is no relation nor employment by any attorney or counsel employed by the parties hereto, nor financial or otherwise interest in the action filed or its outcome. This transcript and certificate have been
2 3 4 5 6 7 8 9 10 11 12 13 14 15	affirmative.) (WHEREUPON, the meeting was concluded at 2:27	2 3 4 5 6 7 8 9 10 11 12 13 14	CERTIFICATE OF REPORTER AND SECURE ENCRYPTED SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT I, SHELDON POE, Notary Public, do hereby certify that the forgoing matter was reported by stenographic and/or mechanical means, that same was reduced to written form, that the transcript prepared by me or under my direction, is a true and accurate record of same to the best of my knowledge and ability; that there is no relation nor employment by any attorney or counsel employed by the parties hereto, nor financial or otherwise interest in the action filed or its outcome. This transcript and certificate have been digitally signed and securely delivered through our
2 3 4 5 6 7 8 9 10 11 12 13	affirmative.) (WHEREUPON, the meeting was concluded at 2:27	2 3 4 5 6 7 8 9 10 11 12 13 14 15	CERTIFICATE OF REPORTER AND SECURE ENCRYPTED SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT I, SHELDON POE, Notary Public, do hereby certify that the forgoing matter was reported by stenographic and/or mechanical means, that same was reduced to written form, that the transcript prepared by me or under my direction, is a true and accurate record of same to the best of my knowledge and ability; that there is no relation nor employment by any attorney or counsel employed by the parties hereto, nor financial or otherwise interest in the action filed or its outcome. This transcript and certificate have been digitally signed and securely delivered through our encryption server.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	affirmative.) (WHEREUPON, the meeting was concluded at 2:27	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	CERTIFICATE OF REPORTER AND SECURE ENCRYPTED SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT I, SHELDON POE, Notary Public, do hereby certify that the forgoing matter was reported by stenographic and/or mechanical means, that same was reduced to written form, that the transcript prepared by me or under my direction, is a true and accurate record of same to the best of my knowledge and ability; that there is no relation nor employment by any attorney or counsel employed by the parties hereto, nor financial or otherwise interest in the action filed or its outcome. This transcript and certificate have been digitally signed and securely delivered through our encryption server. IN WITNESS HEREOF, I have here unto set my hand
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	affirmative.) (WHEREUPON, the meeting was concluded at 2:27	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	CERTIFICATE OF REPORTER AND SECURE ENCRYPTED SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT I, SHELDON POE, Notary Public, do hereby certify that the forgoing matter was reported by stenographic and/or mechanical means, that same was reduced to written form, that the transcript prepared by me or under my direction, is a true and accurate record of same to the best of my knowledge and ability; that there is no relation nor employment by any attorney or counsel employed by the parties hereto, nor financial or otherwise interest in the action filed or its outcome. This transcript and certificate have been digitally signed and securely delivered through our encryption server.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	affirmative.) (WHEREUPON, the meeting was concluded at 2:27	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	CERTIFICATE OF REPORTER AND SECURE ENCRYPTED SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT I, SHELDON POE, Notary Public, do hereby certify that the forgoing matter was reported by stenographic and/or mechanical means, that same was reduced to written form, that the transcript prepared by me or under my direction, is a true and accurate record of same to the best of my knowledge and ability; that there is no relation nor employment by any attorney or counsel employed by the parties hereto, nor financial or otherwise interest in the action filed or its outcome. This transcript and certificate have been digitally signed and securely delivered through our encryption server. IN WITNESS HEREOF, I have here unto set my hand
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	affirmative.) (WHEREUPON, the meeting was concluded at 2:27	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	CERTIFICATE OF REPORTER AND SECURE ENCRYPTED SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT I, SHELDON POE, Notary Public, do hereby certify that the forgoing matter was reported by stenographic and/or mechanical means, that same was reduced to written form, that the transcript prepared by me or under my direction, is a true and accurate record of same to the best of my knowledge and ability; that there is no relation nor employment by any attorney or counsel employed by the parties hereto, nor financial or otherwise interest in the action filed or its outcome. This transcript and certificate have been digitally signed and securely delivered through our encryption server. IN WITNESS HEREOF, I have here unto set my hand
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	affirmative.) (WHEREUPON, the meeting was concluded at 2:27	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	CERTIFICATE OF REPORTER AND SECURE ENCRYPTED SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT I, SHELDON POE, Notary Public, do hereby certify that the forgoing matter was reported by stenographic and/or mechanical means, that same was reduced to written form, that the transcript prepared by me or under my direction, is a true and accurate record of same to the best of my knowledge and ability; that there is no relation nor employment by any attorney or counsel employed by the parties hereto, nor financial or otherwise interest in the action filed or its outcome. This transcript and certificate have been digitally signed and securely delivered through our encryption server. IN WITNESS HEREOF, I have here unto set my hand
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	affirmative.) (WHEREUPON, the meeting was concluded at 2:27	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	CERTIFICATE OF REPORTER AND SECURE ENCRYPTED SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT I, SHELDON POE, Notary Public, do hereby certify that the forgoing matter was reported by stenographic and/or mechanical means, that same was reduced to written form, that the transcript prepared by me or under my direction, is a true and accurate record of same to the best of my knowledge and ability; that there is no relation nor employment by any attorney or counsel employed by the parties hereto, nor financial or otherwise interest in the action filed or its outcome. This transcript and certificate have been digitally signed and securely delivered through our encryption server. IN WITNESS HEREOF, I have here unto set my hand this 11th day of November, 2019.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	affirmative.) (WHEREUPON, the meeting was concluded at 2:27	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	CERTIFICATE OF REPORTER AND SECURE ENCRYPTED SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT I, SHELDON POE, Notary Public, do hereby certify that the forgoing matter was reported by stenographic and/or mechanical means, that same was reduced to written form, that the transcript prepared by me or under my direction, is a true and accurate record of same to the best of my knowledge and ability; that there is no relation nor employment by any attorney or counsel employed by the parties hereto, nor financial or otherwise interest in the action filed or its outcome. This transcript and certificate have been digitally signed and securely delivered through our encryption server. IN WITNESS HEREOF, I have here unto set my hand this 11th day of November, 2019.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	affirmative.) (WHEREUPON, the meeting was concluded at 2:27	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	CERTIFICATE OF REPORTER AND SECURE ENCRYPTED SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT I, SHELDON POE, Notary Public, do hereby certify that the forgoing matter was reported by stenographic and/or mechanical means, that same was reduced to written form, that the transcript prepared by me or under my direction, is a true and accurate record of same to the best of my knowledge and ability; that there is no relation nor employment by any attorney or counsel employed by the parties hereto, nor financial or otherwise interest in the action filed or its outcome. This transcript and certificate have been digitally signed and securely delivered through our encryption server. IN WITNESS HEREOF, I have here unto set my hand this 11th day of November, 2019.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	affirmative.) (WHEREUPON, the meeting was concluded at 2:27	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	CERTIFICATE OF REPORTER AND SECURE ENCRYPTED SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT I, SHELDON POE, Notary Public, do hereby certify that the forgoing matter was reported by stenographic and/or mechanical means, that same was reduced to written form, that the transcript prepared by me or under my direction, is a true and accurate record of same to the best of my knowledge and ability; that there is no relation nor employment by any attorney or counsel employed by the parties hereto, nor financial or otherwise interest in the action filed or its outcome. This transcript and certificate have been digitally signed and securely delivered through our encryption server. IN WITNESS HEREOF, I have here unto set my hand this 11th day of November, 2019.

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