


**Legislative and Planning (L&P) Committee Meeting
 Richmond Marriott Short Pump
 Friday, February 2, 2018
 10:00 A.M.**

| Members Present: | Members Absent: | OEMS Staff: | Others: |
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| Chris Parker, Chair | | Scott Winston | Ed Moreland |
| Ed Rhodes | | Gary Brown | Jon Henshel |
| Byron Andrews | | Tim Perkins | Dreama Chandler |
| Gary Samuels | | Cam Crittenden | Mike Berg |
| Michael Player | | George Lindbeck, MD | Jason Ferguson |
| Rob Logan | | | Greg Woods |
| Steve Higgins | | | Ed Moreland |
| Gary Dalton | | | |
| Rob Lawrence | | | |
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| Topic/Subject | Discussion | Recommendations, Action/Follow-up; Responsible Person |
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| WELCOME AND INTRODUCTIONS | Chair Chris Parker called the meeting to order at 10:05 AM. The minutes from Wednesday, November 8, 2017 meeting were reviewed and unanimously approved. | Motion made by Rob Logan and seconded by Ed Rhodes to approve the Nov. 8, 2017 meeting minutes. The Committee voted unanimously to approve the minutes. |
| OEMS UPDATE | <p>Mr. Scott Winston informed the committee members the OEMS quarterly report to the state EMS Advisory Board is posted on the OEMS website. The report may be viewed at http://www.vdh.virginia.gov/content/uploads/sites/23/2018/01/Complete-Quarterly-Report-with-Appendices-for-Feb-2018-State-EMS-Advisory-Board.pdf</p> <p>Mr. Scott Winston provided the committee members with an Office of EMS personnel update. OEMS has finalized negotiations for a new Human Resources Analyst. OEMS has finalized negotiations for a new BLS Training Specialist who will begin work on Monday, March 12. Second round interviews are scheduled on Feb. 27 for a newly created position at the office for a manager of Community Health and Technical Resources. On Feb. 28, second round</p> | |

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| | <p>interviews for the vacant Regulation and Compliance Manager position will be held. The Community Health and Technical Resources Division will be responsible for fostering connections and collaboration between EMS agencies, local health districts, organizations, health professional, jurisdictions, etc. to advance population-based initiatives that will improve health outcomes in Virginia's localities. The position will also help EMS agencies develop new service lines focusing on post-hospital follow-up, chronic disease management, use of alternative transportation, referral to community health or social resources and preventative healthcare services to improve outcomes in patient well-being.</p> <p>Mr. Winston reminded the committee about the EMS Agenda 2050 project sponsored by NHTSA Office of EMS, EMSC Program at HRSA, Office of the Assistant Secretary for Preparedness and Response (ASPR) at the Department of Health and Human Services (DHHS), and the Department of Homeland Security Office of Health Affairs. EMS agenda 2050 is soliciting feedback from the members of the EMS community to write a new Agenda for the Future that envisions bold and innovative possibilities for EMS advancement over the next three decades. A series of public meetings have been held with the last meeting scheduled on March 1, 2018 in Dallas, TX. In April 2018, the EMS Agenda 2050 Draft will be released for public comment. Straw Man Document V2 can be downloaded from the EMS Agenda 2050 web site at www.emsagenda2050.org/share-comments/</p> | |
| STATE EMS PLAN | <p>The state EMS Advisory Board approved the recommended updated state EMS Plan at the November 9, 2016 Board meeting.</p> <p>The plan was unanimously approved by the Board of Health at their March 16, 2017 meeting. Biannual updates reporting progress in meeting the objectives of the state plan will be provided to the state EMS Advisory Board and annual updates to the Board of Health.</p> |  2016StatePlanFinalDraft.docx |
| REGULATORY UPDATE | <p><u>Chapter 31: Virginia Emergency Medical Services Regulations</u></p> <p>OEMS is required to conduct a periodic review of the EMS Regulations (12VAC5-31) every four (4) years. The Rules and Regulations committee has initiated a periodic review of the Virginia EMS Regulations (12VAC5-31).</p> | |

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| | <p>A Notice of Intended Regulatory Action (NOIRA) was approved by the Commissioner on behalf of the Board of Health. The public comment period for the NOIRA was held May 15 – June 14, 2017. OEMS did not receive any public comments related to the NOIRA.</p> <p>OEMS staff continue to work with key EMS stakeholder groups to review suggested revisions to sections of the current EMS Regulations (12VAC5-31). Once completed, these recommended changes will be sent to the Rules and Regulations Committee of the state EMS Advisory Board for review and then submitted as a regulatory review packet. A work session of the Rules and Regulations Committee was held on October 25 in Waynesboro, VA. A second work session is scheduled on April 3 in Charlottesville to continue work on the proposed EMS Regulations (12VAC5-32).</p> <p>Select Follow-up Actions from Oct. 25 meeting:</p> <p>New “Chapter” nullifies any previously issued variance or exemptions. EMS agencies previously issued exemptions for staffing must be notified. During biannual licensure inspections request EMS Program Reps to determine if previously issued variances/exemptions are needed.</p> <p>Workgroup of Rules and Regulations looking at REPLICA model language and EMS Regulations has not met. (Ed Rhodes, Kim Craig, Greg Woods and Scott). Include Legislative Services (Sarah Stanton, Mr. May) to assist in the process.</p> <p>Current language for REPLICA requires fingerprint background check before initial certification attempt (i.e. when enrolled into initial EMS certification program and before authorization to test). Enabling legislation is required.</p> <p>Committee supports requiring EMS agencies to establish policies related to Fatigue Risk Management (12VAC5-32-915) and the use of Red Lights and Sirens (12VAC5-32-1015).</p> <p>OEMS staff has submitted to the Office of the Commissioner the “Final Exempt”</p> | |

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| | <p>regulatory package for 12VAC5-66 Durable Do Not Resuscitate (DDNR) Regulations reflecting changes resulting from the passage of HB 2153 (2017) regarding recognition by EMS personnel of valid out-of-state DDNR orders.</p> <p>http://leg1.state.va.us/cgi-bin/legp504.exe?171+ful+CHAP0179 There are no updates to report.</p> | |
| <p>2018 VIRGINIA GENERAL ASSEMBLY</p> | <p>HB 777, dealing with Air Medical Services – Concern over the high cost of Air Medical Transportation. Bill was introduced that will require an EMS provider to obtain written consent prior to initiating air medical transport services. It also requires the development of a separate consent form for EMS personnel that the patient must receive and sign before they can be transported by air medical services. The Bill asks for development of statewide EMS Air Medical Dispatch Transport protocols. A group of individuals met with the primary patron (Margaret Ransone) on Thursday, Feb. 1 at the General Assembly Building. Also HB778 & SB663 have affect on the health care facility, when a patient is being transported between health care facilities. 2/3 of patients are transported between facilities. The other 1/3 are scene responses to the hospital.</p> <p><i>Ensuring Access to Air Ambulance Services Act of 2017.</i> <i>H.R. 3378 was introduced by Rep. Jackie Walorski (R-IN), Rep. Suzan Delbene (D-WA), Rep. Bill Johnson (R-OH), and Rep. Raul Ruiz (D-CA). S. 2121 was introduced by Senators Dean Heller (R-NV), Michael Bennet (D-CO), and Cory Gardner (R-CO). The legislation, if enacted, would provide temporary 12% and 0% incentive payments to air medical services to report cost and performance data that would inform CMS on future reimbursement decisions.</i></p> <p>“H.R. 3378 — 115th Congress: Ensuring Access to Air Ambulance Services Act of 2017.” www.GovTrack.us. 2017. https://www.govtrack.us/congress/bills/115/hr3378</p> <p>https://www.congress.gov/bill/115th-congress/senate-bill/2121</p> <p>SB663 & HB778 would amend sections of the Health Code related to the inspection of medical facilities and require when going thru their licensure inspection to demonstrate a policy is in place to inform the patient of the consequences of air medical transport. Obtaining consent, making them aware of the fact that should they go by air there is the potential the air medical provider that arrives to transport them may not be within their health care provider insurance</p> | |

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| | <p>network, resulting in a large out of pocket expense. This would be required prior to the patient is transferred. These bills have been amended and are now sailing through the General Assembly. This issue needs attention at the federal level.</p> <p>Senate Bill 715 which if passed would allow any provider with concealed carry permit to carry a weapon anywhere in the Commonwealth including an ambulance, with the permission of that individuals Department head as well as local government. The bill language is vague. Unsure of what the process will look like. Original language talked about limiting to firefighter or EMS personnel previously employed as a Law enforcement officer or member of the Virginia National Guard, Armed Forces of the United States or Armed Forces Reserves of the United States. Currently, no laws or regulations exist that restrict an individual from carrying a weapon on an ambulance. This bill will formalize that process and establish a procedure that must be followed in order for individuals with a concealed carry permit to possess a gun while operating as an EMS provider in the back of an ambulance or while staffing a quick response vehicle.</p> <p>Several Line of Duty Death (LODD) bills were carried over to next year. Eligibility of spouses and dependents was discussed. The Chair of the House Appropriations committee will head a workgroup to study the issue.</p> <p>SB703, Virginia International Raceway’s Track Safety Director is struggling to provide EMS staff for large events. Bill introduced by Senator Frank Ruff to allow out of state certified EMS providers to work these large events. Event organizer would be required to notify OEMS 10 days prior to the event, the names of individuals in order to verify these individuals hold valid credentials and have no disciplinary actions against them. Discrepancies exist between NC and VA certification levels. NC is not a REPLICIA state. The Bill does recognize that REPLICIA exists and the provisions in REPLICIA must be followed. Limited to states that border Virginia.</p> <p>SB304. At the recommendation of this committee to change the proposed EMS Regulations to say temporary permit will be valid for 90 days and change the existing language in code from 60 days to 90 days. This Bill passed the Senate and is waiting crossover. Bill assigned to HWI.</p> | |

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| | <p>HB1412/SB670, Mental Health Awareness Training. There is no requirement for EMS provider /Firefighter to take the training although it establishes the responsibility of the EMS agency to develop curricula. There is no guidance other than the mention of some components that must be addressed that would promote a standardized approach to this training. This could affect our EMS agency inspections with regard to checking to see if they have made mental health curricula available to their personnel.</p> | |
| UNFINISHED BUSINESS | No unfinished business. | |
| NEW BUSINESS | <p>The VHHA seat on the L&P Committee is now vacant. The new VHHA representative on the EMS Advisory Board, Charlotte Tyson will be approached to serve on this committee.</p> <p>Rob Lawrence referenced a position paper from the American Ambulance Association (AAA) concerning expired Medicare ambulance add-on payments that could place at risk the ability of ambulance service providers to deliver emergency medical care. The Medicare ambulance add-on payments consist of temporary 2% urban, 3% rural and super rural increases under the Medicare ambulance fee schedule. House and Senate committees included a five-year extension of the Medicare ambulance add-on payments in their respective Medicare provider extender packages. Congress is urged to immediately pass a five-year extension of the Medicare ambulance add-on payments as part of the Continuing Resolution for funding beyond Feb. 8. For further information visit www.ambulance.org/advocacy .</p> <p>EMS on the Hill sponsored by NAEMT will be held in Washington, DC on April 11. There will be a briefing and reception on Tuesday, April 10 from 5:30 pm until 8:00 pm at the Hilton Crystal City in Arlington, VA. For further information visit https://www.naemt.org/events/ems-on-the-hill-day</p> | |
| PUBLIC COMMENT | There is no public comment. | |
| NEXT MEETING DATE | The next regularly scheduled meeting of the committee will be held on Friday, May 4 at 9AM at the Richmond Marriott Short Pump, 4240 Dominion Boulevard, Glen Allen, Virginia 23060. Remaining meeting dates for 2018 are: Friday, May 4, Friday, August 3, and November 7 at the Norfolk Marriott Waterside. All meetings are held at 9 AM except the meeting held in | |

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| | November which begins at 10 AM. | |
| ADJOURNMENT | The meeting was adjourned at 10:15 AM. | Motion made to adjourn the meeting by Gary Samuels, second by Ed Rhodes. |

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