

STATE EMERGENCY MEDICAL SERVICES ADVISORY BOARD MEETING
Marriott West Hotel – Richmond, Virginia
November 10, 2000

Members Present: Donald Barklage; Earl Carter; Scott Chandler; Chip Decker; Margaret Dolan, M.D.; Thomas Harvey; James Hurlock; Richard Johnson; Joanne Lapetina, M.D., Chair; A. V. Maddra; Elizabeth Martin; Genemarie McGee; David Palmer; Michael Player; Linda Sayles; John Snyder; Robert Stout; Kent Weber; Claude Webster; Carl Wentzel, M.D.; and Jeffrey Young, M.D., Vice-Chair

Members Absent: John Freeman (*excused*); George Langford; Stewart Martin, M.D. (*excused*)

Others Present: Robin Kurz, Assistant Attorney General; Rob Logan, WVEMS; Connie Purvis, BREMS; Michael Berg, TJEMS; Tina Skinner, REMS; Don Wilson, PEMS; Wanda Legge, LFEMS; Jon Donnelly, ODEMSA; Bruce Edwards, VVBEMS/TEMS BD; Larry Oliver, LFEMS; Jay Brown, and Loudoun Co. Fire Rescue/NOVAEMS

OEMS Staff: Warren Short; Karen Head; Jimmy Burch; Ken Clark; David Cullen; Everette Vaughan; Karen Cheatham; Gary Brown, Director; Scott Winston, Assistant Director; and Irene Hamilton

CALL TO ORDER:

Dr. Lapetina, State EMS Advisory Board Chair, called the meeting to order at 1 p.m.

APPROVAL OF MINUTES:

The motion was made and properly seconded to approve the minutes from the August 3 State EMS Advisory Board meeting.

CHAIRMAN’S REPORT Joanne Lapetina, M.D.

The Chairman recognized the excellent work done by Northern Virginia EMS during the Pentagon disaster. Because of the 9-11 events there is recognition statewide of the importance of public safety and EMS and the provision of emergency medical healthcare. Dr. Lapetina said that the EMS system intends to move forward during the legislative session in their efforts to secure needed funding to support the EMS system.

VICE-CHAIRMAN’S REPORT Jeffrey S. Young, M.D.

Dr. Young also recognized the Northern Virginia EMS system for their service during the Pentagon disaster. Dr. Young emphasized the importance of EMS agencies working closely with hospitals in developing Mass Casualty Plans. Dr. Young was concerned that a lot of hospitals are not really prepared to handle a major mass casualty event.

MEDICAL DIRECTOR’S REPORT:

Dr. Gilbert was unavailable for the meeting and therefore there was no report.

OFFICE OF THE ATTORNEY GENERALRobin V. Kurz

Ms. Kurz acknowledged that the 9-11 events would probably lead to some new legislation during the General Assembly session. The National Governors Association has put together a model bioterrorism act that Virginia might decide to pursue; and if Virginia does adopt the model, it will probably have an impact on the EMS system.

STATE EMS ADMINISTRATIVE REPORTS:

Director’s Report Gary Brown

Mr. Brown apologized to the Board members for the last minutes change of the meeting venue and announced that the 2002 State EMS Advisory Board meetings are scheduled to take place at the Embassy Suites Hotel. The 2002 meeting dates are: February 8; May 10; August 9; and November 15.

Mr. Brown recognized the outstanding work done by the Northern Virginia EMS system. During the 2001 EMS Symposium there was a special candlelight tribute to everyone who responded to the 9-11 event.

Mr. Brown recognized Board members who received Governor’s awards at the Symposium. **Genemarie McGee – 2001 Nurse with Outstanding Contribution to EMS; Dr. Stewart Martin – 2001 Award for Excellence** (the highest award given); **Rusty Hundley (from the Financial Assistance Review Committee) – 2001 Outstanding EMS Administrator; Janet Carbaugh (a former Advisory Board member) – 2001 Outstanding Pre-Hospital Instructor.** Other recipients of awards were: **Tuckahoe Volunteer Rescue Squad – 2001 Outstanding EMS Agency; Goochland Fire –Rescue Department – 2001 Outstanding EMS Call; Dr. Scott Hayes, of Narrows – 2001 Outstanding Operational Medical Director; James Jenkins – 2001 Outstanding Contribution for EMS for Children; Junior Thompson – 2001 Outstanding Pre-Hospital Provider; and Sentara Virginia Beach General Hospital – 2001 Outstanding Contribution to EMS.** Mr. Brown thanked Dr. Carl Wentzel for his work

chairing the Governor's EMS Advisory Board Awards Committee as well as the committee members.

Dr. Anne Peterson has resigned as State Health Commissioner after receiving an appointment by President Bush to serve as the Assistant Administrator for the United States Agency for International Development. In the interim, Dr. Robert Stroube is now serving as the Acting State Health Commissioner and Dr. James Burns is now the Acting Deputy Health Commissioner. The Office of EMS falls under Dr. Burns jurisdiction, and he is Mr. Brown's new supervisor.

Mr. Brown reported that the Governor's Preparedness and Security Panel has been divided up into seven sub-panels. Among them is a First Responder Sub-Panel; and a Health, Medical and Agriculture Sub-Panel. Mike Player testified before the First Responder sub-panel in early November. The Governor will be provided with a report from the panel on November 30. Mr. Brown said that it is his understanding that there will be over 100 recommendations coming from this Panel; and there will be several funding requests attached to the report. The Health Department's portion within the Health, Medical and Agriculture Sub-Panel is exceeding \$21,000,000. The Health Department's request includes funding for FTEs, staffing for the health districts, and their involvement in bio and chemical terrorism activities, equipment, etc. The Office of EMS has also submitted a budget through the First Responder's sub-panel.

Assistant Director's Report.....Scott Winston

Mr. Winston echoed the earlier accolades for the Northern Virginia EMS system.

COMMITTEE REPORTS:

Communications Committee.....Scott Chandler

Mr. Chandler reported the Committee has been working on its assignment to address the EMD issue. They hosted an open workshop format at the Virginia Chapter of APCO Conference on October 4 in Roanoke, exploring the status of EMD in Virginia. They will be following up further on this issue at their next meeting, tentatively scheduled for December 6. The Committee plans to have an open forum ad hoc format at their meeting if at all possible. The State EMS Advisory Board should expect a report from the Committee at the February Advisory Board meeting on this assignment. The Communications Committee has also been providing technical information and assistance to the Academy of Medicine in some of their research and concerns regarding emergency communications or emergency response.

CISM CommitteeLinda Sayles

Ms. Sayles thanked everyone who took part with CISM during the 9-11 event; and also thanked Carol Morrow, from the Office of EMS, for overseeing the efforts. Northern Virginia teams are currently defusing and demobilizing in their area. ODEMSA provided a debriefing for the OEMS staff. Massage therapists were sent to the Pentagon. In addition, a CISM team has been sent to New York. The CISM 2002 Annual Training will be held May 29 – June 1, 2002. It will be held at the Ramada Plaza Resort Oceanfront in Virginia Beach. Patty White, a renown speaker, who deals with CISM and Children, will be the featured speaker at the conference. This is being sponsored through an EMSC grant.

EMS Emergency Management CommitteeMichael Player

The September meeting was preempted by the events of 9-11. The Committee met on November 14. The main focus of this meeting was their mass casualty curriculum. Mr. Player made a presentation to the State EMS Advisory Board with two action items to follow the presentation. Mr. Player reviewed the modules and gave a brief synopsis on each module.

- Module I is attached to the EMT-B curriculum. It is considered to be the awareness of basic level of training for all of their respondents.
- Module II is Operations. It teaches how to function within the EMS or Medical group. It also trains on functioning with an ICS (Incident Command System).
- Module III is the Tactical or Management level. It is for those individuals who will be responsible for putting together the EMS/Medical group function at a mass casualty incident. Currently, Virginia is using the National Fire Academy ICS for EMS courses. However, that course was designed as a stand-alone program; and individuals from Virginia who have gone through Module I and II are forced to go through a lot of redundant material. Mr. Player gave an overview of how they want to rewrite the Module III and enhance its contents.
- Module IV – The Committee wants to develop a Module IV, an Emergency Support Function 8 or ESC Operations Course to train those individuals who will sit and provide the ESF-8 Function in local or state emergency operations center with information about the federal response plan, the Virginia Emergency Operations Plan; and how that fits in with local emergency operations plans and what those components are for the Emergency Support Function 8. This module will also look at basic EOC operations; how to behave and work within an Emergency Operations Center; how to interface with an Incident Command System and our unique EMS Emergency Support Center and how it functions within the Office of EMS. Some of this material is provided and they are not looking at it to replace the Department of Emergency Management Emergency Operations Center Course or their ICS for EMS Course; but to specifically put a perspective of how the individual would do the ESF-8 Function, the health and medical within such a structure.
- Module V – The Committee wants to codify their Module V, Pediatric Disaster Life Support Course that was jointly created with the assistance of the Emergency Management Committee and EMSC. This course was piloted at the Virginia EMS Symposium and drew very good reviews. The committee would like to add an element, the impact of terrorism on children to that curriculum. The Committee continues to receive good support from EMSC and thinks that this is an excellent addition to their curriculum for Mass Casualty Incident Management.
- Module VI – Hospital ICS Mass Casualty Incident Management Curriculum. The committee would like to develop a hospital curriculum for statewide use for hospital ICS and mass casualty incident management. The committee plans to utilize the same model that they utilize in the field for HAZMAT and general training for responders. Other components of the module would include an Operations piece for those individuals who would be functioning at greater depth within the hospital in the execution of this type of ICS or mass casualty incident management plan and a tactical or management portion for those individuals who would be running that type of operation. They are looking at

developing a committee that would bring in the Virginia Hospital Association; members of the EMS Emergency Management Committee; the Hampton Roads and the Richmond Metro MMRS'; and possibly even the cog MMRS; the Emergency Nurses Association; ACEP and the State OMDs along with any other groups that the Board desires to assist in putting together this kind of curriculum. Module VI will follow protocol of the other modules, containing a Participant and an Instructor Manual; audiovisuals; and exercises. The committee has a grant to assist them with Module III and IV providing they can develop that curriculum with a March 2002 deadline. The Committee has set an 18-month target for the development of the Hospital ICS Mass Casualty Incident Management Curriculum.

On behalf of the EMS Emergency Management Committee, Mike Player made the following motions.

MOTION: The EMS Emergency Management Committee requests that the State EMS Advisory Board endorse the EMS Emergency Management Committee's plan for further expansion and development of a Mass Casualty Incident Management Curricula to include Module III – Tactical/Management, Module IV – Emergency support Function-8/Emergency Operations Center Operations and Module V – Pediatric Disaster Life Support by July 2002.

The motion was properly seconded and the Chair opened the floor for discussion. Hearing none, the vote was taken. **YEAS = 21; NAYS = 0; ABSTENTIONS = 0. The motion carried.**

MOTION: The EMS emergency Management Committee requests that the State EMS Advisory Board task the committee with the establishment of a subcommittee to develop a statewide Hospital Incident command System/Mass Casualty Incident Management curricula for use by Virginia's Hospitals by July 2003.; such subcommittee to include representatives of the Virginia Hospital Association, the EMS Emergency management Committee, the Virginia Metropolitan Medical Response Systems from Hampton Roads and Richmond Metro Regions, the Emergency Nurses Association, the American College of Emergency Physicians, and the State Operational Medical Director.

The motion was properly seconded and the Chair opened the floor for discussion. Dr. Young suggested that because each hospital's operations vary tremendously it might be a better idea to find and/or train persons with expertise in that field and have them function as consultants. However, Dr. Young did go on record endorsing Mr. Player's motions. Everette Vaughan, from the Office of EMS commented that they have been getting requests on a daily basis from hospitals requesting this program; and that is what prompted the committee to develop this program. Dr. Lapetina noted that the Medical Society of Virginia just tasked Carolyn Thomas of Richmond with trying to develop something like this from the medical perspective. Dr. Lapetina said that she plans to connect Carolyn Thomas to Mr. Player. Dr. Lapetina said that the Medical Society of Virginia has recognized this area as a hole in EMS' disaster plan.

After discussion, the Chair called for a vote. **YEAS = 21; NAYS = 0; ABSTENTIONS = 0. The motion carried.**

Mr. Brown asked Everette Vaughan, from the Office of EMS, to inform the Board of some of the disaster awards that were awarded at the EMS Symposium. Mr. Vaughan said that their highest award for Disaster Meritorious went to Chief Dave Palmer and Chief Michael Player for their service with the Regional NMRS in Hampton Roads area as well as a lot to do with the planning of Modules I and II. Seven accommodation awards were presented; among them Chip Decker received one for assisting with ERTEC as well as Southwest Virginia floods and 9-11.

EMSC.....Dr. Margaret Dolan

Dr. Dolan had four information items and no action items. EMSC met on November 15 and at that time they identified 10 organizations that needed to be represented as voting members on the Committee, in order to reduce the size of the committee and conform to the Bylaws. Non-voting members can still attend meetings as invited guests, but they will not be able to vote.

EMSC is now at the Partnership status of their grant funding. Their funding is now even at \$100,000 per year, as compared with the prior \$250,000 they received for two years under implementation funding. Over the past year, EMSC has received \$30,000 from DMV; this year EMSC will be getting \$25,000, half for assistance and half for data. EMSC is applying for a Children’s Miracle Network for additional funding next year. One of the big achievements for EMSC has been another data objective that is being piloted in Richmond and hopefully will be able to be done statewide. EMSC has just received IRB approval at the end of September on the Child and Adolescent Injury Surveillance System (CAISS). EMSC has been able to get all the injury data for patients 0 to 19 years of age from Richmond Ambulance, MCVH Emergency Department, and Children’s Hospital , encrypt each patient’s information with two identifiers and will be able to do data set linkage and follow patients anonymously from the pre-hospital arena all the way to the rehab. EMSC also expects to track Head Start and Richmond Public Schools performance information as well. EMSC will probably start doing data sets in the early part of 2001. EMSC received funding for Trauma System Assessment, assessment of the trauma system statewide. EMSC received \$35,000 to fund the Trauma System Assessment and they were also awarded an additional \$10,000. The first meeting was held of the stakeholders in early October. Gail Cooper from San Diego facilitated the meeting, and there were approximately 60 attendees. EMSC is hopeful that this may be a new funding stream for EMSC.

Evaluation Committee..... David Cullen

The Evaluation Committee had no action items; but they had some information items. Regarding the PPCR Program, the Office of EMS has been working closely with the Department of Fire Programs on assessing and determining whether one form can meet everybody’s needs. There is a meeting scheduled later this month with the Senate and the House of Delegates Joint Committee.

At Symposium a workshop was presented on the PPCR Program where the first use of data submitted to the Office of EMS was demonstrated. The Evaluation Committee is still awaiting some data test submissions from their test beds around the state. The Committee is working with VAGEMSA trying to resolve the issue of submission of test data. The Committee is in the process of fixing errors in the data that has already been submitted.

Financial Assistance Review CommitteeEd Snyder

F.A.R.C. has no action items and has three informational items. The Committee is currently working on revisions to the Rules and Regulations governing F.A.R.C. and they should have that finished in about a month. The Committee is currently grading a137 grant requests; 128 for the General Fund and 9 for EMS Management. The total requested is \$3,741,000. F.A.R.C. will meet again on Thursday, December 6, 2001 in Williamsburg; and the Awards meeting is also being held in Williamsburg on Friday, December 7 at 9 a.m.

Human Resources and Training Committee /

Medical Direction Committee.....Dr. Joanne Lapetina

Over the past two to three years they have been talking about changing some of the curriculum for ALS programs and the Enhanced Programs in Virginia. They have finally come through the pilot and full circle through the Human Resources and Training Medical Direction Committee and are to be presented as action items today. Dr. Lapetina presented the curricula, one at a time. There are five motions.

MOTION:

The Medical Direction and Human Resources and Training Committees propose that the State EMS Advisory Board accept the EMT-Enhanced Program.

The motion was made and properly seconded and the floor was opened for discussion. Hearing no discussion, the vote was taken. **YEAS = 21; NAYS = 0; ABSTENTIONS = 0. The motion carried.**

MOTION:

The Medical Direction and Human Resources and Training Committees propose that the State EMS Advisory Board accept the Intermediate Curriculum for the State of Virginia.

The motion was made and properly seconded and the floor was opened for discussion. Hearing no discussion, the vote was taken. **YEAS = 21; NAYS = 0; ABSTENTIONS = 0. The motion carried.**

MOTION:

The Human Resources and Training and Medical Direction Committees propose that the State EMS Advisory Board accept the Cardiac Technician to Intermediate Transition Program as presented including three methods of testing (state, waive, or National Registry); optional skill evaluations tracked at the local level; and allow a 3-year period for completion of the Transition program.

The motion was made and properly seconded and the floor was opened for discussion. Hearing no discussion, the vote was taken. The motion was made and properly seconded and the floor was opened for discussion. Hearing no discussion, the vote was taken. **YEAS = 21; NAYS = 0; ABSTENTIONS = 0. The motion carried.**

MOTION:

The Human Resources and Training and Medical Direction Committees propose that the State EMS Advisory Board accept the Intermediate to Paramedic bridge program as presented.

The motion was made and properly seconded and the floor was opened for discussion. Hearing no discussion, the vote was taken. The motion was made and properly seconded and the floor was opened for discussion. Hearing no discussion, the vote was taken. **YEAS = 21; NAYS = 0; ABSTENTIONS = 0. The motion carried.**

MOTION:

The Human Resources and Training and Medical Direction Committees propose that the State EMS Advisory Board accept the competency requirements as presented by the competency committee.

The motion was made and properly seconded and the floor was opened for discussion. Following discussion, the vote was taken. The motion was made and properly seconded and the floor was opened for discussion. Hearing no discussion, the vote was taken. **YEAS = 21; NAYS = 0; ABSTENTIONS = 0. The motion carried.**

MOTION:

The Human Resources and Training and Medical Direction Committees propose that the State EMS Advisory Board accept the current shock Trauma curriculum to the Enhanced Transition program as presented.

The motion was made and properly seconded and the floor was opened for discussion. Hearing none, the vote was taken. The motion was made and properly seconded and the floor was opened for discussion. Hearing no discussion, the vote was taken. **YEAS = 21; NAYS = 0; ABSTENTIONS = 0. The motion carried.**

Medevac Committee Genemarie McGee

The Committee has no action but has some informational items. Ms. McGee distributed a document that the Committee is planning to produce on provision of air medical services in the State of Virginia. It will be available for all pre-hospital agencies and hospital agencies. This document was produced in response to the JLARC study. At the last meeting, the Committee came to consensus on an educational outline that will be in every program and that deals with safety and other issues with flight medical programs, and that will be checked during inspections.

Public Information and Education Committee..... Gary Brown

The Committee met October 11 at the Office of EMS. Four members of the PI&E Committee served as faculty during the 2001 EMS Symposium in Norfolk. The topics included: How to Deal With the Media – 180 attendees; Durable Do Not Resuscitate Regulations – 61 attendees; Recruitment and Retention Workshop – 63 attendees.

Awards Committee- As a direct request from this year’s Award’s Committee, the PI&E and OEMS staff coordinated the preparation of a special Symposium newsletter for distribution at the

Symposium which highlighted this year's award winners. A copy of the newsletter was distributed to Board members.

Thoughts to New York- In an effort undertaken in concert with the Department of Fire Programs, a newspaper ad was distributed statewide and printed in over 21 local newspapers. The ad listed ways that the general public can get involved with their fire or EMS agency, as well as a statement from the Governor. The PI&E Committee with OEMS staff assistance coordinated two special projects to express thoughts to members of New York City's Emergency Services personnel. The Office of EMS made a banner that was put on display at the Symposium where Symposium attendees could write personal notes to the NYC Emergency Services personnel. The banner is being sent to the Director of the New York Office of EMS.

The PI&E Committee went on record, to thank Deidre Snipes, from the Office of EMS, who coordinated the efforts to obtain special funding donations for the decorations at this year's banquet and candlelight ceremony. Ms. Snipes worked closely with Kevin Dillard ,of Life Care Medical and the former chair of the PI&E Committee, to provide a patriotic theme at the 2001 Symposium. Mr. Brown also acknowledged Francis Menza from Fairfax County Fire and Rescue who sang *Wind Beneath My Wings* during the ceremony.

The PI&E Committee will be meeting in January 2002 at the Office of EMS. The exact date will be announced later.

Regulation and Policy Committee..... Claude Webster

Mr. Webster reported that the revised Regulation and Policy document is in the Governor's office awaiting his signature. It is possible that it will be forwarded to Governor-elect Warner. There have been some revisions to the document and there is a Draft Version IV that cannot be distributed until the document is returned from the Governor's office. Changes were made in the areas dealing with Medevac and the equipment that needs to be carried on air ambulances as well as the communications aspect. After the document is returned from the Governor's office, there will be a sixty-day public comment period.

At the last State EMS Advisory Board meeting, the Board members discussed endorsing the regulations and policies as they had been presented. At that time, the Board decided that they would not know exactly what they were endorsing. Since the new governor is being inaugurated in January, Mr. Webster said the Advisory Board might still have an opportunity to endorse the regulations at its February meeting.

The Committee had planned to meet in September but the meeting had to be canceled due to the 9-11 disaster.

Mr. Brown informed the Board that Mike Player, when he testified before the First Responder sub-panel, mentioned in his testimony the need to move the Rules and Regulations through the process as soon as possible. The panel was very interested in that issue; and Senator Stolle and Delegate Orrock both said that they would follow through on this issue in hopes that it can be handled by the current governor.

Transportation Committee George Langford

Mr. Langford was not present and, therefore, there would be no report. Mr. Winston announced that the next meeting of the Transportation Committee is scheduled on Friday, December 7, at 10 a.m. at the Office of EMS.

Trauma System Oversight & Management.....Dr. Jeffrey Young

Dr. Young reported that the Committee had no action items but several information items. There are ongoing negotiations for a contract extension and Karen Head from the Office of EMS has the new stickers with the Poison Control number. The Committee has completed three site visits this year. There are approximately seven site visits scheduled for next year. EMSC/Trauma System grant, the staff and Committee have assisted with updating the agency affiliation database in the Commonwealth. The staff is analyzing Year 2000 hospitalization data for trauma, and the level one centers will be assisting in the presentation by showing how to use data to affect care.

REGIONAL COUNCIL EXECUTIVE DIRECTORSJim Chandler

The Regional Council Executive Directors held elections at its November 15 meeting. *Rob Lowe* is the new Chair; *Mike Berg* is the new Vice-Chair; *Tina Skinner* will remain Secretary; and *Connie Purvis* will remain as Treasurer.

The Regional Council Executive Directors discussed some of the communication problems faced by the Office of EMS and hospitals around the state on September 11. Mr. Chandler pointed out that in any mass casualty situation there is a need to gather bed status and hospital capability information so as to ensure that the field has the best possible information, to assure the best patient distribution. Currently the Northern Virginia area has implemented software to provide for real-time reporting and bed status of hospitals. The Old Dominion region currently has a Rescue Squad Assistance grant pending to purchase some more software. The Tidewater area is currently reviewing possible software. The Regional Directors think that it is essential to have standard software installed statewide that will result in real-time hospital status entry and reporting. In this regard, what the Regional Directors recommend is that the grant request for the Old Dominion Council be reoriented as a statewide grant request and that it be supported by the F.A.R.C. Committee. The Regional Council Executive Directors also encourage that the Old Dominion task force that wrote the specifications for the Old Dominion proposal be enlarged to include appropriate representation from across the state.

The Chair said that she would entertain a motion in that regard. The following motion was made and properly seconded.

MOTION:

The State EMS Advisory Board recommends that the Financial Assistance Review Committee be informed that the Regional Council Executive Directors would like for the pending Old Dominion Rescue Squad Assistance Fund grant request to purchase software to be reoriented as a statewide grant request.

The floor was opened for discussion, and hearing none the vote was taken. **YEAS = 20; NAYS = 0; ABSTENTIONS = 1. The motion carried.**

PUBLIC COMMENT

Dr. Lapetina spoke to the Board as a member of VAVRS instead of as Chair of the Advisory Board. VAVRS has been in contact with legislators and is currently in pre-file stage for legislation to secure funding for EMS this coming year. Board members were encouraged to have their constituents contact their legislators in support of the EMS funding. Dr. Lapetina is aware that other organizations represented on the Board have filed position papers, as well. Dr. Lapetina encourages the Board to provide a unified front in pursuing funding and to attend funding hearings. Dr. Lapetina said that VAVRS is currently deciding between Five-for-Life with three split the usual way, one for Homeland Defense needs and one for critical needs as designed by the Advisory Board. The other option that VAVRS is currently discussing is Four-for-Life straight with the usual split.

OLD BUSINESS

None

NEW BUSINESS

VAGEMSA provided two position papers for consideration and action by the State EMS Advisory Board. Mr. Palmer described the two position papers and indicated that it was similar to the VAVRS position presented by Dr. Lapetina.

The first position paper is on Terrorism and Weapons of Mass Destruction Funding and Support. The second position paper is a recommendation on the State EMS Advisory Board adopting and endorsing VAGEMSA's position to fund the EMS system as a separate funding pot but using the Task Force recommendations that have been done over the last several years. VAGEMSA's position is for Four-for-Life and/or general operating budget funding for the EMS system to bring them up to meet the current needs of EMS on a daily basis. With regards to the EMS side, they have tried to use the Task Force recommendations. It is VAGEMSA's intent to provide the position papers to legislators in their localities, as well all the legislators across Virginia.

Following discussion the following motion was made and properly seconded. Dr. Lapetina, Advisory Board Chair, called for a roll call vote.

MOTION:

The State EMS Advisory Board recommends that the original 1999 EMS Funding Task Force Report recommendations be adopted. The State EMS Advisory Board also recommends that the 2002 session of the Virginia General Assembly amend and reenact section § 46.2-694, Code of Virginia, to increase the current two dollar surcharge on motor vehicle registration fee earmarked for EMS to four dollars and that the current percentage distribution in Code be maintained.

The vote was as follows:

Board Member Name / Affiliation	Vote
Donald R. Barklage, Jr. – Northern VA EMS Council	YEA
; Earl N. Carter, Jr. – Southwest VA EMS Council	YEA
Scott R. Chandler – Associated Public Safety Communications Officials	YEA
Chip Decker – VA Ambulance Association	YEA
Margaret A. Dolan, M.D. – Virginia Chapter of the American Academy of Pediatrics	YEA
Thomas D. Harvey – VA Municipal League	YEA
James B. Hurlock, Jr. – VA State Firefighters Association	YEA
Richard R. Johnson – VA Association of Counties	YEA
Joanne E. Lapetina, M.D. – VA Association of Volunteer Rescue Squads (VAVRS)	YEA
A.V. “Buck” Maddra, III – Consumer	YEA
Elizabeth Jo Martin – Peninsulas EMS Council	YEA
Genemarie W. McGee – Medical Society of Virginia	YEA
David B. Palmer – Virginia Association of Governmental EMS Administrators (VAGEMSA)	YEA
Michael B. Player – State Fire Chief’s Association of Virginia	YEA
Linda L. Sayles – Virginia Emergency Nurses Association/Virginia Nurses	YEA
John E. Snyder – Old Dominion EMS Alliance	YEA
Robert N. Stout – Blue Ridge EMS Council	YEA
Kent Weber – Tidewater EMS Council	YEA
Claude R. Webster – Western Virginia EMS Council	YEA
Carl F. Wentzel, III, M.D. – Virginia College of Emergency Physicians	YEA
Jeffrey S. Young – M.D. – Virginia Chapter of the American College of Surgeons	YEA

The motion carried unanimously.

NEXT MEETING-

The next meeting of the Advisory Board is scheduled on Friday, February 8, 2002, at the Embassy Suites.

ADJOURNMENT

The meeting was adjourned at 3:25 p.m.

Respectfully submitted,

Irene M. Hamilton