

**Finance, Legislation and Planning (FL&P) Committee**  
**November 12, 2008**  
**Norfolk Waterside Marriott**  
**10:30 AM**

Members Present:	Members Absent:	OEMS Staff:	Others:
Gary Dalton	Bruce Edwards - excused	Scott Winston	Jason Ferguson
Art Lipscomb	Jennie Collins - excused	Gary Brown	Jeff Meyer
Theresa Guins, MD	Morris Reece - excused		Randy Abernathy (representing VAGEMSA)
Rob Logan	VACO Representative		
Michael Player	Kent Weber - excused		
Byron Andrews			
Ed Rhodes			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>Opening</b>	Gary Dalton, Chair opened the meeting. The minutes from the August 8, 2008 meeting were reviewed and approved.	<b>Motion: Approve minutes from the August 8, 2008 meeting. Motion passed unanimously.</b>
<b>OEMS Update</b>	<p>Scott Winston, Asst. Director, OEMS referred the members of the committee to review the OEMS quarterly report to the EMS Advisory Board (the Green Book).</p> <p>Mr. Winston referred the committee members to the matrix developed by OEMS to track legislation passed during the 2008 session of the VA General Assembly. OEMS prepares monthly updates to the Commissioner of Health on the status of action(s) taken in response to legislative directives and initiatives. OEMS is reporting on the status of HB 191, HB 479, SB 197, SB 228, and SB 344.</p> <p>Mr. Winston and Mr. Brown provided the committee an update on the state budget reduction plan. OEMS prepared a 5%, 10% and 15% reduced budget for consideration. The committee was advised VDH elected to make cuts involving</p>	

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	<p>grant awards of over \$500,000 from the Dec. 2005 and June 2006 closed cycles of RSAF that were not drawn down by the grant recipients. Grant awards that are not drawn down when a cycle is closed are rolled forward to be re-awarded in subsequent RSAF grant cycles. In addition, OEMS lost three positions due to the budget cuts: Stroke Care Coordinator, Certification Examination Coordinator, and CISM Manager. Ms. Carol Morrow, CISM Manager was transferred into the Technical Assistance Coordinator (TAC) position. OEMS was directed to withdraw an employment offer for the TAC before the incumbent started work to accommodate Ms. Morrow.</p> <p>The committee expressed concern that items not specifically identified in the OEMS budget reduction plan may become targets by the Administration to help offset the budget deficit. The committee discussed writing a letter to the Commissioner of Health to request an opportunity for OEMS and the EMS Advisory Board to meet and discuss with the Commissioner any reductions that are being considered that are not specifically identified in the budget reduction plan developed by OEMS.</p> <p>The committee discussed rumors that the additional .25 revenue collected from motor vehicle registrations as a result of legislation passed during the 2008 session of the VA General Assembly may become a target for funding cuts. These funds were approved by the legislature to defray the cost of certification and recertification of EMS personnel as an incentive to recruit and retain EMS personnel. Several committee members also stated there has been some discussion about the \$1,045,000 that comes off the top of the “\$4.25 for Life” to cover a portion of the cost by the VSP to operate their Med-Flight I, II and III programs. A member asked if the VSP discontinued their Med-Flight program and continued to operate only for law enforcement activities would the funds be taken as a reduction to help offset the state budget deficit or returned to special fund for EMS.</p>	<p><b>Motion made by Michael Player and seconded by Art Lipscomb: State EMS Advisory Board write a letter to the Commissioner of Health requesting dialogue with the Office of EMS, EMS Advisory Board and Commissioner of Health prior to any reductions in funding to the Virginia EMS System beyond those presented by OEMS in their budget reduction plan. Motion passed unanimously.</b></p>
<b>State EMS Strategic Plan Update</b>	Mr. Winston reported the state strategic and operational EMS plan is now posted on the OEMS Web site. Mr. Winston reported several OEMS staff members recently met with Mr. Matt Cobb from the OAG to discuss the concept of	

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	<p>incorporating documents that establish the scope of practice in Virginia (defined in part by the medications and procedures schedules approved by the Medical Direction Committee) into the state EMS plan. The EMS plan must be reviewed and revised as necessary by the Board of Health every three years. Prior to approval by the BOH, the state EMS plan is approved by the state EMS Advisory Board.</p>	
<p><b>Process Action Team (PAT) Update/Regional EMS Council Designation Process</b></p>	<p>Mr. Dalton asked the members of the committee if anyone was aware of any potential legislation related to the PAT process or the designation of regional EMS Councils. No one of the committee was aware of any actions. Mr. Dalton reminded the committee that any efforts to influence the outcome of the PAT or the process to designate regional EMS Councils should first be shared with the EMS Advisory Board. Recently a delegation from the Peninsulas EMS Council (PEMS) region, including two members of the state EMS Advisory Board from the PEMS area met with Delegate Harvey Morgan and attempted to stop the PAT process. The committee briefly discussed the budget amendment introduced by Delegate Watt Abbitt that prohibits any modifications to the existing regional EMS council service area boundaries. This language will remain in the budget bill and be re-enacted every two years unless an active effort is made to have the language removed.</p>	
<p><b>Potential 2009 Legislation related to EMS</b></p>	<p>Mr. Dalton reported the Virginia Fire Services Council met on Oct. 9, 2008 in Richmond to discuss potential legislation and initiatives that are likely to come up during the 2009 session of the Virginia General Assembly.</p> <p>a. <u>Appointment of EMS representative to the state Board of Health.</u> At the October 2008 meeting of the state Board of Health, there was no opposition voiced by the Board for expanding the size of their Board. The BOH indicated this initiative will serve as a catalyst for looking at the overall composition of the Board. The original recommendation was to appoint the chair of the state EMS Advisory Board to the state Board of Health. The current proposed language identifies a representative of the EMS community recommended by the state EMS Advisory Board to serve on the state BOH. The Executive Committee of the state EMS Advisory Board will make a recommendation to the state EMS Advisory Board on a</p>	

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	<p>process to utilize to designate a representative from the EMS community to serve on the state BOH. The legislation will be included in the Administration's legislative package.</p> <p>b. <u>Deemed Consent to Testing and Release of Test Results (§ 32.1-45.1).</u> There is some question as to whether the repeal of the Ryan White Act will have any affect on the reporting requirements in VA. According to Mr. Lipscomb, the IAFF is reviewing the state deemed consent laws to determine if they are consistent with federal legislation. It was noted state law does not always follow OSHA or CDC guidelines. In addition, it is the opinion of some that the ER physician has the authority to determine whether EMS personnel should be notified and tested. Any legislation should make it clear that notification and testing are automatic if certain criteria are met.</p> <p>c. <u>Quality Assurance (QA)/Data Officer and Pediatric Coordinator.</u> The Office of EMS is considering requiring each licensed EMS agency to identify individuals to serve as a Pediatric Officer and QA/Data Officer with contact information available in the OEMS database to allow for communication of important information such as changes to the PPCR database, communication of future state level performance improvement programs, assessment by OEMS of available and/or needed resources, and facilitate automated notifications from the new EMS Registry database. These two positions will help us to meet Code, Regulatory and programmatic requirements.</p> <p><b>Pediatric Coordinator/Officer</b></p> <ul style="list-style-type: none"> <li>• The Office of EMS is committed to ensuring that pediatric EMS patients receive high quality patient care and recognizes pediatrics as a unique and specialized patient type that EMS providers will encounter.</li> <li>• OEMS' commitment to pediatric patients is evident by the movement for the EMS for Children Program into OEMS and supporting the amendment to § 32.1-111.3 to include EMS for Children as one of OEMS Code of</li> </ul>	

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	<p>Virginia mandated objectives.</p> <ul style="list-style-type: none"> <li>• The Institute of Medicine’s (IOM) Future of Emergency Care Series, <i>Emergency Care for Children, Growing Pains</i> has recommended that EMS Agencies and hospitals have a “pediatric emergency coordinator” to provide pediatric leadership to their organization. This recommendation can be found in the above report’s summary under “Strengthening the Workforce”.</li> <li>• The IOM states the pediatric coordinator should “ensure adequate skill and knowledge among fellow EMS providers, overseeing pediatric quality improvement initiatives, and ensuring the availability of pediatric medications, equipment, and supplies.</li> <li>• The Health Resources and Services Administration has several initiatives (performance Measures 66a-e) through the EMS for Children national program to guide state EMS offices with increasing EMS agency and hospital capabilities in managing pediatric care. (performance measure #66 is a Government Performance and Results Act required)</li> </ul> <p><b>Quality Assurance/Data Officer</b></p> <ul style="list-style-type: none"> <li>• OEMS is committed to following the recommendation in the Institute of Medicine’s (IOM) Future of Emergency Care Series, <i>Emergency Medical Services at the Crossroads</i> to move towards a more evidenced based practice. This is done through consistent quality data collection and reporting.</li> <li>• The 2004 Joint Legislative Audit and Review Commission made several recommendations to improving compliance with PPCR data collection and usage of that data for EMS system planning.</li> <li>• A frequent critique of the PPCR program has been the ability to receive data and the ability for agencies to utilize the data available. Having an identified individual at each EMS agency will facilitate the ability to increase communication between the OEMS and agencies and assure the information gets to the correct person, allow OEMS to provide proper security measures when granting individuals with access to the new EMS database, and allow quality reporting and submission compliance</li> </ul>	

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	<p>information to go directly to an identified and authorized agency representative.</p> <ul style="list-style-type: none"> <li>• Compliance has been a significant challenge in the recent history of PPCR and with the investment of upgraded technology features will be available to better assist EMS agencies and OEMS and managing data submission</li> <li>• § 32.1-116.1 of the Code of Virginia (COV) and 12VAC5-31-560.C require submission of prehospital data to VDH/OEMS and currently agencies do not have an identified individual to routinely communicate items such as changes, enhancements, reporting problems, and compliance matters to.</li> <li>• COV § 32.1-111.3 requires that the EMS system have a method of ensuring performance improvement program for monitoring the quality of EMS care. 12VAC5-31-600 requires EMS agencies have an ongoing quality management program. OEMS seeks to have the ability to communicate performance improvement information directly with the individual responsible with for this already existing program.</li> </ul> <p>The committee briefly discussed the OEMS proposal to create these new positions within each licensed EMS Agency. Mr. Byron Andrews stated if this requirement is approved in the EMS Regulations it will place a significant burden on smaller EMS agencies, especially in rural areas of the state. Dr. Theresa Guins felt agencies should designate someone to perform these functions and it would have a limited impact on agencies. Mr. Dalton stated if the EMS agency does not designate someone the responsibility for these positions will fall back on the Chief Operations Officer. Mr. Abernathy stated regulatory oversight will be necessary to ensure compliance to these requirements.</p> <p>d. <u>Commonwealth Private Ambulance Providers (CPAP) request for a seat on the EMS Advisory Board.</u> According to the leadership of CPAP, their organization represents all commercial ambulance providers in the state with the exception of Richmond Ambulance Authority and Lifeline Ambulance Service. The President elect of this organization is Mr. Randy Breton. The request from</p>	

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	<p>CPAP for a seat on the Board should be reviewed by the Executive Committee. Prior to review by the Executive Committee, a complete and thorough review of their Officers, Constitution, By-laws, meeting dates, and filing with the State Corporation Commission (SCC), should be completed by the appropriate standing committee of the EMS Advisory Board. It was reported CPAP has requested time on the agenda at the Nov. 12 EMS Advisory Board meeting to present information about their organization.</p> <p>e. <u>Budget Amendment to return interest money from RSAF funds.</u> It was reported a budget amendment may be introduced to restore the interest earned from RSAF funds. There was no opposition to this action reported at the Virginia Fire Service Council meeting held on Oct. 9 and the measure is supported by VAVRS, the Regional EMS Councils, and the Virginia Fire Chiefs Association (VFCA). A similar effort will be made to fund the Volunteer Service Award Program (VOLSAP).</p> <p>f. <u>Capital murder of certain firefighters and emergency rescue personnel; penalty.</u> This proposed legislation was continued to 2009 in Courts of Justice. This bill would expand the capital murder section of the Code. The willful, deliberate, and premeditated killing of a fire marshal, firefighter, lifesaving or rescue squad member when such killing is for the purpose of interfering with the performance of his official duties shall constitute capital murder, punishable as a Class 1 felony.</p> <p>g. <u>Novelty Cigarette Lighters.</u> A bill will be introduced to ban the sale of cigarette lighters that resemble toys, cartoon characters, guns, etc. This measure is supported by various fire and EMS organizations, as well as it is on the agenda for the American Academy of Pediatrics (AAP).</p> <p>h. <u>Reporting Requirements. Protection of Aged or Incapacitated Adults (§63.2-1606).</u> It was reported proposed language has been prepared and submitted to Senator McDougle to conform the language in the mandatory</p>	

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	<p>reporting requirements for elder abuse and neglect to mirror the language in the child abuse and neglect statute. Dr. Guinns expressed concern that these actions weaken existing reporting laws and more cases will fall through the cracks. Mandated reporters should be required to report directly to the Dept. of Social Services. It was suggested any changes in the law should be monitored to determine if they are working and having the intended effect.</p> <p>i. <u>(§46.2-1020) Other permissible lights and (§46.2-1024) Flashing or steady-burning red or red and white warning lights.</u> It has been reported an individual from the Shenandoah Valley area of Virginia has requested a Delegate to introduce legislation to amend the Code pertaining to the number and types of lights that can be used on privately owned vehicles (POV's) and to permit the use of sirens on POV's. Following a brief discussion by the committee members, a recommendation was made a motion should come from this committee to the state EMS Advisory Board to oppose any legislation that would attempt to change existing laws pertaining to the use of lights and/or sirens on POV's.</p>	<p><b>MOTION: The FL&amp;P Committee recommends the state EMS Advisory Board goes on record opposing any legislation that would allow additional lights and sirens on privately owned vehicles.</b></p> <p><b>1<sup>st</sup> – Rob Logan</b> <b>2<sup>nd</sup> – Art Lipscomb</b></p> <p><b>Motion passed unanimously (8 – 0).</b></p>
<p><b>Medicare Cross-Over Payments</b></p>	<p>Medicaid limits its payments for Medicare “crossover” claims to the Medicaid fee schedule. This means that Medicaid would only pay the “crossover” coinsurance and deductible amounts if the Medicaid rate for the service exceeded the amount reimbursed by Medicare. Because Medicaid’s ambulance rates are usually below the Medicare amount, no additional payments should be made by Medicaid. The Department of Medical Assistance Services (DMAS) sent a Medicaid Memo in 2003 advising all providers, including ambulance providers, of this change in payment calculation. However, an analysis conducted by DMAS found that payments were being made incorrectly for ambulance “crossover claims.” A March 1, 2008 memorandum was sent to ambulance providers informing them that effective</p>	

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	<p>April 1, 2008, these incorrect payments were being discontinued, and that it may be necessary to collect any overpayments. Due to overpayments made by Virginia Medicaid approximately \$13M must be repaid by certain EMS agencies in Virginia. Over 70 volunteer EMS agencies and dozens of municipal EMS departments must repay the Department of Medical Assistance Services (DMAS) because of overpayments they received. EMS agencies that are unable to repay these overpayments by the identified deadline are encouraged to request a hearing to appeal the judgment and attempt to work out a repayment schedule.</p>	
<b>Old Business</b>	<p>During the May 16 state EMS Advisory Board Mr. Anthony Wilson requested the Board to look into increasing Medicaid reimbursement rates by the Department of Medical Assistance Services for the provision of ambulance services. A budget amendment was introduced during the 2008 session of the Virginia General Assembly to increase the rates. The amendment was defeated in committee. Mr. Rhodes requested a copy of the Budget Amendment to increase the Medicaid Reimbursement Rate of ambulance providers. No further action has been taken on this matter.</p>	
<b>New Business</b>	<p>No new business.</p>	
<b>2009 Meeting Dates</b>	<p>The FL&amp; P Committee is scheduled to meet at 9 AM on the morning of each quarterly state EMS Advisory Board. The 2009 meeting dates for FL&amp;P committee are Friday, Feb. 13; Friday, May 15; and Friday, August 7. The fourth quarter meeting date and location for the FL&amp;P committee is to be determined (TBD).</p>	
<b>Adjournment</b>	<p>The Committee adjourned at 12 noon.</p>	