

**House Bill 1728 Workgroup Meeting (Medevac)  
Virginia Office of Emergency Medical Services  
1041 Technology Park Drive, Glen Allen, VA 23059  
July 20, 2017  
10:00 a.m.**

<b>Representatives Present:</b>	<b>Representatives Absent:</b>	<b>OEMS Staff:</b>	<b>Guests:</b>
<b>Julia Marsden</b> , Facilitator	<b>Bill Zeiser</b> , Transportation Unit Supervisor, Virginia Department of Medical Assistance Services	Tim Perkins, Technical Assistance Planner, VDH OEMS	Amanda Lavin, Office of Attorney General
<b>Lt. Jay Cullen</b> , Virginia State Police	<b>Derrick S. Ruble</b> , Director of 911 & Emergency Communications, Tazewell (EXCUSED)	Gary Brown, Director, VDH OEMS	Jeff Ferguson, VCU Health
<b>Deputy Chief Eddie Ferguson</b> , Goochland County Dept. of Fire, Rescue & Emergency Services	<b>George Lindbeck</b> , State Medical Director, Virginia Department of Health (EXCUSED)	Camela Crittenden, Trauma & Critical Care Manager	Susan Smith, Carilion Clinic Lifeguard
<b>James (Jim) Young</b> , Insurance Policy Advisor, Virginia State Corporation Commission	<b>Rob Hamilton</b> , President, Med-Trans Air Medical Transport (representing medevac operators) (EXCUSED)	Wanda Street, Secretary Senior, VDH OEMS (Transcriptionist)	Jay Lovelady, VCU Health
<b>Kyle Shreve</b> , Virginia Association of Health Plans		Scott Winston, Asst. Director, VDH OEMS	Terry Austin, Air Methods
<b>Paul Davenport</b> , Vice President of Emergency Services, Carilion Clinic (representing VHHA)			Kate Challis, HCA/Johnston-Willis Hospital
<b>T.C. Jones, IV</b> , VDH Office of Licensure and Certification			Kelly Keener, PHI Air Medical
<b>Paul Sharpe</b> , Director of Trauma Services, Henrico Doctor's Hospital (representing VHHA)			Robert Barata, Capital Results
<b>Ed Rhodes</b> , Rhodes Consulting Group			Kelly Parker, VHHA
<b>Anita Perry</b> , Medevac Committee Chair			

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>I. Call to order:</b>	The meeting was called to order at 10:07 a.m. by the facilitator, Julia Marsden.	
<b>II. Introductions/Opening Statements:</b>	Mrs. Marsden welcomed everyone to the fourth workgroup meeting and she asked everyone around the room to introduce themselves.	
<b>III. Review of the June 29, 2017 meeting minutes:</b>	Mrs. Marsden asked everyone to review the June 29 meeting minutes. Kyle stated that on page 4 Delegate Ranson should be spelled Ransone. Paul Sharpe also noted that on page 3 under Regulations, the last bullet	<b>The minutes were accepted as amended.</b>

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	<p>point should read “they” instead of “the”. Kyle also noticed that on page 3 under Billing, the first bullet point should state the following: It basically comes down to commercial reimbursements. Remove Medicaid and Medicare.</p>	
<p><b>IV. Review of House Bill 1728 Language:</b></p>	<p>Below is the House Bill 1728 language that Mrs. Marsden read to the workgroup:</p> <p><i>That the Department of Health (the Department) shall convene a work group composed of stakeholders, including representatives of law enforcement, emergency medical services providers, health insurance providers, and other interested stakeholders, to review the rules, regulations, and protocols governing use of air transportation services, also known as air ambulances, in emergency medical situations. The Department shall also review the rules, regulations, and protocols governing dispatch of air transportation services providers in response to emergency medical situations and develop recommendations for changes to such rules, regulations, and protocols that will address differences in procedures governing dispatch of air transportation services providers in emergency medical situations, differences in billing that may affect individuals involved in emergency medical situations during which air transportation services providers are dispatched for the provision of air transportation, and other issues related to the use of air transportation services in emergency medical situations. The Department shall report its findings and recommendations to the Governor and the General Assembly by December 1, 2017.</i></p>	
<p><b>V. Subgroup Work Session:</b></p>	<p>Jim Young emailed information to Tim and was asked to share it with the workgroup. Jim stated that he sent the regulatory codes that applied to trauma and preauthorization. There is another section of the codes that talks about the Benchmark Plan of the Affordable Care Act. The Benchmark Plan is the key to what we are looking at. Interesting enough, all Benchmark Plans in every state is the same. What the Affordable Care Act says is that each state is to choose one plan and the plan that was in effect at the time was usually something like the largest group plan that was on the market at the time. The plan that was chosen was the Anthem small group plan which is the one that is most used by small groups in Virginia. That plan happens to have language for air ambulance. By federal law, that becomes an essential health benefit. Some states don't have this language in their benchmark plans. Virginia comes close to covering air ambulance services.</p> <p>Tim shared a copy of Derrick Ruble's email with the committee. His recommendations include adding three members to the Medevac Committee: an EMS Field Agency Rep, a PSAP Rep, and a Fire Service Rep. Per Tim, the committee already has 14 members and he feels that the committee chair could consider this and discuss it with the Executive Committee. This would be the largest committee of the advisory board. The addition of a 911 dispatcher may be good idea. Tim will ask the Communications Committee chair to recommend a dispatcher and more than likely it will be Derrick.</p> <p>Mrs. Marsden stated that the sub-groups will now meet and she asked each spokesperson to write their recommendations on an easel pad so that everyone will be able to see them. The question was posed as to how much time is needed for each sub-group to meet since it appears that most of the work has been completed. After a consensus from the workgroup spokespersons, it was decided to meet for about 30 minutes.</p>	

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<p><b>VI. Subgroup updates and next steps:</b></p>	<p>The subgroups met for about an hour to discuss the recommendations for billing, regulations and dispatch for the report.</p> <p>Each of the spokespersons for the three subgroups gave their recommendations:</p> <p><b>Dispatch – Jay Cullen</b></p> <ul style="list-style-type: none"> <li>The only recommendation that they feel would improve dispatching in the state would be to develop or install a GPS/GIS system for the dispatch centers. This is a way to augment their ability to locate and contact the closest resource and if that resource is not available, they can contact the next closest resource. Overall the discussion surrounding dispatch concluded that dispatch and helicopter EMS works pretty well. There are no known delays or improvements that could make it any better than it already is.</li> </ul> <p><b>Regulations – Ed Rhodes (George Lindbeck was not in attendance)</b></p> <ul style="list-style-type: none"> <li>Changes to regulations to assign development of training criteria for field personnel and dispatchers regarding helicopter EMS. This would be assigned to the State Medevac Committee and the Communications Committee to develop the training criteria.</li> <li>Communications Committee shall review the feasibility of additional statewide mutual aid radio frequencies for ground and air communications to include cost.</li> <li>State Medevac Committee shall be assigned to determine how public education on air medical transports to include cost, shall be deployed.</li> <li>A representative from the Communications Committee shall be added to the State Medevac Committee. The same person should be on both Medevac and Communications Committees for travel cost effectiveness.</li> </ul> <p>Mr. Rhodes stated that the Regulations subgroup plans to meet after the Medevac Committee meeting on August 3. The subgroup also wants to share the recommendations with the Medevac Committee to get their input. Tim will ensure that that subgroup meeting is posted on the Virginia Regulatory Town Hall.</p> <p><b>Billing – Kyle Shreve</b></p> <ul style="list-style-type: none"> <li>The Billing sub-group has some logistical challenges that it needs to work out before the recommendations can be disclosed to the workgroup. They have decided to send out what they would like to see reflected in the report which include both agreements and disagreements from the insurance companies, air medical and VHHA.</li> </ul> <p>Kyle will send the draft to Tim and he will distribute to the entire workgroup for review. No one should send replies back to Tim or anyone else receiving the email.</p> <p>Amanda stressed the importance of FOIA. If you collaborate in any way with more than three people, it constitutes a meeting, even via email. All meetings have to be posted. All discussion needs to happen at a</p>	

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	<p>public meeting such as this, with a public posting.</p> <p>Mrs. Marsden asked if anyone had any further questions about any of the recommendations.</p> <p>The question was asked if the workgroup has to come to a consensus for the report. It was explained that it would be great if we could; however, that may not be possible.</p>	
<b>VII. Public Comment:</b>	None.	
<b>VIII. Adjournment:</b>	<p><b>Upcoming Meetings:</b>  August 24 – Richmond Marriott Short Pump  September 14 – Office of EMS</p> <p>The meeting adjourned at approximately 12:05 p.m.</p>	

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