

**Legislation and Planning (L&P) Committee Meeting
 Courtyard by Marriott
 Friday, February 5, 2016
 9:00 A.M.**

Members Present:	Members Absent:	OEMS Staff:	Others:
Rob Logan, Vice-Chair	Joan Foster, Chair (Excused)	Gary Brown	Kim Craig
Ed Rhodes	Mark Stroud	Michael Berg	Jason Ferguson
Eddie Ferguson		Scott Winston	Genemarie McGee
Michael Player		Tim Perkins	David Hoback
Gary Dalton		George Lindbeck, MD	Karen Wagner
Byron Andrews			
Gary Samuels			
Anita Perry			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
OPENING	Vice Chair Rob Logan called the meeting to order at 9 AM. Mr. Logan served as chair for the meeting because the Chairwoman Joan Foster was not able to attend this meeting. The minutes from Wednesday, November 11, 2015 meeting were reviewed and unanimously approved.	Motion made by Michael Player and seconded by Gary Dalton to approve the November 11, 2015 meeting minutes. The Committee voted unanimously to approve the minutes.
OEMS UPDATE	Mr. Scott Winston informed the committee to refer to the quarterly OEMS report to the state EMS Advisory Board for updates on key activities. The report is posted on the OEMS Web site at: http://www.vdh.virginia.gov/OEMS/Files_Page/Advisory_board/ABQuarterlyReport022016.pdf Mr. Winston advised the committee members concerning a number of personnel changes at the Office of EMS in the Division of Trauma and Critical Care with the resignation of Mr. Paul Sharpe and the return to the Division of Mr. Bryan Hodges. Mr. Gary Brown and Mr. Winston briefed the committee on the VAv2 to VAv3 transition by EMS agencies that will be completed by Dec. 31, 2016.	

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STATE EMS PLAN UPDATE	<p>The current version of the state EMS Plan was approved by the Board of Health on June 5, 2014. The Virginia Office of EMS is mandated by <i>Code</i> to review and revise the state EMS Plan, as necessary, every three (3) years. Mr. Perkins reported he has met with most of the OEMS Division Managers and before the May 2016 EMS Advisory Board meeting a template will be distributed to the standing committees of the state EMS Advisory Board and requested to review the state EMS Plan and provide suggested updates and revisions. Members of the committee were previously provided a copy of the Federal Interagency Committee on Emergency Medical Services (FICEMS) Strategic Plan and requested to review for suggested core strategies and strategic initiatives that should be included in the state EMS Plan. The timeline for updating the state EMS Plan is to present a plan to the EMS Advisory Board in November 2016/February 2017 and the Board of Health in March 2017/June 2017.</p>	
REGULATORY UPDATES	<p>Michael Berg reported that information about the Virginia EMS Regulations that appears on the OEMS web site is linked to the Legislative Information Services web site at http://law.lis.virginia.gov/admincode/title12/agency5/chapter31/</p> <p><u>Financial Assistance for EMS Agencies (12VAC5-31-2810)</u></p> <p>Mr. Berg reported the fast track regulatory review of the regulations pertaining to Financial Assistance for EMS Agencies has been completed and the technical changes to these regulations went into effect on January 4, 2016. Information about this regulatory action can be found on the Virginia Townhall web site at (http://townhall.virginia.gov/L/viewstage.cfm?stageid=6969)</p> <p><u>EMS Personnel Requirements and “Affiliation”</u></p> <p>OEMS submitted a fast track regulatory packet to insert the term “affiliation” in 12VAC5-31-910 related to applications for EMS certification and affiliation with an EMS agency. Individuals will be denied membership (affiliation with a licensed EMS agency) and EMS certification if certain criminal or enforcement history exists. The term “affiliation” was in the previous edition of the EMS Regulations and was inadvertently omitted from the current edition of the EMS Regulations. The packet has been reviewed by the Governor’s Office and although the Townhall web site shows this packet as “review in process” OEMS has been advised that the Governor does not intend to sign off on this regulatory packet. OEMS received word from a Policy Analyst in the Governor</p>	

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	<p>office that the Governor does not support this action because it is too restrictive and might potentially limit employment/volunteer opportunities for individuals convicted of certain crimes. Mr. Berg reported the Executive Committee of the state EMS Advisory Board discussed this matter and identified two options. 1) Do nothing and re-evaluate the proposed regulatory change during the next periodic review of the EMS Regulations. 2) Rewrite the packet and submit to the Dept. of Planning and Budget and the Senior Policy Analyst for the Governor providing additional explanation and information about why this regulatory change is important to protect the health and safety of patients. The general consensus is to wait for the next periodic review of the EMS Regulations when the climate may be more favorable for this change. Information about this regulatory action can be found on the Virginia Townhall web site at http://townhall.virginia.gov/L/viewstage.cfm?stageid=7067)</p> <p><u>Chapter 66: Regulations Governing Durable Do Not Resuscitation Orders</u></p> <p>OEMS has initiated a periodic review of the Regulations Governing DDNR Orders and submitted a fast track regulatory package. OEMS has been advised that licensed health care practitioners and staff at licensed medical facilities are hesitant to recognize other DNR Orders pursuant to 12VAC5-66-60. Qualified health care personnel are authorized to honor any Other Do Not Resuscitate (DNR) Order as if it were a Durable Do Not Resuscitate Order when the patient is currently admitted to a hospital or other qualified health care facility or is in transit from a qualified health care facility provided that such order includes the same information as listed in subdivision 1 of <u>12VAC5-66-40</u>, except that an Other DNR Order shall not be required to include the signature of the patient or a person authorized to consent for the patient on the order itself.</p> <p>Individual organizations and associations have advocated for adding reference to specific other DNR orders in the DDNR regulations. Specifically, requests to add Physician Orders for Scope of Treatment (POST) and Physician Orders for Life-Sustaining Treatment (POLST) to the DDNR regulations have been made.</p> <p>OEMS is on the agenda for the March 17 meeting of the Board of Health to seek approval for adding POST to the definition of DDNR.</p>	

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	<p><u>Chapter 31: Virginia Emergency Medical Services Regulations</u></p> <p>Mr. Berg announced the OEMS is required to conduct a periodic review of the EMS Regulations (12VAC5-31) every four (4) years and will initiate a periodic review of the Virginia EMS Regulations next year.</p> <p>In the June/July 2016 timeframe a notice of intended regulatory action (NOIRA) will be submitted to the Regulatory Townhall.</p> <p>The Rules and Regulations Committee of the state EMS Advisory Board will be tasked with reviewing the existing regulations and making recommendations to the state EMS Advisory Board for amendments and changes to the regulations.</p> <p><u>H.R. 4365 To amend the Controlled Substances Act with regard to the provision of field emergency medical services. “Protecting Patient Access to Emergency Medications Act.”</u></p> <p>Considerable confusion exists around Drug Enforcement Agency (DEA) regulations and expectations regarding controlled substance medications in the field EMS environment as current regulations do not take into account the significant differences between field EMS practice and that of other healthcare entities covered by the same regulation. The Drug Enforcement Administration has determined that it will not allow emergency medical service personnel to deliver or administer controlled substances through standing orders as the Controlled Substances Act is currently written.</p> <p>DEA anticipates releasing regulations with greater clarity but they have indicated that they will continue to prohibit “standing orders” in regard to dispensing controlled substances to field EMS patient.</p> <p>To remedy this dilemma, Congressman Richard Hudson (NC) has authored H.R. 4365, the Protecting Patient Access to Emergency Medications Act. This legislation will clarify that the current practice of physician Medical Directors overseeing care provided by paramedics and other emergency medical service practitioners via “standing orders” is statutorily allowed and protected. The use of “standing orders” is necessary so that physician Medical Directors can establish these</p>	

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	<p>pre-set protocols which emergency medical service practitioners follow in delivering emergency medical care. In the absence of standing orders, patients would not have access to the time-sensitive and potentially life-saving interventions they so desperately need.</p> <p>H.R. 4365 ensures patients will continue to receive these vital medications by:</p> <ul style="list-style-type: none"> • Codifying the practice of standing orders by a physician Medical Director for the administration and delivery of controlled substances, maintaining physician oversight of medical decisions, while, • Making the EMS Agency the DEA site license holder and liable for the receiving, storing, and tracking of controlled substances, similar to current procedure at hospitals. <p>The National Association of State EMS Officials (NASEMSO) has endorsed a multi-organizational letter to support the efforts of Congressman Richard Hudson (NC) to introduce a Bill that would amend the Controlled Substances Act by adding a new section that would create an appropriate DEA regulation for field EMS.</p> <p>Mr. Berg remarked that as a result of these changes, if adopted; hospitals will likely withdraw from regional drug box exchange programs and the number of licensed ALS EMS agencies in Virginia may decrease.</p> <p>Regional EMS Councils have encouraged support for this legislation.</p> <p>Eddie Ferguson asked if there are any contingency plans to assist small EMS agencies comply with any changes due to this legislation.</p> <p>Mr. Berg shared some information about how EMS agencies in the southwest portion of the state are stocking drug boxes. In one instance, a retail pharmacy has agreed to restock drug boxes for several local EMS agencies.</p>	

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<p>2016 Virginia General Assembly Session</p>	<p><u>REPLICA (Recognition of EMS Personnel Licensure Interstate Compact)</u></p> <p>Three bills (HB222, HB1007 and SB233) have been introduced during the session for REPLICA. HB222 (Stolle) and SB233 (Reeves) have passed their respective chambers of origin and are waiting for cross-over (Feb. 17) to be heard in the opposite chamber. HB1007 was requested to be stricken from the docket of House Health, Welfare and Institutions by Del. Mark Levin because it was identical to HB222. In addition to the model language several enactment clauses were added to address concerns expressed by Delegate Bobby Orrock. One clause provides the EMS Advisory Board the option to evaluate the compact and withdraw from the compact if conditions change that become disagreeable to the key EMS stakeholders in Virginia. A second clause has been added that requires the measure to be re-evaluated if it takes greater than five (5) years for 10 states to adopt the compact and form a commission with rule making authority.</p> <p>Delegate Orrock introduced HB311 that directs the Secretary of Health and Human Resources to undertake efforts to establish collaborative agreements with other states, particularly those states that share a border with the Commonwealth, for the interstate recognition of certifications of EMS providers for the purpose of allowing EMS providers to enter into other states to provide emergency medical services. Delegate Orrock indicated this bill is an interim measure until REPLICA is ratified by 10 states. HB311 has passed unanimously by the House and is waiting to be heard in the Senate after cross-over.</p> <p>Registration of vehicles owned or used by emergency medical services agencies. Requires, upon application, the issuance of permanent license plates for emergency medical services vehicles owned by or under the exclusive control of a commercial or privately owned emergency medical services agency.</p> <p>HB374 and SB91 have passed their respective chambers of origin and are waiting to be heard in the opposite chamber following cross-over. These bills will allow commercial or privately owned EMS agencies to display Emergency Vehicle (EV) license plates. The commercial or privately owned EMS agencies will be responsible for licensing and registration fees, taxes, etc. in order to operate these vehicles in VA.</p>	

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	<p><u>Budget Amendment: Cot/Stretcher Retention System Funding</u></p> <p>Del. Ingram and Senator Hanger have submitted identical budget amendments (Item 289#1h and Item 289#1s) to the Health and Human Services, Department of Health budget to provide additional funding to non-profit EMS agencies to cover the cost of meeting new cot retention system requirements for ambulances. Budget amendments in the amount of \$840K each year from the Virginia Rescue Squad Assistance Fund (RSAF) have been proposed for the purchase of ambulance stretcher retention systems by non-profit EMS agencies. The revenue for this budget amendment is coming from a portion of the additional \$2 per automobile registration that was previously approved by the General Assembly to support the EMS system in VA but was diverted to the General Fund to offset budget deficits. The amount of the budget amendment is based on \$40,000 per unit to meet the new cot retention system requirements.</p> <p><u>Line of Duty Death Benefits (HB1345)</u></p> <p>Line of Duty Act. Revises the Line of Duty Act (the Act) by codifying revisions to the Act from the appropriation act and, among other changes, transferring overall administration of the Act to the Virginia Retirement System, transferring administration of health insurance benefits under the Act to the Department of Human Resource Management, and creating the Line of Duty Health Benefits Plan, a separate health benefits plan for beneficiaries under the Act. The bill has a delayed effective date of July 1, 2017.</p> <p>Mr. Rhodes reported stakeholders have concerns over healthcare benefits. Eligible beneficiaries of individuals killed in the line of duty that are over the age of 65 will no longer receive healthcare benefits. Mr. Rhodes indicated the bill has been assigned to the Compensation and Retirement committee of the Committee on Appropriations.</p>	
UNFINISHED BUSINESS	There is no unfinished business to bring before the committee.	
NEW BUSINESS	A request was made at the November meeting to discuss the structure and membership of the committee and consider making replacements on the committee for members who fail to comply with the attendance requirements (two consecutive un-excused absences) outlined in the state EMS Advisory Board Bylaws. The committee requested OEMS staff to contact the organization(s) the	

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	individual represent(s) and request a replacement.	
PUBLIC COMMENT	There is no public comment.	
NEXT MEETING DATE	The committee will meet on Friday, May 6, 2016 at 9 AM at the Courtyard by Marriott North in Glen Allen, VA. Meeting dates for the remainder of 2016 are Friday, August 5; and Wednesday, November 9. All meetings begin at 9 AM and will be held at the Courtyard by Marriott with the exception of the November 9 meeting which will be held at the Norfolk Waterside Marriott and begin at 10 AM.	
ADJOURNMENT	The meeting was adjourned at 10:00 AM.	

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