

Virginia Department of Health
Office of Emergency Medical Services



Quarterly Report to the
State EMS Advisory Board

Friday, February 10, 2012

Executive Management, Administration & Finance

**Office of Emergency Medical Services
Report to The
State EMS Advisory Board
February 10, 2012**

MISSION STATEMENT:

To reduce death and disability resulting from sudden or serious injury and illness in the Commonwealth through planning and development of a comprehensive, coordinated statewide emergency medical services (EMS) system; and provision of other technical assistance and support to enable the EMS community to provide the highest quality emergency medical care possible to those in need.

<u>I. Executive Management, Administration & Finance</u>

a) Proposed Budget for the 2012-2014 Biennium

On Friday, December 19, 2011 Governor Robert F. McDonnell submitted The Budget Bill for the 2012-2014 Biennium. The proposed budget for Emergency Medical Services is listed as Item 290 under the Department of Health, beginning on page 215, line 11 through 40, as follows:

Department of Health (601)

		First Year <u>FY2013</u>	Second Year <u>FY2014</u>
290.	Emergency Medical Services (40200)	36,120,756	36,120,756
	Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (40203)	28,648,150	28,648,150
	State Office of Emergency Medical Services (40204)	7,472,606	7,472,606
Fund	Special		
Sources:		17,847,721	17,847,721
	Dedicated Special Revenue	17,867,452	17,867,452
	Federal Trust	405,583	405,583

Authority: §§ 32.1-111.1 through 32.1-111.16, 32.1-116.1 through 32.1-116.3, and 46.2-694 A 13, Code of Virginia.

A. Out of this appropriation, \$25,000 the first year and \$25,000 the second year from special funds shall be provided to the Department of State Police for administration of criminal history record information for local volunteer fire and rescue squad personnel (pursuant to § 19.2-389 A 11, Code of Virginia).

B. Distributions made under § 46.2-694 A 13 b (iii), Code of Virginia, shall be made only to nonprofit emergency medical services organizations.

C. Out of this appropriation, \$1,045,375 the first year and \$1,045,375 the second year from the Virginia Rescue Squad Assistance Fund and \$2,052,723 the first year and \$2,052,723 the second year from the special emergency medical services fund shall be provided to the Department of State Police for aviation (med-flight) operations.

D. The State Health Commissioner shall review current funding provided to trauma centers to offset uncompensated care losses, report on feasible long-term financing mechanisms, and examine and identify potential funding sources on the federal, state and local level that may be available to Virginia's trauma centers to support the system's capacity to provide quality trauma services to Virginia citizens. As sources are identified, the commissioner shall work with any federal and state agencies and the Trauma System Oversight and Management Committee to assist in securing additional funding for the trauma system.

E. Notwithstanding any other provision of law or regulation, the Board of Health shall not modify the geographic or designated service areas of designated regional emergency medical services councils in effect on January 1, 2008, or make such modifications a criterion in approving or renewing applications for such designation or receiving and disbursing state funds.

b) Budget Amendments Introduced

The following budget bill amendments have been introduced:

• **Chief Patron: O'Bannon**

Item [290](#) #1h

Health And Human Resources	FY 12-13	FY 13-14	
Department Of Health	\$80,000	\$80,000	NGF

Language:

Page 215, line 11, strike "\$36,120,756" and insert "\$36,200,756".

Page 215, line 11, strike "\$36,120,756" and insert "\$36,200,756".

Page 215, after line 40, insert:

"F. Out of this appropriation, \$80,000 each year from the Virginia Rescue Squad Assistance Fund shall be provided to the Volunteer Rescue Squad Assistance Workgroup for use in providing assistance and guidance to volunteer rescue squads and life saving crews who are facing closure or merger. The Virginia Rescue Squad Assistance Workgroup shall report on its activities and expenditures by December 15 of each year to the Chairmen of the House Committees on Appropriations and Health, Welfare and Institutions, and the Senate Committees on Finance and Education and Health."

Explanation:

(This amendment allocates \$80,000 each year from the Virginia Rescue Squad Assistance Fund for the Virginia Association of Volunteer Rescue Squads to help prevent Volunteer Rescue Squads from going out of business or being merged into volunteer fire departments. Currently, 67 percent of licensed Emergency Medical Services agencies in Virginia are staffed by volunteers, particularly in rural areas. Recently, a number of Volunteer Rescue Squads have gone out of business or been merged with volunteer fire departments at the behest of local governments. A workgroup has been developed to provide these squads with leadership training, financial training, marketing, community involvement, diversity, recruitment and retention. Funding will be used for four different phases of education to improve and sustain these squads.)

- **Chief Patron: O'Bannon**

Item 290 #3h

Health And Human Resources	FY 12-13	FY 13-14	
Department Of Health	\$500,000	\$500,000	NGF

Language:

Page 215, line 11, strike "\$36,120,756" and insert "\$36,620,756".
Page 215, line 11, strike "\$36,120,756" and insert "\$36,620,756".

Explanation:

(This amendment restores \$500,000 each year from special emergency medical services fund for emergency medical services which had been appropriated in Item 297 of this act for Poison Control Centers which is a designated fund for nonprofit emergency medical services agencies or local governments. These funds are intended for the purchase of equipment, training, and recruitment and retention of Emergency Medical Services providers. A companion amendment provides alternative funding for Poison Control Centers in Item 3-6.02.)

- **Chief Patron: O'Bannon**

Item 290 #4h

Health And Human Resources	
Department Of Health	Language

Language:

Page 215, after line 40, insert:
"F. Notwithstanding any other provision of law or regulation, funds from the .25 of the \$4.25 for Life fee shall be provided for the payment of initial testing for the basic level emergency medical services training provided by the National Registry of Emergency Medical Technicians."

Explanation:

(This amendment is self-explanatory.)

- **Chief Patron: Ingram**

Item [290](#) #5h

Health And Human Resources	FY 12-13	FY 13-14	
Department Of Health	\$500,000	\$500,000	NGF

Language:

Page 215, line 11, strike "\$36,120,756" and insert "\$36,620,756".

Page 215, line 11, strike "\$36,120,756" and insert "\$36,620,756".

Explanation:

(This amendment restores \$500,000 each year from special emergency medical services fund for emergency medical services which had been appropriated in Item 297 of this act for Poison Control Centers which is a designated fund for nonprofit emergency medical services agencies or local governments. These funds are intended for the purchase of equipment, training, and recruitment and retention of Emergency Medical Services providers. A companion amendment provides alternative funding for Poison Control Centers in Item 3-6.02.)

- **Chief Patron: O'Bannon**

Item [297](#) #1h

Health And Human Resources	FY 12-13	FY 13-14	
Department Of Health	(\$500,000)	(\$500,000)	NGF

Language:

Page 220, line 2, strike "\$13,040,065" and insert "\$12,540,065".

Page 220, line 2, strike "\$6,795,644" and insert "\$6,295,644".

Page 222, strike lines 40 and 41.

Page 222, line 42, strike "S." and insert "R."

Explanation:

(This amendment eliminates language and funding of \$500,000 each year from nongeneral funds for Poison Control Centers. The introduced budget provided \$500,000 each year from the special emergency medical services fund, which is a designated fund for nonprofit emergency medical services agencies or local governments. The funds are used for equipment, training, recruitment and retention of Emergency Medical Services providers. A companion amendment provides alternative funding for Poison Control Centers in Item 3-6.02.)

- **Chief Patron: Ingram**

Item [297](#) #5h

Health And Human Resources	FY 12-13	FY 13-14	
Department Of Health	(\$500,000)	(\$500,000)	NGF

Language:

Page 220, line 2, strike "\$13,040,065" and insert "\$12,540,065".

Page 220, line 2, strike "\$6,795,644" and insert "\$6,295,644".

Page 222, strike lines 40 and 41.

Page 222, line 42, strike "S" and insert "R".

Explanation:

(This amendment eliminates language and funding of \$500,000 each year from nongeneral funds for Poison Control Centers. The introduced budget provided \$500,000 each year from the special emergency medical services fund, which is a designated fund for nonprofit emergency medical services agencies or local governments. The funds are used for equipment, training, recruitment and retention of Emergency Medical Services providers. A companion amendment provides alternative funding for Poison Control Centers in Item 3-6.02.)

• **Chief Patron: Filler-Corn**

Item [297](#) #6h

Health And Human Resources	FY 12-13	FY 13-14	
Department Of Health	\$500,000	\$500,000	GF
	(\$500,000)	(\$500,000)	NGF

Language:

Page 222, line 41, strike "special emergency medical services" and insert "general".

Explanation:

(This amendment adds \$500,000 from the general fund each year and reduces \$500,000 from the nongeneral fund each year for poison control centers. The introduced budget diverted funding for emergency medical services to supplant general fund operating support for Poison Control Centers. This amendment reverses that action. A companion amendment to Item 290 restores funding for emergency medical services.)

Chief Patron: Filler-Corn

Item [297](#) #7h

Health And Human Resources

Department Of Health

Language

Language:

Page 222, line 41, after "Center.", insert:

"The Commissioner of Health shall report to the Senate Finance and House Appropriations Committees by November 1, 2012 on the level of funding needed to support the operations and services of the Poison Control Centers."

Explanation:

(This language amendment requires the Commissioner of Health to report to the money committees on the level of funding needed to support the Commonwealth's poison control centers. A 1990 report from the Department of Planning and Budget indicated \$2.0 million annually was needed to operate poison control centers. Funding has been reduced by 70 percent in recent years. The current centers have supplemented funding from other resources, including

support from the University of Virginia and Virginia Commonwealth University, but there are significant risks that one or more center may close, leaving many residents of the Commonwealth without access to poison control services.)

- **Chief Patron: Hanger**

Item 290 #1s

Health And Human Resources	FY 12-13	FY 13-14	
Department Of Health	\$80,000	\$80,000	NGF

Language:

Page 215, line 11, strike "\$36,120,756" and insert "\$36,200,756".

Page 215, line 11, strike "\$36,120,756" and insert "\$36,200,756".

Page 215, after line 40, insert:

"F. Out of this appropriation, \$80,000 each year from the Virginia Rescue Squad Assistance Fund shall be provided to the Volunteer Rescue Squad Assistance Workgroup for use in providing assistance and guidance to volunteer rescue squads and life saving crews who are facing closure or merger. The Virginia Rescue Squad Assistance Workgroup shall report on its activities and expenditures by December 15 of each year to the Chairmen of the House Committees on Appropriations and Health, Welfare and Institutions, and the Senate Committees on Finance and Education and Health."

Explanation:

(This amendment allocates \$80,000 each year from the Virginia Rescue Squad Assistance Fund for the Virginia Association of Volunteer Rescue Squads to help prevent Volunteer Rescue Squads from going out of business or being merged into volunteer fire departments. Currently, 67 percent of licensed Emergency Medical Services agencies in Virginia are staffed by volunteers, particularly in rural areas. Recently, a number of Volunteer Rescue Squads have gone out of business or been merged with volunteer fire departments at the behest of local governments. A workgroup has been developed to provide these squads with leadership training, financial training, marketing, community involvement, diversity, recruitment and retention. Funding will be used for four different phases of education to improve and sustain these squads.)

- **Chief Patron: Hanger**

Item 290 #2s

Health And Human Resources	
Department Of Health	Language

Language:

Page 215, line 26, strike the first and the second "1,045,375" and insert "695,375".

Explanation:

(This amendment reduces the amount allocated to the Virginia State Police for med-flight

operations by \$350,000 each year from the Virginia Rescue Squad Assistance Fund, which receives \$4 for Life revenue from the imposition of motor vehicle registration fees. This action results in additional support for the Office of Emergency Medical Services. A companion amendment provides support for State Police med-flight services. The State Police operates only two med-flight helicopters, one in Richmond and one in Abingdon and only responds to 1,500 calls per year and receives \$2.1 million from an increase in \$4 for Life funds in 2010 for med-flight operations. The State Police do not recover revenues for their med-flight services because they do not comply with Federal Aviation Agency regulation 135 for commercial pilots.)

- **Chief Patron: Hanger**

Item 290 #3s

Health And Human Resources	FY 12-13	FY 13-14	
Department Of Health	\$500,000	\$500,000	NGF

Language:

Page 215, line 11, strike "\$36,120,756" and insert "\$36,620,756".

Page 215, line 11, strike "\$36,120,756" and insert "\$36,620,756".

Explanation:

(This amendment restores \$500,000 each year from special emergency medical services fund for emergency medical services which had been appropriated in Item 297 of this act for Poison Control Centers, which is a designated fund for non profit emergency medical services agencies or local governments. These funds are intended for the purchase of equipment, training, and recruitment and retention of Emergency Medical Services providers. The poison control centers do not meet the qualifications for this funding pursuant to §46.2-694 of the Code of Virginia. A companion amendment provides alternative fund sources for Poison Control Centers.)

- **Chief Patron: Hanger**

Item 290 #4s

Health And Human Resources	
Department Of Health	Language

Language:

Page 215, after line 40, insert:

"F. Notwithstanding any other provision of law or regulation, \$80,000 each year from the State Office of Emergency Medical Services shall be used to fund the activities of the Volunteer Rescue Squad Assistance Workgroup."

Explanation:

(This amendment requires that \$80,000 each from funds provided to the State Office of Emergency Medical Services shall be provided to the Volunteer Rescue Squad Assistance Workgroup to provide technical assistance to volunteer rescue squads and fire departments regarding leadership, financial training, marketing, community involvement, diversity, recruitment and retention.)

- **Chief Patron: Barker**

Item [297](#) #13s

Health And Human Resources	FY 12-13	FY 13-14	
Department Of Health	\$500,000	\$500,000	GF
	(\$500,000)	(\$500,000)	NGF

Language:

Page 222, line 41, strike "special emergency medical services" and insert "general".

Explanation:

(This amendment adds \$500,000 GF each year and reduces \$500,000 NGF each year for poison control centers. The introduced budget diverted funding for emergency medical services to supplant general fund operating support for Poison Control Centers. This amendment reverses that action. A companion amendment to Item 290 restores funding for emergency medical services.)

- **Chief Patron: Barker**

Item [297](#) #14s

Health And Human Resources	
Department Of Health	Language

Language:

Page 222, line 41, after the period, insert:
 "The Commissioner of Health shall report to the Senate Finance and House Appropriations Committees by November 1, 2012 on the level of funding needed to support the operations and services of the Poison Control Centers."

Explanation:

(This language amendment requires the Commissioner of Health to report to the money committees on the level of funding needed to support the Commonwealth's poison control centers. A 1990 report from the Department of Planning and Budget indicated \$2.0 million annually was needed to operate poison control centers. Funding has been reduced by 70 percent in recent years. The current centers have supplemented funding from other resources, including support from the University of Virginia and Virginia Commonwealth University, but there are significant risks that one or more center may close, leaving many residents of the Commonwealth without access to poison control services.)

- **Chief Patron: Hanger**

Item [297](#) #15s

Health And Human Resources	FY 12-13	FY 13-14	
Department Of Health	(\$500,000)	(\$500,000)	NGF

Language:

Page 220, line 2, strike "\$13,040,065" and insert "\$12,540,065".

Page 220, line 2, strike "\$6,795,644" and insert "\$6,295,644".

Page 222, strike lines 40 and 41.

Explanation:

(This amendment eliminates language and funding of \$500,000 each year from nongeneral funds for Poison Control Centers. The introduced budget provided \$500,000 each year from the special emergency medical services fund, which is a designated fund for non profit emergency medical services agencies or local governments. The funds are used for equipment, training, recruitment and retention of Emergency Medical Services providers. The poison control centers do not meet the qualifications for this funding pursuant to §46.2-694.)

c) §3-1.01 INTERFUND TRANSFERS

U. The State Comptroller shall transfer quarterly, one-half of the revenue received pursuant to § 18.2-270.01, of the Code of Virginia, and consistent with the provisions of § 3-6.03 of this act, to the general fund in an amount not to exceed \$9,055,000 the first year, and \$9,055,000 the second year from the Trauma Center Fund contained in the Department of Health's Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (40203).

BB. On or before June 30 each year, the State Comptroller shall transfer \$10,518,587 the first year and \$10,518,587 the second year to the general fund from the \$2.00 increase in the annual vehicle registration fee from the special emergency medical services fund contained in the Department of Health's Emergency Medical Services Program (40200).

d) 2011 Virginia General Assembly - Legislation Being Tracked

Every Friday or Saturday during the 2012 Virginia General Assembly, OEMS sends a Legislative Grid and a Legislative Report reflecting all bills that OEMS is tracking to each member of the State EMS Advisory Board, each Regional EMS Council and other interested stakeholders. This information is also posted on the OEMS web site at: <http://www.vdh.virginia.gov/OEMS/NewsFeatures/2012Legislative.htm>.

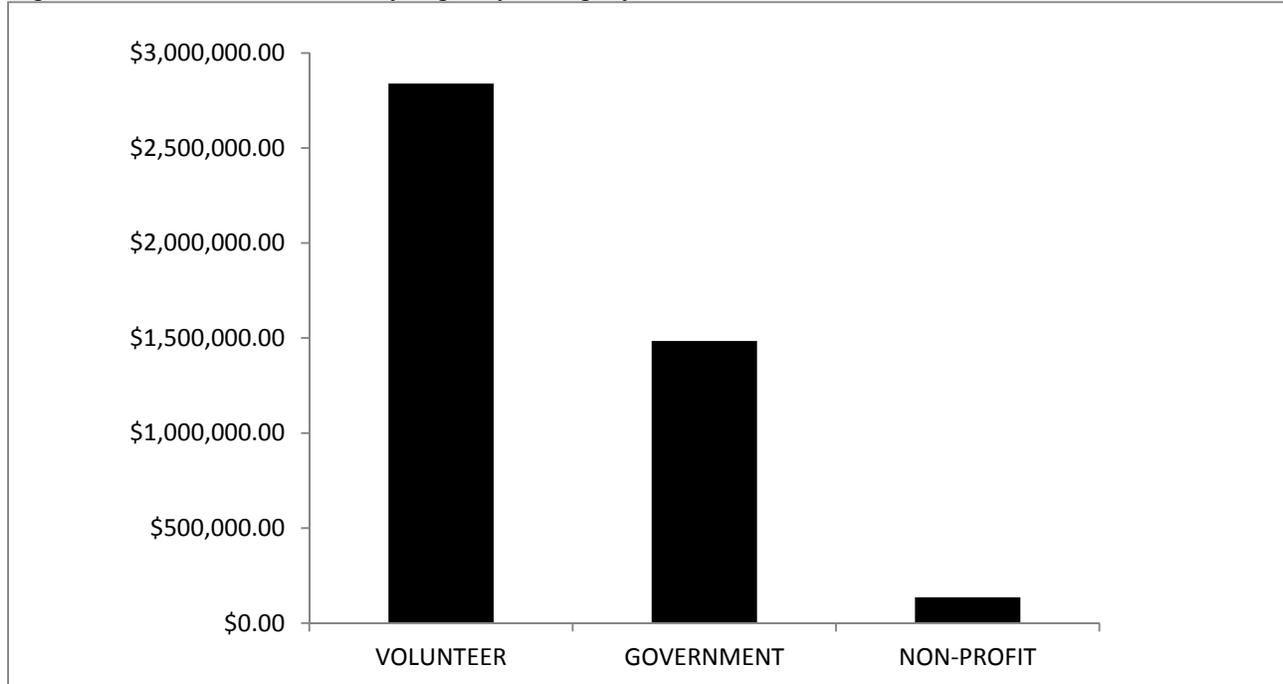
A copy of Grid and Report as of January 27, 2012 is included as **APPENDIX A**.

e) Financial Assistance for Emergency Medical Services (FAEMS) Grant Program, known as the Rescue Squad Assistance Fund (RSAF)

The Fall 2011 RSAF grant deadline was September 15, 2011; OEMS received 108 grant applications requesting \$6,824,868.00 in funding. Grants were awarded on January 1, 2012 in the amount of \$4,459,402.00 to 93 agencies. The following agency categories were awarded funding for this grant cycle:

- 62 Volunteer Agencies were awarded \$2,839,514.00
- 25 Government Agencies were awarded \$1,484,190.00
- 6 Non-Profit Agencies were awarded \$135,698.00

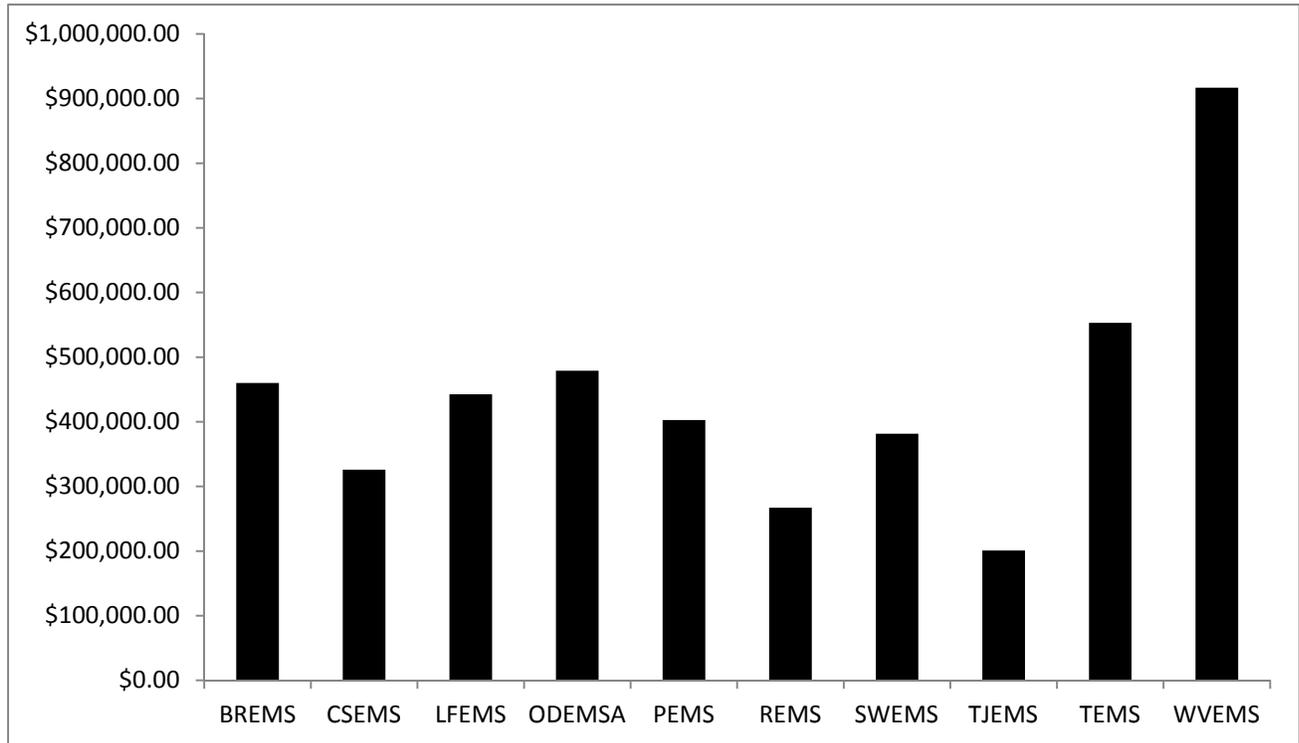
Figure 1: Awarded Amount by Agency Category



The following regional areas were awarded funding in the following amounts:

- Blue Ridge EMS Council – 6 agencies awarded \$460,068.00
- Central Shenandoah EMS Council – 12 agencies awarded \$325,827.00
- Lord Fairfax EMS Council – 7 agencies awarded \$442,665.00
- Old Dominion EMS Alliance – 10 agencies awarded \$478,974.00
- Peninsulas EMS Council – 6 agencies awarded \$402,628.00
- Rappahannock EMS Council – 7 agencies awarded \$266,979.00
- Southwestern Virginia EMS Council – 12 agencies awarded \$381,561.00
- Thomas Jefferson EMS Council – 3 agencies awarded \$200,931.00
- Tidewater EMS Council – 10 agencies awarded \$553,040.00
- Western Virginia EMS Council – 18 agencies awarded \$916,728.00

Figure 2: Awarded Amount by Region



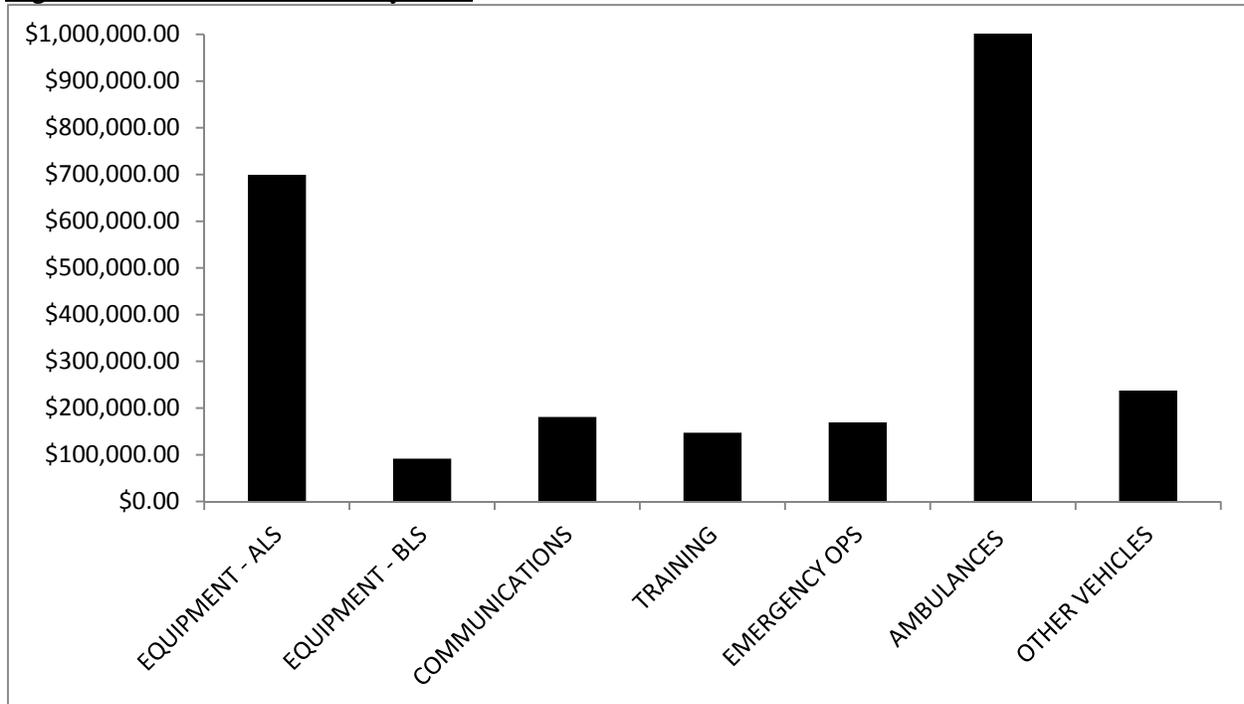
NOTE: NVEMS did not apply for any grants during this cycle.
 \$30,000.00 was awarded to Non-Affiliated Agencies not represented in Figure 2.

RSAF Grants Awarded by item categories:

- Equipment - ALS - \$699,206.00
 - Includes any equipment for Advanced Life Support (ALS) such as defibrillators, EZ-IO's and capnography.
- Equipment – BLS - \$91,849.00
 - Includes any equipment for Basic Life Support (BLS) such as stretchers, cots, CPAP, airway equipment and pulse oximeters and supplies.
- Training - \$147,339.00
 - This category includes all training courses and training equipment such as manikins, simulators, skill-trainers and any other equipment or courses needed to teach EMS practices. This category also includes Recruitment and Retention projects and training courses.
- Communications - \$180,834.00
 - Includes items for mobile/portable radios, pagers, repeaters and other communications system technology. This category also includes equipment needed for Emergency Medical Dispatch (EMD) and Panasonic toughbook computers.

- Emergency Operations - \$169,257.00
 - Includes items such as extrication equipment, crash/rescue vehicles, turnout gear and emergency warning equipment.
- Ambulances - \$2,933,320.00
 - Includes all Type I, II and III Ambulances needed for patient care transport.
- Other Vehicles - \$237,597.00
 - Includes all other vehicles such as rechassis/remounts, quick response vehicles and all-terrain vehicles.

Figure 3: Awarded Amount by Item



NOTE: The “Ambulances” category request amount was \$2,933,320.00, the graph only represents items requested up to \$1,000,000.00 to visually display other items requested.

The Spring 2012 grant cycle will begin on February 1, 2012 with a deadline of March 15, 2012; grants will be awarded beginning on July 1, 2012.

2011 Department of Homeland Security (DHS) Grant Application

OEMS submitted a grant application in the amount of \$1,565,650.00 for the Virginia Emergency Medical Services Interoperable Communications (VEMSIC) Project. This project will provide portable radios, vehicle chargers, mounting kits for vehicular installation and speaker microphones for each licensed patient-transport vehicle for EMS agencies recognized by OEMS as a designated emergency response agency (DERA) as defined by the Virginia Administrative Code 12 VAC 5-31-370. VDEM has not made awards to date, however they expect to announce the 2011 grant awards by March 1, 2012.

EMS on the National Scene

II. EMS On the National Scene

a) 2011 National EMS Assessment Now Available

The Federal Interagency Committee for Emergency Medical Services (FICEMS) has released the 2011 National EMS Assessment. Sponsored by FICEMS and funded by the National Highway Traffic Safety Administration (NHTSA), the report provides the first ever comprehensive description of emergency medical services, EMS emergency preparedness and 911 systems at state and national levels using existing data sources. NASEMSO members contributed a significant amount of data to make the assessment possible. The National EMS Assessment, which was completed over a 24-month period from September 2009 to August 2011, provides a detailed description of the nation's EMS systems which comprise an estimated 19,971 local EMS agencies, their 81,295 vehicles and 826,111 licensed and credentialed personnel. The landmark document is a powerful resource and the first national assessment of Emergency Medical Services that provides comprehensive data aggregated at both the state and national levels. These data will allow the officials responsible for improving EMS systems to benchmark current and future performance and identify areas of strength and weakness. A special thanks to Dr. Greg Mears and his team as well as the state EMS offices who contributed to this report. The report can be downloaded at:

http://www.nasemso.org/documents/National_EMS_Assessment_Final_Draft_12202011.pdf.

b) EMSCAP Evaluates Expense of Prehospital Emergency Care

The EMS Cost Analysis Project (EMSCAP) is a collaboration between the National Association of State EMS Officials (NASEMSO) and E. Brooke Lerner, Graham Nichol, Daniel Spaitte, Herbert Garrison, and Ronald Maio. It is a continuation of the Emergency Medical Services Outcomes Project (EMSOP), a recently completed, 5 year National Highway Safety Administration (NHTSA) project (DTNH22-96-H-05245) intended to support and facilitate emergency medical services (EMS) outcomes research and evaluation. The objective of the EMS Cost Analysis Project is to create a comprehensive framework that would allow users to determine the cost of providing pre-hospital emergency care from a societal prospective. The documents have been through the NHTSA clearance process the final version is now posted on the NASEMSO website at <http://www.nasemso.org/Projects/EMSCostAnalysis/>.

c) FCC Announces 5 Step Plan to Deploy NG 9-1-1

The Federal Communications Commission (FCC) recently announced their "5 Step Plan" to deploy Next Generation 9-1-1 initiatives. Working with the public safety community, carriers, manufacturers, and other service providers, the goal is to ensure that effective emergency response is a critical element of the broadband environment. The five steps are:

1. Develop location accuracy mechanisms for NG-911
2. Enable consumers to send text, photos, and videos to PSAPs (NPRM)
3. Facilitate the completion and implementation of NG911 technical standards
4. Develop a NG911 governance framework
5. Develop an NG911 Funding Model

d) NEMSIS Research Dataset Now Available

Staff at the NEMSIS Technical Assistance Center (TAC) are pleased to announce the release of the 2010 NEMSIS Public-Release Research Dataset! This dataset includes just under ten million EMS events reported to the NEMSIS TAC by 31 states and territories during the 2010 calendar year. The Dataset may be used for informational and research purposes with approval from The National Highway Traffic Safety Administration. The NEMSIS Public-Release Research Dataset does not contain information that identifies patients, EMS agencies, receiving hospitals, or reporting states. To obtain a DVD containing the 2010 NEMSIS Public-Release Research Dataset, visit the NEMSIS web site and complete a request form:

<http://www.nemsis.org/reportingTools/requestNEMSISData.html>.

A Data User's Manual associated with the NEMSIS Public-Release Research Dataset is also available at the same link.

e) NIMS Training Plan Revised

On March 1, 2004, the Department of Homeland Security (DHS) published the first National Incident Management System (NIMS). NIMS provides a consistent template enabling Federal, State, tribal, and local governments, the private sector, and nongovernmental organizations to work together to prepare for, prevent, respond to, recover from, and mitigate the effects of incidents regardless of cause, size, location, or complexity. This consistency provides the foundation for nationwide use of NIMS for all incidents, ranging from daily occurrences to more complex incidents requiring a coordinated, Federal response. In December 2008, after considering input from stakeholders at every level within the Nation's emergency management community and lessons learned during recent incidents, DHS released a revised NIMS document on required training. The revised *NIMS Training Program* supersedes the Five-Year NIMS Training Plan, originally released in February 2008. For more information go to:

http://www.fema.gov/pdf/emergency/nims/nims_training_program.pdf.

f) CDC Provides Ryan White Notification Protocols for ERE's

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Pub. L. 111-87) addresses notification procedures for medical facilities and state public health officers and their designated officers regarding exposure of emergency response employees (EREs) to potentially life-threatening infectious diseases. SEC. 2695A REQUIRES a medical facility to notify the designated officer of the ERE's who transported the patient with an airborne infectious disease "as soon as is practicable, but not later than 48 hours after the determination is made." The Centers for Disease Control and Prevention (CDC) has issued a final notice of potentially life-threatening infectious diseases, including emerging infectious diseases, to which EREs may be exposed in responding to emergencies (including a specification of those infectious diseases that are routinely transmitted through airborne or aerosolized means); guidelines describing circumstances in which employees may be exposed to these diseases; and guidelines describing the manner in which medical facilities should make determinations about exposures which

became effective on December 2, 2011. The law also permits the Designated Officer to follow-up with medical facilities when an ERE is concerned about a potential exposure and requires the medical facility to provide written notification about the exposure. The updated list of potentially life-threatening infectious diseases which emergency response employees occupationally may be exposed include all that were in an earlier list under the 1990 Ryan White Act: Diphtheria, Hepatitis B, HIV including AIDS, Tuberculosis, Viral hemorrhagic fevers, Meningococcal disease, Plague, pneumonic, and Rabies. New additions include: Anthrax, cutaneous, Novel influenza A and other influenza strains with pandemic severity index greater than or equal to 3, Hepatitis C, Measles, Mumps, Pertussis, Rubella, Severe acute respiratory syndrome (SARS-CoV), Smallpox, Vaccinia, Varicella disease, and Select agents. See also <http://www.cdc.gov/niosh/topics/ryanwhite/> for more information regarding Notification Procedures.

g) TRB to Host Emergency Medical Services Systems, Safety Strategies and Solutions Summit

The National Academies Transportation Research Board (TRB) is sponsoring the Emergency Medical Services (EMS) Systems, Safety Strategies, and Solutions Summit on February 29, 2012, in Washington, D.C. This will be a one-day workshop reviewing the state of the art in transportation safety in EMS operations. Ongoing research and research needs statements in this area will be reviewed and discussed. This summit is not designed to address issues such as patient care. Contact Rick Pain at RPain@nas.edu for details.

h) Field EMS Bill Introduced in Congress Calls for Lead Federal Agency for EMS

The bipartisan Field EMS Quality, Innovation and Cost-Effectiveness Improvements Act of 2011 (H.R.3144.IH) has been introduced in Congress by Reps. Tim Walz (MN) and Sue Myrick (NC). The bill specifically outlines that EMS should fall under HHS with a director appointed by the Secretary; establishes a grant program; calls for enhanced research initiatives; and says national guidelines should be established for physicians who direct or oversee prehospital providers. You can view the Bill at: <http://thomas.loc.gov/cgi-bin/query/z?c112:H.R.3144>.

i) FCC Reissues Notice on Deadline for Narrowband Transition and Waivers

The Federal Communications Commission (FCC) has reissued a Public Notice to remind licensees, frequency coordinators, equipment vendors, and other interested parties of the FCC January 1, 2013 deadline for private land mobile radio services in the 150-174 MHz and 421-512 MHz (VHF/UHF) bands to migrate to narrowband (12.5 kHz or narrower) technology. The Notice also provides guidance for licensees that intend to submit requests for waiver of the deadline and sets forth additional information regarding the transition to narrowband technology. For more information go to: <http://www.nasemso.org/Projects/CommunicationsTechnology/documents/NarrowbandingwaiversnoticeDA-11-1189A1.pdf>

j) First Deliverable Arrives Under Presidential Policy Directive (PPD) 8

The Department of Homeland Security announced the release of the country's first-ever National Preparedness Goal. The goal is the first deliverable required under Presidential Policy Directive (PPD) 8: National Preparedness, which was released in April 2011. The goal sets the vision for nationwide preparedness and identifies the core capabilities and targets necessary to achieve preparedness across five mission areas laid out under PPD 8: prevention, protection, mitigation, response and recovery. The full goal can be found online at www.fema.gov/ppd8.

k) Safer Ambulance Designs

The National Institute of Standards and Technology (NIST) conducted a web survey of paramedics, emergency medical technicians (EMTs) and other interested parties on the development of new design guidelines for ambulances to reduce the crash risk to emergency workers. Emergency medical service (EMS) workers riding in the back of ambulances are at high risk of suffering injuries during a crash or a maneuver to avoid a crash if they're not using restraints. However, restraints make it difficult to access and treat patients while in route to a hospital. To meet the challenge of finding a balance between these two demands, NIST, the Department of Homeland Security's Human Factors and Behavioral Sciences Division (DHS HFD) and the National Institute of Occupational Safety and Health (NIOSH) are developing design guidelines for ambulance patient compartments that maximize safety without compromising effectiveness. These guidelines will be used to update current, and enhance emerging, ambulance design criteria, such as National Fire Protection Association (NFPA) 1917, the "Standard for Automotive Ambulances."

l) NFPA Foundation Releases Ambulance Crash Data Report

Crashes involving ambulances with specific attention on the collection of ambulance crash data and the methods used to collect this data are the central focus of a new study published by the Fire Protection Research Foundation (FPRF), the research arm of the National Fire Protection Association (NFPA). Data collection for ambulance crashes are typically reported on a local or statewide basis, and a need exists to compile and coordinate this data on a national basis. The goal of this project is to provide information that will improve the safety of EMS crews and their patients. Objectives to achieve this goal include identifying available data sources, providing limited analysis of the data, recommending optimum data formats, and providing summary data if available. The report is available at the following link:
<http://www.nfpa.org/assets/files/Research%20Foundation/RFAmbulanceCrash.pdf>.

m) UPMC Study Highlights EMS Workplace Safety

Poor perceptions about workplace safety culture among emergency medical services (EMS) workers is associated with negative patient and provider safety outcomes -- the first time such a link has been shown in the pre-hospital setting, according to a study by University of Pittsburgh researchers that now appears online in Prehospital Emergency Care (<http://informahealthcare.com/doi/abs/10.3109/10903127.2011.614048>) and is scheduled to be published in the January-March print edition. The investigators measured EMS safety culture by

surveying emergency medical technicians and paramedics at 21 EMS agencies across the U.S. They used a scientifically validated survey that collects EMS worker opinions regarding six key areas: safety climate, teamwork climate, perceptions of management, working conditions, stress recognition and job satisfaction. Safety outcomes were measured through a survey designed by EMS physician medical directors and investigators to identify provider injuries, patient care errors and safety-compromising behavior.

The analysis of 412 surveys showed that individual EMS worker perceptions of workplace safety culture are associated with composite measures of patient and provider safety outcomes. Notably, the researchers found that 16 percent of all respondents reported experiencing an injury in the past three months; four of every 10 reported an error or adverse event; and 89 percent reported safety-compromising behavior.

n) EMS Week 2012 Planning Guides Available from ACEP

National EMS Week 2012 will be celebrated May 20-26, 2012, with May 23 set aside for Emergency Medical Services for Children Day. The slogan for 2012 is EMS: Not a Job, a CALLING.

o) IAB Issues Position Statement in Support of Lead Federal Agency for EMS

The InterAgency Board (IAB) Health, Medical, and Responder Safety (HMRS) SubGroup has published a new position paper: "*Position Statement in Support of a Single National EMS Administrative Body.*" The IAB is a voluntary collaborative panel of emergency preparedness and response practitioners from a wide array of professional disciplines that represent all levels of government and the voluntary sector. The IAB provides a structured forum for the exchange of ideas among organizations to improve national preparedness and promote interoperability and compatibility among response communities. Based on direct field experience, IAB members advocate for and assist the development and implementation of performance criteria, standards, test protocols, and technical, operating, and training requirements for all-hazards incident response equipment with a special emphasis on Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) issues. The IAB also reviews and comments on broader emergency preparedness and response policy, doctrine, and practices. While advocating for a lead federal agency for EMS, the position falls short of a recommendation. For more information go to: https://iab.gov/Uploads/HMRS_EMS_paper_28Sep2011.pdf.

p) Physio-Control Acquired by Private Investment Firm

Bain Capital, a leading global private investment firm, has signed an agreement to acquire Physio-Control, Inc. from Medtronic, Inc. Physio-Control's main product line includes the Lifepak line of external defibrillators, which have been plagued with performance issues resulting in delayed shipment of some products into 2010. Bain Capital, whose founders included presidential hopeful Mitt Romney, manages \$66 billion in assets. It has a long history of investing in health care companies, including HCA Holdings Inc. and Air Medical Group Holdings Inc. The transaction is expected to close in the first quarter of calendar 2012 and is subject to certain regulatory and customary closing conditions. For more information please go to the following link: <http://www.physio-control.com/>.

q) Fatal and nonfatal injuries among emergency medical technicians and paramedics

Reichard A, Marsh S, Moore S. *Prehosp Emerg Care*. 2011;15(4):511–517.

RESULTS: Authors identified 99,400 (95% confidence interval [CI], 71,700, 127,100) nonfatal injuries treated in emergency departments and 65 fatal injuries from the period 2003-2007. Most fatalities were related to motor vehicle incidents (45%) and aircraft crashes (31%). Among compensated EMTs and paramedics, the rate of fatal injuries was 6.3 per 100,000 full-time equivalents. Nonfatal injuries were primarily associated with stress on some part of the body from motion or overexertion (33%). Among all nonfatal injuries, the most common diagnosis was sprains and strains (38%). CONCLUSIONS: Emergency medical technicians and paramedics have higher fatal injury rates when compared with all workers. To reduce fatalities, targeted efforts should be made to prevent ground and air transportation incidents. Reducing nonfatal injuries may be accomplished by developing and evaluating interventions to prevent bodily stress and overexertion injuries.

r) NASEMSO Congratulates Dr. Cunningham on Prestigious AAEM Award

The National Association of State EMS Officials congratulates Dr. Carol Cunningham, Chairman of the organization's Medical Directors Council on being selected the 2012 recipient of the American Academy of Emergency Medicine's James Keaney Award. Named after the founder of AAEM, this award recognizes an individual who has made an outstanding contribution to AAEM. Nominees for this award must have 10 or more years' experience in emergency medicine clinical practice and must be an AAEM member.

s) NASEMSO Releases New Resource on National EMS Program Accreditation

NASEMSO's Education Agenda Implementation Team is frequently asked about the organization's support for national EMS program accreditation as described by the *EMS Education Agenda for the Future: A Systems Approach*. The I-Team has worked diligently to explain the process in a brand new reference: *Defining National EMS Program Accreditation*. The document is divided into the following sections: Background, Defining National Accreditation, The Relationship of National Accreditation to State Government, Rationale for EMS Community Support of the CoAEMSP, and Summary of National EMS Program Accreditation. The document also includes a chart that outlines compliance indicators with the *Education Agenda*:

<http://www.nasemso.org/EMSEducationImplementationPlanning/documents/DefiningNationalEMSProgramAccreditationFINAL.pdf>.

t) EMS Culture of Safety Draft 2 Available for Comment

EMS has been identified as a high-risk industry and safety impacts more than just EMS personnel. Safety in EMS affects our patients, EMS responders, and the public and includes factors such as vehicle operations, medical errors, infectious diseases, scene safety and responder health and fitness, just to name a few. Now, a three-year cooperative agreement between the

National Highway Traffic Safety Administration (NHTSA), with support from the Health Resources and Services Administration's (HRSA) EMS for Children (EMSC) Program, and the American College of Emergency Physicians (ACEP) has brought together representatives from national EMS and fire organizations to develop a national EMS "Culture of Safety" Strategy. Draft 2 of the Strategy is now available for comment: <http://www.emscultureofsafety.org/timeline>.

- Public comment closes February 24, 2012 and Steering Committee considers public comment for development of Draft Three.
- May 2012 – **Draft Three Available For Public Review**
- June 2012 – **National Review Meeting in Washington D.C.** – Additional details about the National Review Meeting will be available in early 2012.
- June 2012 – 2013 – The final recommendations from the steering committee will be sent to NEMSAC for review and comment. The final document for a National Culture of Safety Strategy will be submitted in 2013.

u) Community Paramedic Handbook Available from Program Sponsors

The Western Eagle County Health Services District and the North Central EMS Institute are pleased to announce the availability of the Community Paramedic Program Handbook. The handbook is designed to be used by paramedic services or a community as a planning guide to develop a Community Paramedic program. It is a comprehensive resource that includes information on Planning to Plan; Assessing Program Feasibility; Considering State Regulations; Making the Internal Commitment; Securing Key Partner Commitment; Determining how to Provide Medical Direction; Assessing Community Needs; Determining Program Scope; Services to Provide; Developing Personnel; Budgeting; Engaging the Community; Developing Policies and Procedures; Planning and Implementing Training; Developing an Evaluation Plan; Beginning Operations; and, Evaluating the Pilot Phase. If that weren't enough, there are several chapters in the appendix that contain forms and tools that can be used throughout the process and after the beginning of operations. Go to www.communityparamedic.org and then click on CP Program Handbook.

v) Association of Direct Helicopter Versus Ground Transport and In-hospital Mortality in Trauma Patients: A Propensity Score Analysis.

Academic Emergency Medicine, 18: 1208–1216. **Objectives:** Helicopter emergency medical services (HEMS) transport of trauma patients has been used for decades. Its use, however, is still a subject of debate, including issues such as high costs, increasing numbers of crashes, and conflicting results regarding effectiveness in reducing mortality. The aim of this study was to examine whether mode of transport (HEMS vs. ground EMS) is independently associated with mortality among trauma patients transported directly from the scene of injury to definitive care. **Conclusions:** Helicopter EMS transport was associated with a decreased hazard of mortality among certain patients transported from the scene of injury directly to definitive care. Refinements in scene triage and transport guidelines are needed to more effectively select patients that may benefit from HEMS transport from those unlikely to benefit.

Educational Development

III. Educational Development

Committees

- A. **The Training and Certification Committee (TCC):** The committee met at the Office of EMS, 1041 Technology Park Dr., Glen Allen, VA on January 4, 2012.
1. There was one action item. See Motion in **Appendix B**
 2. Copies of past minutes are available on the Office of EMS Web page at: <http://www.vdh.virginia.gov/OEMS/Training/Committees-PDC.htm>
- B. **The Medical Direction Committee (MDC)** The Medical Direction Committee meeting was held at the Office of EMS, 1041 Technology Park Dr, Glen Allen, Virginia on January 5, 2012. There is one action item to consider. See Motion in **Appendix C**
- Copies of past minutes are available from the Office of EMS web page at: <http://www.vdh.virginia.gov/OEMS/Training/Committees.asp>

National Registry of EMTs Certification Test Proposal

As indicated in the last report, the Office of EMS is continuing its move to initiate National Registry testing for all levels beginning July 1, 2012. Due to pertinent changes with the original proposal, it is anticipated there will be one or more motions submitted during the February 2012 state EMS Advisory Board meeting that may have a significant impact on the process for EMS certification and its associated operational expenses. Please review the motions from Training and Certification Committee and the Medical Direction Committee, discuss with the organizations you represent, call the office and speak with Mr. Warren Short or any Division of Educational Development staff and be prepared to discuss this matter at the upcoming Board meeting.

Advanced Life Support Program

- A. Endorsement of new ALS Coordinators has been re-implemented due to the delay in promulgating the proposed EMS Regulations. Information was sent to each regional EMS council asking them to process new applications based on their existing endorsement criteria. New candidates have been informed of their status and are being invited to the Instructor Institute as seats are available. In order to promote educational excellence in Virginia, these candidates will be attending both the

Educational Methodology and Administrative portions of the EMT Instructor Institute.

- B. The ALS Coordinator Meeting hosted by Medical Transport and Martha Jefferson Hospital is scheduled to be held at the Comfort Inn in Charlottesville, VA on Friday, February 3, 2012. OEMS, Division of Educational Development staff will attend as invited guests and will assist in coordinating the meeting for the ALS Coordinator's group. This meeting will meet the update requirements for ALS Coordinators.

Basic Life Support Program

A. EMT Instructor Institutes

- 1. The Office will hold an EMT Instructor Institute on February 11-15, 2012. A total of fourteen (14) candidates have been invited to attend.
- 2. The next EMT Instructor Practical is scheduled for May 2012.
- 3. The next EMT Instructor Institute will be held in Blacksburg, VA, in conjunction with the VAVRS Rescue College on June 9-13, 2012.
- 4. EMS providers interested in becoming an EMT-Instructor or the process in becoming an EMS Education Coordinator are encouraged to contact Mr. Greg Neiman, BLS Training Specialist by e-mail at Gregory.Neiman@vdh.virginia.gov

B. Virginia EMS Educational Standards (VEMSES) Exam

- 1. There have been 233 initial test attempts and the pass rate is 51.93%. There have been 34 second attempts on the exam and the re-test pass rate is 67.65%. Two providers have attempted the exam a third time, and the pass rate is 50%.
- 2. Although there has been some vocal opposition to the administration of this exam to evaluate the continued competence of our Instructors to be able to teach the minimum required material, the results reinforce the need to continue to require a written competency examination before an Instructor/Coordinator can implement the new Education Standards in their programs. It is important to note that the first time pass rate is not a reliable measure because many Instructors/Coordinators have stated they did not study prior to taking the exam, but rather wanted to take it 'cold' to see what material was on the exam. What is truly concerning is the low second time pass rate.
- 3. Current EMT-Instructors/ALS-Coordinators may schedule to take the VEMSES exam at regional Consolidated Test Sites (CTS) or at specified locations with the OEMS DED staff.
- 4. The Office is also offering the exam after in-person updates and ALS-C meetings. Fifteen took the exam after the update at the VAVRS Convention in Virginia Beach on September 24, 2011 and 15 more took it

after the EMS Instructor Update held at Henrico Fire Training Academy on October 8, 2011.

C. EMS Instructor Updates:

1. The Division of Educational Development continues to hold both online and in-person Instructor Updates.
2. Online Updates will be held on the second Thursday evening of every other month, beginning January 2012. In-person updates have also been scheduled for 2012 including the ALS Coordinator meeting held February 3 in Charlottesville and an EMS Instructor update on February 11 in Hanover County. Pre-registration is not required to attend.
3. The schedule of future updates can be found on the Web at http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm . .

EMS Training Funds

FY12

	<i>Commit \$</i>	<i>Payment \$</i>	<i>Balance \$</i>
BLS Initial Course Funding	\$578,967.00	\$221,486.00	\$357,481.00
BLS CE Course Funding	\$86,520.00	\$24,307.00	\$62,213.00
ALS CE Course Funding	\$221,760.00	\$53,445.00	\$168,315.00
BLS Auxiliary Program	\$66,000.00	\$8,000.00	\$58,000.00
ALS Auxiliary Program	\$244,000.00	\$78,280.00	\$165,720.00
ALS Initial Course Funding	\$1,071,000.00	\$477,667.00	\$593,333.00
Totals	\$2,268,247.00	\$863,184.00	\$1,405,063.00

EMS Education Program Accreditation
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A. EMT accreditation program.

1. Emergency Medical Technician (EMT)
 - a) No applications on file.
2. Advanced Emergency Medical Technician (AEMT)
 - a) No applications on file.
3. Intermediate – Reaccreditation
 - a) John Tyler Community College
 - (1) Site visit completed in January, 2012
2. Intermediate – Initial
 - a) City of Hampton Fire
 - (1) Application received and on file
 - (2) Site Visit Team Assigned
 - (3) Site Visit Scheduled for December 8/9, 2011.
 - (4) January 18, 2012 – Conditional Accreditation granted – Expires February 28, 2013.

- b) Dabney S. Lancaster Community College
 - (1) January 20, 2012 – Conditional Accreditation granted – Expires February 28, 2013
 - 3. Paramedic – Initial
 - a) No applications on file.
- B. For more detailed information, please view the Accredited Site Directory found on the OEMS web site at:
 - 1. <http://www.vdh.state.va.us/OEMS/Training/Accreditation.htm>
- C. Beginning January 1, 2013, paramedic students who are candidates for certification testing through the National Registry of EMT's (NREMT – www.nremt.org) are required to have graduated from a nationally accredited paramedic program—national accreditation is offered through the *Committee on Accreditation of Educational Programs for the EMS Professions* (CoAEMSP – www.coaemsp.org).
 - 1. Virginia is well positioned to ensure that students completing paramedic training programs in the Commonwealth will be eligible to test NREMT beginning January 1, 2013.
 - 2. Of 16 accredited paramedic training programs, there are only a handful of programs which still need to obtain national accreditation through CoAEMSP/CAAHEP.
 - a) Lord Fairfax Community College
 - (1) Has submitted their self-study to CoAEMSP and is awaiting a site visit from the national accrediting body.
 - b) Patrick Henry Community College
 - c) Rappahannock EMS Council Paramedic Program
 - d) Southside Community College
 - (1) Has submitted their self-study to CoAEMSP.
 - (2) CoAEMSP site visit scheduled for December 1/2, 2011.
 - e) Prince William County Paramedic Program
- D. “Defining National EMS Program Accreditation” is a document published by the National Association of State EMS Officials (NASEMSO) to explain the accreditation process. This process has been part of Virginia’s practice for many years and provides some clarification on the national process. The significance of this process is reflected in the requirement by National Registry that starting January 1, 2013, access to National Registry Paramedic testing requires successfully completing a program nationally accredited by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions. The document is attached in **Appendix D**.

<h3>On Line EMS Continuing Education</h3>

OEMS continues to work with third party continuing education vendors seeking to offer web-based continuing education in Virginia. To date, the Office has approved five (5) third party vendors: 24-7 EMS, CentreLearn, HealthStreams, Medic-CE and TargetSafety.

There are more than 475 OEMS approved online CE courses currently offered through these vendors. A vigorous screening process assures high quality educational programs are offered and allows for electronic submission of continuing education (CE) credits to the OEMS technician database.

For more information, visit the OEMS Web page at:

<http://www.vdh.virginia.gov/OEMS/Training/WebBasedCE.htm>

The Office, working with other IT professionals and the employee's who manage TrainVa have identified an issue that prevents awarding continuing education credit to Virginia certified EMS personnel. Interruptions in Internet service at the user's end are frequently to blame. Unfortunately, there is no fix for this issue. The office is investigating other alternatives for the delivery of free online continuing education using the current EMSAT programs. The office is working to identify an alternative for delivering online EMSAT CE programs in the near future.

EMSAT

- A. EMSAT starts the new year off with something “a bit different” when it comes to the location of our January program. Over the past twenty years we’ve videotaped EMSAT programs in a variety of settings: In studios, classrooms, ambulances, fire stations, rescue squad buildings, dispatch, in the ER and trauma rooms, in fields, factories, restaurants, attics, bedrooms and basements, helicopters, boats, on the sides of many roads in the Commonwealth, on military bases, parks, ski slopes, in swimming pools, underwater in a gravel pit, in a rescue museum, at the annual EMS Symposium and so on. But we’ve never done a FIRESIDE CHAT, and considering that it’s January, it’s about time. With help from some kind folks in Charlottesville, we were able to assemble several members of the American Heart Association-Mission Lifeline, and the Virginia Heart Attack Coalition for a discussion of STEMI Systems of Care in Virginia. This program was hosted by John Dugan, Mission Lifeline Director for Virginia.

- B. EMSAT programs for the next three months include:
 - 1. Jan. 18, Fireside Chat: STEMI Systems of Care in Virginia
 - 2. Feb. 15, GASP: Games Adolescents Shouldn’t Play
 - 3. Mar. 21 Trauma in Pregnancy

The EMS Portal

The Office of EMS initiated an EMS Agency portal component on December 5, 2011. This new component allows an EMS agency and designated officers the ability to update agency profile data, manage affiliation, and the ability to produce specific reports in various formats. Notices were sent to all EMS agency CEOs in November concerning the deployment of the EMS Agency component of the Portal with instructions on how to activate their agency in the Portal. These new agency specific features have been built into the existing EMS Portal—utilized by EMS Providers and Instructors alike—which

will enable EMS agency administrators to delegate authority and access to their affiliated personnel. The system allows for 'real-time' access to records and increases the security surrounding access to provider and agency data. OEMS is moving away from a 'single login and password' shared by numerous personnel to unique user logins where transactions can be more easily tracked.

It is most important for all EMS agencies to activate their portal. All affiliations are now managed over the web via the Agency component of the EMS Portal. Through the Portal, anyone with an EMS number can request to be affiliated with an EMS Agency. Once the request is submitted, the agency representative must either accept or deny the request. All activity on the Portal initiates emails between the agency and applicant indicating the status of their request. An agency can also submit an affiliation request to a provider, who also must either accept or deny the request. EMS AGENCY AFFILIATION IS NO LONGER MAINTAINED USING THE BLUE EMS CERTIFICATION TEST FORM. To activate your Agency component of the EMS Portal, the CEO of each licensed EMS agency must contact their OEMS Program Representative who can explain the process and assist in initiating a profile. Once activated, please contact anyone in Training or Regulation for assistance in navigating the agency component on the portal and extending access to other officers in your agency.

Test waivers must be completed on the blue test form using a #2 pencil and list the OMD, their number and the level being waived. The system will process the waiver request by determining if the provider is affiliated with an EMS agency for which the waiving OMD is affiliated. If there is a match, the waiver is processed. For this reason, it is imperative that all providers and agencies activate their portal. The office notified providers expiring in December and January to assure their affiliation was up to date in the portal as well as notifying agencies with affiliates whose certifications were expiring to assure activation of their agency component of the portal.

Currently, Agency participation is approximately 30% and EMS provider participation is at 61%. Please pass the word along so that we can be at 100% by the middle of this year.

As a reminder, the EMS Portal is an all encompassing electronic dossier which provides unrivaled, 24/7/365 access to Virginia EMS personnel. Some of the features of the EMS Provider Portal include access to:

- EMS Agency affiliation data
- Continuing Education (CE) reports
- Enrolled course data
- Certification Test Eligibility letters
- Certification Test Results
- Automatic E-mail notifications of certification expiration
- Access to update/change address, phone number and e-mail address
- E-mail opt-in/opt-out functionality allowing for informational updates from various Divisions within the Office of EMS.

Consolidated Test Sites (CTS)

- A. The Office has completed the process of transitioning CTS from the Division of Regulation and Compliance to the Division of Educational Development. Mr. Peter Brown was hired as a part time employee to manage this program. This transition will take some time and we ask for your patience. Pete's goals are to organize, train and standardize certification testing. The office is continuing to advertise for test examiners as we have not yet filled all CTS examiner positions. Due to federal regulations, all CTS examiners must become employees and performing this task utilizing contract employees is no longer permissible. Any questions pertaining to testing can be addressed by Mr. Pete Brown. All activities associated with CTS will remain the same unless specifically addressed by Mr. Brown and any changes will be communicated in advance to all those involved with certification testing at the local level.

Other Activities

- A. Mr. Warren Short attended the Atlantic EMS Council meeting in Washington, DC in December. Part of the discussion re-enforced that decision made by the council to eliminate test item writing for EMS certification examinations. This re-enforces the need for Virginia to continue moving toward the National Registry for testing or contract for the service. The move toward National Registry will keep Virginia in line with the National EMS Agenda for the Future as well as becoming 100% compliant with the National EMS Education Agenda for the Future, both of which the state EMS Advisory Board has promoted over the past 15 years by endorsing those practices described in the documents.

Emergency Operations

IV. Emergency Operations

Operations

- **Virginia 1 DMAT**

Virginia 1 DMAT (VA-1) held its January Leadership and Training meeting at the Office of EMS building on January 17, 2012. Leadership discussed issues related to the training and expectations associated with the VA-1 DMAT deployment to the National Capital Region (NCR) for the National Medical Response Team (NMRT), issues related to the upcoming VA-1 DMAT Anniversary, VA-1 DMAT deployment to the State of the Union (SOTU), and also discussed information on the upcoming NDMS Summit.

- **2011 Office of EMS Symposium**

From November 8-13, 2011, the Emergency Operations staff attended and assisted in the hosting of 2011 Virginia EMS Symposium. Held in Norfolk, members of the Emergency Operations staff conducted courses, oversaw logistical support, and communications oversight, as well as assisted in manning registration booths. Courses taught included Mass Casualty Incident Management I and II, Mass Casualty Incident Management I and II Train-the-Trainer, Heart Health, and EMS surge planning.

- **HMERT Operations**

On January 23, 2012, the HMERT Coordinator met with the new commander of Crater 6 EMS Task Force. He provided the individual with updated training and discussed future activities of the team.

- **New HMERT Vehicle**

On January 5, 2012, the Division of Emergency Operations took delivery of a new Ford F-350 vehicle. This truck will replace the current Ford truck in the vehicle pool and will be used to move trailers, respond to emergency events, and provide transportation to and from various meetings. Since receipt, the HMERT Coordinator has been working on lettering, radios, and additional accessories.

Planning and Preparedness

- **Meeting with ODEMSA Representative on Surge Planning**

Winnie Pennington, Emergency Planner met with an ODEMSA representative on December 28, 2011 to discuss development of a presentation that could be taken out to the localities and agencies to help explain Surge Planning. Winnie will assist Regional Council as a SME in development of a presentation; but, will not be the principle developer.

- **Assisting Regions**

Winnie Pennington, Emergency Planner, continues to assist Regional Councils on a case-by-case basis to develop planning in MCI, COOP, and EMS medical Surge. She is developing additional surge guidance that should be out by February or March.\

- **OEMS BEEP**

The Planner is developing drills for office personnel to be conducted in the spring to test emergency procedures for Tornados and Building Fire

- **OEMS COOP**

The Planner continues to update office COOP based on Committee recommendations with final updates for 2012 due in April culminating in a 2012 Office COOP EX in June.

Committees/Meetings

- **Hurricane Evacuation**

Frank Cheatham, HMERT Coordinator, attended a meeting of the Hurricane Evacuation Committee on January 25, 2012. The meeting continued to focus on communications issues associated with I-64 lane reversal.

Frank also attended two meetings specific to the issue of communications issues. The first, on January 10, 2012 was with Vic Buisset with the Department of Emergency Management and the second on January 18, 2012, with members of the larger Hurricane Evacuation Committee.

- **Continuity of Operations Plan (COOP) Committee**

The Office of EMS COOP Committee met on January 12 to review and approve draft solutions to issues addressed in the improvement plan of 2011 COOP EX AAR. The committee addressed issues including; standardizing information sheets for employees, referencing policy in the plan, storage of records, just-in-time training and training aids, and inclusion of an Organizational Chart in the plan.

- **EMS Emergency Management Committee Meeting**

On January 26, 2012, members of the Division of Emergency Operations attended a meeting of the EMS Emergency Management Committee. The meeting was a planning session for the committee and a welcome to the new committee chair, Steve Ennis.

- **Virginia Strategic Highway Safety Plan Committee**

Frank Cheatham, HMERT Coordinator, attended a meeting on the Virginia Strategic Highway Safety Plan Committee. The meeting held on December 13, 2011 discussed training opportunities and development.

The HMERT Coordinator also attended a webinar on December 21, 2011 for the Safety Plan Committee.

- **ChemPack**

Karen Owens, Emergency Operations Assistant Manager continued to participate in the ChemPack Committee with members of the Office of EMS and Emergency Preparedness and Response. The Committee finalized the EMS aspect and the Office of EMS is continuing work to release the program.

- **EMS Communications Committee**

The EMS Communications Committee held its quarterly meeting at 10:00 a.m. on November 10, 2011 in Norfolk, Virginia. By a vote the committee passed the modification of the OEMS PSAP reaccreditation standards. The new standard requires PSAPs to maintain an 85% or greater score for compliance with EMD protocols through quality assurance/quality improvement review. The change went into effect on January 1, 2012. Additional documentation was reviewed regarding a White Paper promoting the employment of EMD protocols to agencies and jurisdiction not yet providing that service to its citizens. Committee Chair Pokey Harris announced she would be stepping down as Committee Chair. She recommended Gary Critzer as chair replacement.

- **Tomato Festival**

HMERT Coordinator, Frank Cheatham, attended meetings during this quarter to assist in the Annual Hanover Tomato Festival planning. As with previous years, the Office of EMS assists in EMS planning and logistical support.

- **Symposium Committee Meeting**

On January 18, 2012, Karen Owens, Emergency Operations Assistant manager, attended the planning meeting for the 2012 EMS Symposium. During the meeting the committee worked to finalize the course selection for the 2012 symposium.

Training

- **VDH COOP Checklist Review**

On November 30 the Emergency Operations Planner presented the final session of training for staff in completion of VDH Employee COOP Checklist. This is a check list that must be completed by every VDH employee by the calendar close of each year.

Communications

- **OEMS Public Safety Answering Point (PSAP) & 911 Center Accreditation**

Orange County 9-1-1, Brunswick County 9-1-1 and City Of Roanoke 9-1-1 have pending applications submitted electronically to OEMS, All required documentation has also been provided and will be reviewed by EMS Communications Committee at the next scheduled meeting.

- **EMS Communications Directory**

Through the Virginia chapters of APCO and NENA listserves, updated information was gathered to edit the EMS Communications Directory on the OEMS website. After compiling the data, the new EMS Communications Directory has been posted to the OEMS website. The Communications Coordinator would like to extend a special thanks to OEMS Statistician Carol Pugh for assisting with final preparation.

Planning and Regional Coordination

VI. Planning and Regional Coordination

Regional EMS Councils

Regional EMS Councils

The Regional EMS Councils submitted Second Quarter contract reports throughout the month of January. Submitted deliverable items are under review by OEMS.

The EMS Systems Planner met with the Regional EMS Council Executive Directors in early January in Charlottesville to review the current contract, and discuss possible changes to the contract for the upcoming fiscal year.

The EMS Systems Planner attended meetings of the Thomas Jefferson and Tidewater EMS Councils in the quarter.

Medevac Program

The Medevac Committee met on February 9, 2012. The minutes were not available at the time of the submission of the state EMS Advisory Board quarterly report.

There have been several updates to the Medevac WeatherSafe application. In terms of weather turndowns, there were roughly 1750 entries into the WeatherSafe system in 2011. Two thirds of those entries were for interfacility transports. This is up from 1162 entries in 2010...not only does this show dedication to the program itself, but also to maintaining safety of medevac personnel and equipment.

OEMS and Medevac stakeholders continue to monitor developments regarding federal legislation and other documents related to Medevac safety and regulation. These documents can be found on the Medevac page of the OEMS web site. In addition, correspondence was distributed through the NASEMSO distribution list related to air medical program billing of Medicare and Medicaid. The correspondence indicates that due to a change in Medicare policy, air medical programs that own their own vehicles will be excluded from billing Medicare, Medicaid, and any other federal or state health program for their services effective February 3, 2012. This policy change will have a significant impact on many air medical services in Virginia.

State EMS Plan

The Virginia Office of EMS Strategic and Operational Plan is mandated through *The Code of Virginia* to be reviewed and revised on a triennial basis. The current version of the plan was approved by the State Board of Health in March of 2011. There have been no changes to the plan since that approval.

Public Information & Education

VI. Public Information and Education

Symposium

The 2011 symposium was a great success with over 1700 participants. To ensure that the symposium continues to be a quality program, OEMS has reviewed all of the evaluations we take them very seriously and look into ways to make things better each year.

We were able to offer flu and Tdap vaccines to participants this year, from the support of the Norfolk MRC and the Norfolk Health Department. Also, the career fair was held again and a new event called, “EMS’ Got Talent” which was very popular and provided participants a chance to relax and network.

PI&E help promote and support the symposium planning committee with the call for presentations for 2012. We participated in the committee meeting to provide insight and make sure that all the information is coordinated for our promotion efforts. Once the information is transferred to us, we will begin the promotion for the pre-conference courses.

PI&E provided after action points for enhancing items like signage, better coordination with the rescue camp and more.

PI&E provided an updated sponsor packet to the AEMER sponsor coordinator. This packet highlights the need to support Virginia EMS training and hopefully will be a useful tool in soliciting sponsors for the symposium.

Governors Awards

New awards applications were created by PI&E. This new applications are individualized for each award, and ask specific questions related to the award category. This was based on a suggestion by the awards committee. This will help enhance the nominations and help the nominators and potential nominees provide quality information as to why they may be deserving of the award. It also will help nominators select the best category for the nominee. These new forms were sent to the councils for their 2012 programs.

PI&E submitted press releases for approval to VDH management. These releases highlight the winners on a regional basis. This will help ensure coverage in the areas where the winners are from.

The Richmond Ambulance Authority hosted a special presentation of the Governor’s Award for Outstanding EMS Physician for Dr. Oronato, as he was unable to attend the presentation during

the symposium. We attended the event and Gary Brown and Dr. Levine did the formal presentation of the award.

PI&E has created a promotional flier for the awards program that can be individualized for each council. Also, we have created posters for the councils to use to better promote the program with the “I am” campaign – which highlights past winners.

Marketing & Promotion

2012 Communications Plan

PI&E created the 2012 OMES communications plan. This plan will focus on the various programs and divisions within OEMS on a monthly basis. We will also highlight programs and tools that will help EMS providers and agencies provide injury and illness prevention programs in their communities. The injury and illness prevention program also coincides with the OEMS strategic plan. We will promote new programs initiatives as they arise. The plan also incorporates promotion for the new education standards that will be implemented in July. The symposium and Governor’s EMS Awards program are also main items on the plan. The communications plan also looks at tools that we can use for promotion. To include starting a mini-newsletter that will be sent out more frequently, social media and enhancing our use of social media and more.

Everyone Goes Home for the Holidays

During the month of December PI&E used the website and social media to promote safety while on the streets, to help remind EMS providers of simple measures they can take to help stay safe. This was part of our plan for our “Everyone goes home for the holidays” outreach. We will look to expand this communication for the 2012 holiday season.

EMS Portal Agency Module

With the December launch of the agency module of the EMS portal, PI&E has worked with the Division of Educational Development to get information and promote it to the EMS agencies. This include social media outreach an article in the newsletter and more.

Rider Alert Cards

Richmond Ambulance Authority created a program for motorcyclists to get cards to place in their helmets with important information and stickers to place on their helmets to warn people to not remove the helmet in case of a crash. OEMS has been helping to promote this program, and PI&E has been posting information on it, articles and more to our social media sites. This program has had good national coverage, and PI&E has been working to make sure that providers on our networks are also aware.

OEMS Media

The PI&E Coordinator worked with Division of Regulations and Compliance on a media request for information about training requirements for driving ambulances. This came as a result of the ambulance accident that killed the driver and patient in Buckingham County.

VDH Communications

Office of Licensure and Certification

The OEMS PI&E Coordinator provides media coverage and guidance for the Office of Licensure and Certification and continues to manage media inquiries for the office on a variety of topics like COPN, medical facility complaints and more.

Abortion Clinic Regulations

The PI&E Coordinator has been working with VDH leadership to manage media inquiries about the new legislation that has required abortion clinics to become licensed facilities.

VDH Media Coverage

The OEMS PI&E Coordinator provided support for a variety of media requests for VDH programs. The PI&E Coordinator provided back-up for the other VDH PIOS during November and managed the compilation of the daily news clips of VDH news for December.

The PI&E Coordinator continues to collect updates and information on OEMS projects and programs to include in the report to the Secretary and the weekly e-mail from the Commissioner.

Regulation & Compliance

VII. Regulation and Compliance

Compliance

The EMS Program Representatives continue to conduct and complete investigations pertaining to EMS agencies and providers. These investigations relate to issues concerning failure to submit prehospital patient care data (VPHIB), violation of EMS vehicle equipment and supply requirements, failure to secure drugs and drug kits, failure to staff the ambulance with minimum personnel and individuals with criminal convictions. The following is a summary of the Division's activities for the fourth quarter of 2011:

Enforcement

Citations Issued:	9
Providers:	1
EMS Agencies:	8

Compliance Cases

New Cases:	10
Cases closed:	11
Suspensions:	3
Temporary Suspensions:	1
Revocations:	2
Consent Order:	0

EMS Agency Inspections

Licensed EMS agencies:	681 Active
Permitted EMS Vehicles:	4,319 (Active, Reserve, Temporary)
Recertification:	Agencies: 66
	Vehicles: 460
New EMS agencies:	5
Spot Inspections:	20

Hearings (Formal, Informal Fact Finding Conferences)

October 26, 2011: Barksdale
December 15, 2011: Hopkins

Variances

Approved:	11
Disapproved:	4

Consolidated Test Sites

Scheduled: 36
Cancelled: 10

OMD/PCD Endorsements

As of January 2012: 221 Endorsed

EMS Regulations

The final draft of the Virginia Emergency Medical Services Regulations 12VAC5-31 resides with the Governor's Office awaiting his review and approval (8/16/2011).

Notable Information

On January 1, 2012, the responsibility for oversight of the Consolidate Test Site programs officially was transferred to the Division of Educational Development (DED). Mr. Peter Brown, EMS Certification Examination Coordinator is responsible for this program and has recently completed the conversion of all contract Consolidated Test Site (CTS) examiner employees to wage staff.

Division Work Activity

1. Regulation and Compliance staff represented the Office of EMS in Fire/EMS studies conducted by the Virginia Fire Service Board for Amelia County. Presentations for Washington and Amelia Counties are still being finalized and have not been submitted to their respective jurisdictional administrators.
2. Staff continues to offer technical assistance to EMS agencies, entities and local governments as requested. Staff met with the Board of Supervisors for Smyth County and Lancaster County.
3. Field staff continues to assist the Grants Manager and the RSAF program by offering reviews for submitted grant requests as well as ongoing verification of RSAF grants awarded each cycle.
4. The Quarterly staff meeting was held in Richmond on November 30-December 2, 2011.
5. During the EMS Symposium in November 2011, staff served in multiple capacities to support the event from presenters, room hosts, guides and technical experts.

Technical Assistance

VIII. Technical Assistance

EMS Workforce Development Committee

The Workforce Development Committee last met on October 19, 2011. The committee will meet on Friday, January 27, 2012.

Informational sessions on both the Standards of Excellence and the Virginia EMS Officer Standards, is being provided at the Virginia Fire Chief's Association Mid-Atlantic Expo in Virginia Beach on Friday February 24, 2012.

WDC Sub-committee Reports:

a) Standards of Excellence

The sub-committee met on November 9, 2011 to review the Recruitment and Retention and the Leadership and Management Self-Evaluation Survey documentation to identify repetitious items and to simplify the process. The SoE survey has been significantly simplified – starting with the Core Areas.

Recruitment and Retention Core Areas

- 1: Meet OEMS rules and regulations
- 2: Mission, vision, values
- 3: Expectations
- 4: Orientation program
- 5: Selection process
- 6: De-Selection Process

EMS Leadership and Management Core Areas

- 1: Human Resources
- 2: Training and Employee Development
- 3: Compliance (record keeping, policies and procedures)
- 4: Asset Management (Equipment and Financial)

b) EMS Officer Standards

The sub-committee has not met since the last report. However, comments from interested parties are still being solicited on EMS Officer I -before EMS Officer II is begun.

Virginia 2011 EMS Career Fair

The Second Annual EMS Career Fair was held on November 10, 2011 at the EMS Symposium. There were 18 fire and EMS vendors that participated in the Career Fair. The earlier time frame appeared to attract additional Symposium participants.

The Virginia Recruitment and Retention (R&R) Network

The Recruitment and Retention Network met on December 2, 2011 in Hanover. David Tesh gave information regarding the recruitment campaign that Chesterfield County has just completed. The funding for the project was provided by a SAFER grant.

The next meeting is on February 24, 2012 at the Virginia Fire Chief's Association Mid-Atlantic Expo in Virginia Beach.

OEMS Partnering with VFCA Volunteer Workforce Solutions

OEMS staff members met with members of the Virginia Fire Chiefs Association's Volunteer Workforce Solutions (VWS) Program on January 10, 2012 to discuss efforts to improve collaboration and coordination of Virginia fire and EMS recruitment and retention programs.

Much of the information that VFCA VWS has compiled from the firefighter surveys provided similar reasons (to OEMS data) that volunteers leave their organization – poor leadership and department politics. Of course these are in addition to reasons for which there is no solution – Life changes (marriage, change in jobs, having children).

The VFCA Volunteer Workforce Solutions Program has identified some unique methods that will assist in recruiting new volunteers. The GIS-based ESRI'S Tapestry Segmentation Methods assist Fire and EMS agencies in focusing their recruitment efforts, at specific events and areas that will deliver an improved recruitment of members.

Partnering Opportunities (VFCA and OEMS):

1: Providing joint programs at state EMS Symposium, VFCA Mid-Atlantic Expo, etc.:

- Agency Management Courses
- Recruitment materials
- Mentoring Courses

2: The utilization of more contemporary methods of providing information:

- Pod Casts
- Webinars
- Video streaming

Trauma and Critical Care

IX. Trauma and Critical Care

This section includes:

- Durable Do Not Resuscitate
 - Clarification of the acceptance of POST orders as “Other DNR” orders
 - Reminder of the new regulations effective July 2011

- Trauma System
 - Trauma Performance Improvement Committee update
 - Trauma System Oversight and Management Committee
 - Committee Update
 - Trauma Center Fund Update

- Patient Care Information
 - Migration to Virginia’s Version 3 Dataset
 - Migration to version 3 timeline and efforts
 - Data quality initiatives
 - Data output
 - Compliance rate
 - The focus for the upcoming quarter
 - On the technical side

- Trauma Registry (VSTR)
 - VSTR compliance
 - VSTR upgrade

- EMS for Children
 - EMSC committee quarterly meeting
 - Regional pediatric symposiums
 - Hospital pediatric emergency department designation
 - New version of length-based pediatric tape available
 - PEPP instructor kits to be updated
 - Transporting children in ambulances
 - Site visits for small rural hospital EDs
 - Pediatric disaster preparedness
 - PEC council look to identify pediatric training/education competencies
 - “Managing Child Death Scenes” EMSAT video scheduled

Durable Do Not Resuscitate (DDNR)

Clarification of Support Documents

The supporting documentation for the DDNR program was revised to provide clarification of when an “Other DNR” order can be honored by qualified health care personnel i.e. EMS providers. An Other DNR order can be honored whenever a patient is within a qualified health care facility, being transported by ambulance between health care facilities.

The support documents were updated to include language to ensure that personnel understand that patients receiving home health services or hospice care are also considered within a health care facility and Other DNR orders should be honored. Home health organizations and hospice care organizations are also licensed by the State Board of Health.

Scenario: if an EMS provider is summoned to the home of a patient in cardiac arrest with a DNR order that is not the “Authorized State DDNR” form, such as a POST form, the DNR order should be honored.

Reminder of New Regulations

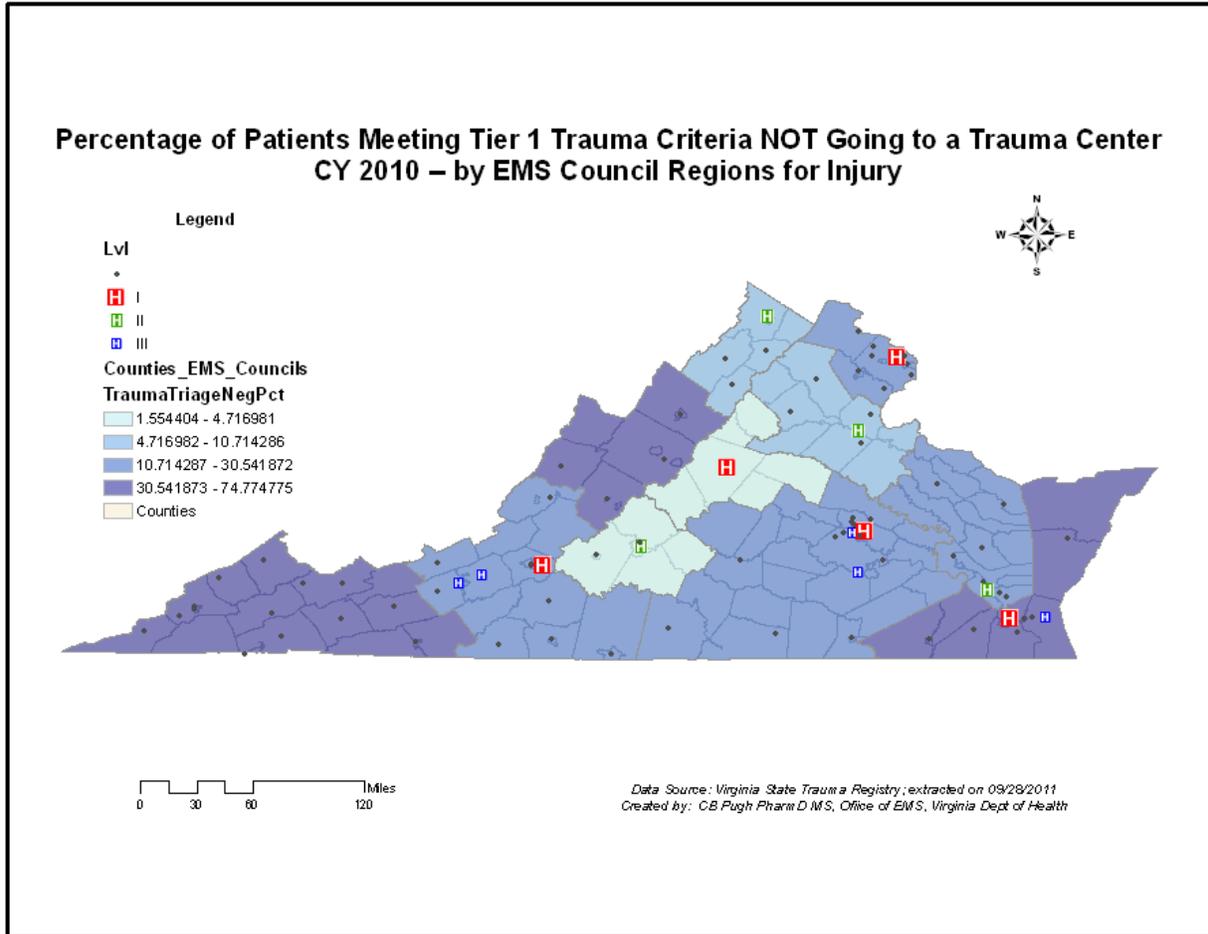
The DDNR regulations were approved by the Governor and went into effect in July 2011. The OEMS website has been updated with a new multi-page DDNR Order form available for download and printing. The regulations also now allow for legible photocopies of DNR orders to be accepted by health care personnel. The new form can be seen on-line at <http://www.vdh.virginia.gov/oems/ddnr/ddnr.asp>.

Trauma System

Trauma Performance Improvement Committee

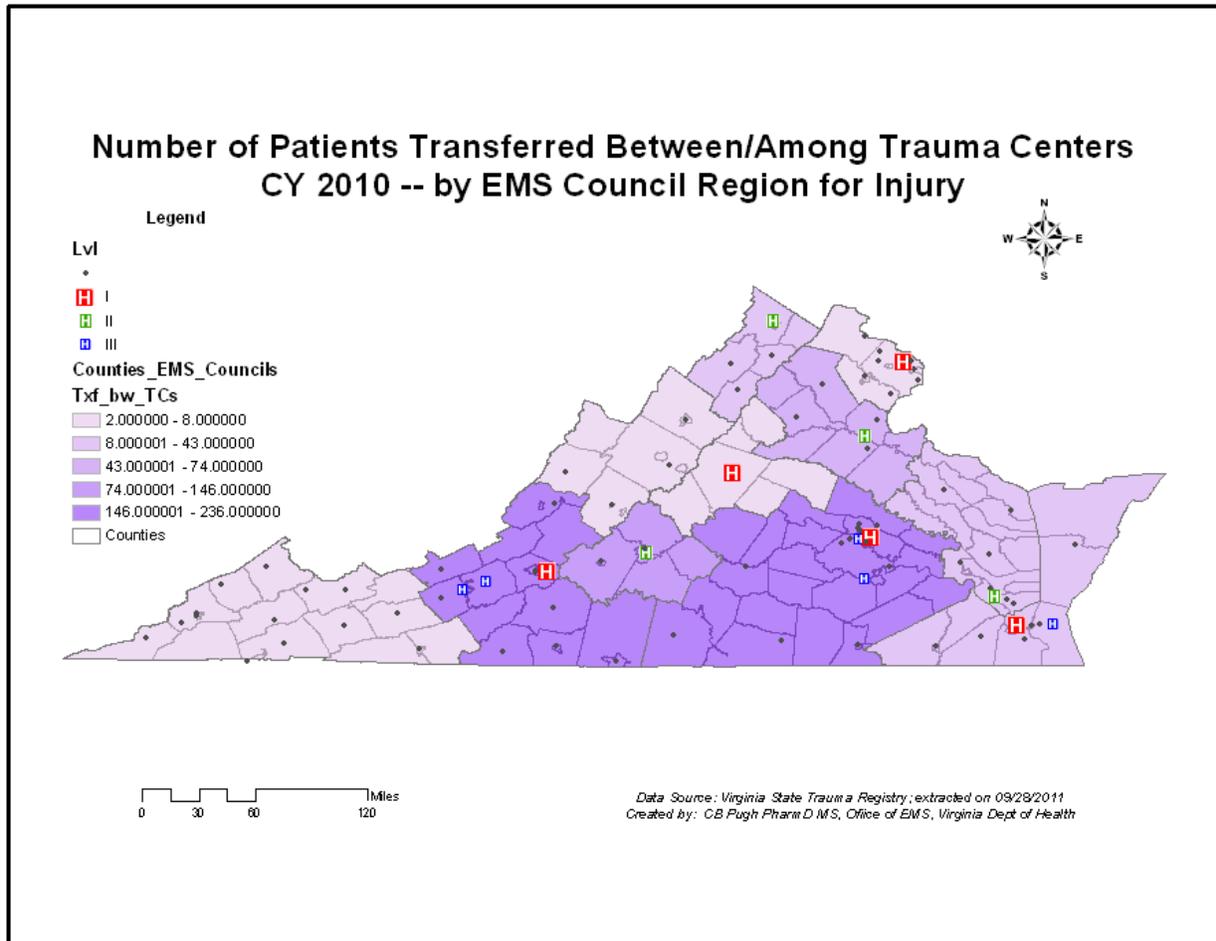
Work has restarted on Performance Improvement to support the State Trauma Triage Plan. The initial data analyses included patient level assessments of cases in which patients were admitted to two or more hospitals or Trauma Centers within the first 72 hours after trauma as well as deaths of potentially transplant-eligible patients at Non-Trauma Centers. Further refinement of these analyses is currently underway. County level data were compiled by EMS Council Region and mapped for the percentage of patients meeting Tier I Trauma Criteria that were *not* transported to a Trauma Center (see Figure 1 below).

Figure 1



County level follow up for this analysis is in progress. Evaluation of the data using more than one Tier I Trauma Criterion and stratification of the data by Trauma Center designation level will also be performed. Data for transfers of patients among Trauma Centers were also compiled and mapped by EMS Region (see Figure 2 below).

Figure 2



This analysis will also be revised as county level data, and will focus on adult patients only.

Work has also begun on linking data from the VSTR with the Virginia Pre-Hospital Information Bridge (VPHIB). This effort will allow for a more complete evaluation of individual trauma patients' encounters with Virginia EMS agencies and hospitals. Data from the Center for Disease Control's injury related mortality statistics and National Trauma Center Maps, based on the Trauma Information Exchange Program, are also being integrated into the analyses.

The committee will continue work towards developing a more formal process to release trauma triage reports to hospitals, regions, and the public as these efforts evolve.

Trauma System Oversight and Management Committee (TSO&MC)

The TSO&MC last met on December 1, 2011 and the draft minutes to this meeting can be found posted on the Virginia Town Hall website as required. The key items for this meeting included a presentation by staff on the roles and responsibilities of the TSO&MC as noted in the *Code of Virginia* and EMS Advisory Board Bylaws, review and discussion of the committee composition, the performance improvement committee efforts, and the upcoming implementation of the revised Trauma Center Fund Distribution policy. There was also discussion about the process to be used for a complete revision of the Trauma Center Designation Manual.

Trauma Center Fund

On January 1, 2012 the revised Trauma Center Fund Distribution Policy went into effect. The revised policy provides further guidance on how the funds are to be utilized and establish percentage rates for predetermined categories. The Office of EMS' Fiscal Division makes electronic disbursements on a quarterly basis to the recipients being awarded funding.

Table 1

Trauma Center & Level	Percent Distribution	Previous Quarterly Distribution	Nov. 2011 FY12	Total Funds Received Since FY06
I				
Roanoke Memorial Hospital	16.75%	\$480,658.62	\$354,721.77	\$5,760,665.61
Inova Fairfax Hospital	15.49%	\$447,238.60	\$328,038.23	\$10,417,322.98
Norfolk General Hospital	11.00%	\$415,784.45	\$232,951.61	\$6,224,315.39
UVA Health System	13.75%	\$455,757.43	\$291,189.52	\$6,471,960.60
VCU Health Systems	24.11	\$850,572.45	\$510,587.58	\$10,880,243.36
II				
Lynchburg General Hospital	1.99%	\$107,468.32	\$42,143.06	\$1,253,497.35
Mary Washington Hospital	4.03%	\$141,871.29	\$85,345.00	\$467,339.32
Riverside Regional Medical Ctr.	3.19%	\$96,983.61	\$67,555.97	\$1,196,860.13
Winchester Medical Ctr.	4.81%	\$118,280.68	\$101,863.39	\$1,671,985.25
III				
New River Valley Medical Ctr.	0.37%	\$5,045.77	\$7,835.65	\$120,629.37
CJW Medical Ctr.	0.70%	\$33,747.67	\$14,824.19	\$472,039.70
Montgomery Regional Hospital	0.31%	\$8,322.24	\$6,565.00	\$143,737.20
Southside Regional Medical Ctr.	0.45%	\$20,379.66	\$9,529.84	\$247,976.78
Virginia Beach Gen'l Hospital	3.06%	\$94,362.43	\$64,591.13	\$1,703,808.81
Total		\$3,276,473.22	\$2,117,741.94	\$47,032,381.85

* These figures contain the funds collected from the DMV & DCJS.

More information on the trauma fund can be found in the full trauma fund document, the *“Virginia Office of Emergency Medical Services Trauma Fund Grant Information and Disbursement Policy”*. This document and other trauma related documents can be found at:

Patient Care Information System

Virginia Statewide Trauma Registry

OEMS is actively drafting detailed technical specifications for the enhancement of the Virginia Statewide Trauma Registry (VSTR.) The current VSTR was implemented in May of 2005 after nine years of development. Due to the lengthy development and now seven years of service the technology being utilized is not comparable to available systems. Also, with the planned conversion from ICD9 coding to ICD10 coding in November 2013 it is time for upgrades.

Trauma staffs are exploring the enhancement of the existing VSTR or enhancement of the VPHIB program to manage the future collection of hospital level data trauma data. The requirements we are exploring using a make versus buy approach include:

- The elimination of disparate data from EMS, Trauma, and TRENDS by linking, warehousing, or combining systems
- The ability of the system to simultaneously collect ICD9 and ICD10 for a two year period from the November 2013 date
- The ability of the system to map all ICD9 coded data to ICD10 format during the two year window.
- The ability to expand the use of electronic data transmission by hospitals
- The ability to add data elements with costly and time consuming programming
- The ability to add and maintain data validation rules to rapidly respond to data quality issues
- The elimination of requiring that a costly developer must manually load any submitted electronic data
- Detailed submission reporting back to hospitals to provide feedback on the quality of their data and success of an upload.
- Conversion of legacy data
- Ad-hoc data reporting tool accessible by multiple levels of users
- The ability for data owners to independently export raw data in a SAS format
- Others identified as the planning progresses.

Virginia Pre-Hospital Information Bridge (VPHIB)

Migration to Virginia's Version 3 Dataset

As the system should already be aware of, the national EMS dataset and technical requirements are being changed and each state, including Virginia, has to make significant changes to their EMS data collection programs. Nationally we are moving from the NEMSIS version 2 standards to [NEMSIS version 3](#), Virginia will be moving from its version 2 to the new Virginia version 3 or what we are calling VAv3.

We have now begun to provide the Virginia EMS system with significant advanced notice of the new minimum dataset and allow for interested parties to comment on the minimum dataset. On or about February 1st, 2012 a draft copy of the VAv3 Data Dictionary was made public and State, regional and local committees, EMS software vendors, EMS agencies, organizations, associations, providers, and all interested parties have been invited to and are highly encouraged to provide input via the VAv3 Wiki site. Once available, the VPHIB-VAv3 Wiki will be available at <https://vphib-vav3.wikispaces.com/>

OEMS will mirror the process used to roll out the national v3 data dictionary to allow maximum input from the entire system, affected vendors, and other entities, as well as maximize the use of our limited resources. The v2 to v3 migration [goal](#) timeline is the following:

- February 1, 2012 – OEMS makes the Virginia Version 3.0 Data Dictionary (VAv3) available to the public by posting it on the [VPHIB Support Suite Knowledgebase](#), [VPHIB Knowledgebase](#), and the [OEMS website](#).
- February 1 – February 14 - OEMS will open a Wiki page to collect public comment. Details and instructions about how to use the VPHIB-VAv3 Wiki will be made available. **Note:** State, regional and local committees, EMS software vendors, EMS agencies, organizations, associations, providers, and all interested parties are highly encouraged to comment via the VAv3 Wiki.
- February 1 – April 30 – If needed, “Town Hall” meetings will be scheduled using a webinar format to respond to concerns and questions.
- April 30, 2012 – VAv3.0 comment period closed.
- May 18, 2012 - VAv3.1 exposure draft included in quarterly report to EMS Advisory Board
- June 1, 2012 - VAv3.1 posted for additional comment for final 30 days.
- June 30, 2012 – VAv3.1 Second comment period closed, minimum dataset locked down.
- August 10, 2012 – EMS Advisory Board asked to endorse VAv3.2 (final document)
- September 14, 2012 – State Board of Health requested to adopt VAv3
- September 15, 2012 – Final VAv3 document available publicly.
- January 1, 2013 – March 30, 2013 – OEMS opens collection of version 3 dataset to agencies
- March 30, 2013 – last day to submit version 2 format and minimum dataset.

OEMS has been very active on the national level participating in the development, review, and educational events on the NEMSIS version 3 products. Below are just some of the activities we have participated in.

- National Association of EMS Officials’ (NASEMSO), Data Managers Council (DMC): Since the early release of the national version 3 products the DMC began meeting for several hours weekly, initially reviewing the National v3 Data Dictionary and then the XML (technical format) that was being introduced by NEMSIS. Almost all of the many suggestions, requests, and corrections provided to the NEMSIS TAC were adopted.

- NASEMSO’s Annual Meeting and Mid-year Meeting provided several days of collaboration between the state data managers, NEMSIS, NHTSA, and other NASEMSO councils to further develop NEMSIS’ v3.
- ImageTrend Data Managers Council: meets monthly and provides an opportunity for the approximately 25 “ImageTrend states” to collaborate on product enhancements, data quality efforts, and now the version 3 migration.
- NEMSIS software Developers weekly meeting: OEMS has been participating in the weekly NEMSIS software developer’s webinar. This weekly meeting focuses on assuring consistency with migration to version 3 amongst all software vendors.
- NEMSIS Clinical Validation Rules workgroup: NEMSIS has convened a workgroup with the software developers to establish uniform clinical validation rules to assure quality data is being collected on the local, state, and national levels. OEMS will be participating as a clinical and state data manager content matter expert.

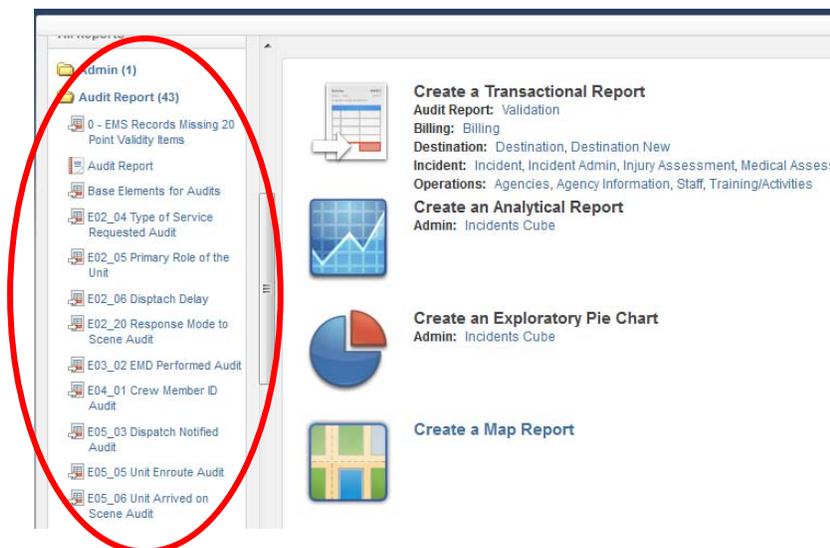
While the above has been very labor intensive, each opportunity has provided an environment of consensus and consistency between the states and between the states and software developers. An example of the benefits of national participation is that the draft VAv3 Data Dictionary has been made public with no customized data elements or fields. This raised significant issues with the implementation of version 2.

Data Quality

Trauma staffs have continued efforts towards developing processes to assess, plan, and implement methods to improve the quality of data being collected by the VPHIB system. As demonstrated in our previous quarterly report we exhibited several examples of poor data quality being collected and why OEMS needs to take steps to prevent poor data submission. The following are some steps we have taken and will continue to improve upon.

As Figure 3 (next page) demonstrates each element within the Virginia minimum dataset now has a corresponding report that will pull all records which are not being reported correctly. Every EMS agency has access to utilize these reports to help ensure they are submitting quality information.

Figure 3



VPHIB’s Support Suite serves as a resource for help, information, and ongoing communication. Support Suite includes a “News” e-mail list service that includes 3,066 subscribers. Each agency is required to maintain at least one e-mail address in the system. Additionally, all “agency VPHIB administrators” are maintained within the e-mail list service.

Prior to the first official statewide announcement advising EMS agencies of the new minimum dataset being implemented in January 2013 the list service was updated. The update included access the OEMS licensure database and capturing all “owner 1 and owner2 “ e-mail addresses and adding them to the list service. After eliminating duplicates this added 295 additional agency leadership contacts to the list. The VPHIB system was also queried for any VPHIB administrators not in the current list serve. An additional 185 administrators we added.

Since our last report, OEMS began sending out weekly “Data Quality Tips” via this list service. Each quality tip provides directions on how to run a report in VPHIB’s Report Writer program provide agencies with an opportunity to get a sense of any poor data being submitted by them.

To date six different tips have been sent out and are included **Appendix E**. As shown above in Figure 4, a “Data Quality Tips” folder has been added to VPHIB’s Support Suite knowledgebase. The Data Quality Tips are also posted within the VPHIB knowledgebase also and they include:

- Provider Name Review
- Certification Number review
- Height of Fall compliance
- Age of Patient
- Availability of Data Quality Report Card
- EMS Vehicle Information

Figure 4



OEMS worked with ImageTrend and a couple other states to assist in the development of a “Data Quality Report Card” that will provide agencies with detailed information on the quality of data they are submitting. Currently, the report is available within VPHIB to those agencies that utilize third party software to submit data to VPHIB. The report will soon be automatically e-mailed to the agency point of contact and the person who uploaded the records once it has completed validation. For agencies not utilizing third party vendors, OEMS has written a script that can produce a similar manually produced quality report card upon request from OEMS.

The new report card generates statistics that are based on validation errors generated by each record submitted. We have been adjusting the validation rules so will provide the most valuable information possible. The validation error messages now include the data element number, if it is a logic error or not, and a short description of the error. The report has four sections that quantify the frequency of errors being reported. Below is a sample report and a short description for each section.

Figure 5

Report Summary	
Primary Service: ETRICK-MATOACA VOLUNTEER RESCUE SQUAD User: Mech Jones Date Uploaded: 01/18/12 09:03:35 AM Software Vendor: Emergency Technologies, Inc. - Visual Fire - 5.9 Total Records in File: 83 Records Imported: 83	Avg Validity for Imported Data: 89 Records Valid (80-100): 74 Records Valid (60-79): 9 Records Valid (40-59): 0 Records Valid (0-39): 0 Your Avg Validity for last 90 days: 91 System Avg Validity for last 90 days: 84

Figure 5 shows the first section of the report card provides a high level look at the submission and provides information about on how many records were attempted to be uploaded and how

many were accepted. It then provides the submission's average validity score and compares it to the statewide average for comparison.

Figure 6

System Validation Issues	
Validation Error	Count
Logic (E18_01): Cannot have a medication and common null value entered at the same time.	79
Logic (E10_03): For Mechanism of Injury, a common null value and another value cannot be selected together.	76
Logic (E09_04): - A Cause of Injury should not exist when possible injury is 'No'.	75
E02.19 - Ending odometer cannot be less than destination odometer.	66
Logic: Cannot have a procedure and a common null value entered.	54
(E19_03) Procedure name is missing.	49
E05.09 - Leave Scene date/time is missing	10
E03.01- Dispatch Reason is missing	9
E09.04 - Possible injury is missing.	7
Logical (E05_04) - Unit Notified Dispatch Date is before Incident Onset Date.	6
Logical (E05_05) - Unit En Route Date is before Incident Onset Date.	5

Figure 6 provides VPHIB agency admins with the number of records that have violated any specific validation rule. This section of the report provides what is probably the most valuable information. Users can quickly see what rules are frequently are causing them to not achieve close to a 100% average score.

As an example, in this report you can see that of the 83 records submitted, 79 violate the logical error stating that 79 records include a medication name that was administered and at the same time report that medications were not given at the same time. This should be an easily fixed issue once it is known to the agency.

Figure 7

System Validation Issue Details				
Incident #	Call #	PCR #	Incident Date	Error
FR111201033835	-5	FR111201033835.A61.1	12/01/11	(E19_03) Procedure name is missing.
FR111201033835	-5	FR111201033835.A61.1	12/01/11	E02.19 - Ending odometer cannot be less than destination odometer.
FR111201033835	-5	FR111201033835.A61.1	12/01/11	Logic (E09_04): - A Cause of Injury should not exist when possible injury is 'No'.
FR111201033835	-5	FR111201033835.A61.1	12/01/11	Logic (E10_03): For Mechanism of Injury, a common null value and another value cannot be selected together.
FR111201033835	-5	FR111201033835.A61.1	12/01/11	Logic (E18_01): Cannot have a medication and common null value entered at the same time.
FR111201033835	-5	FR111201033835.A61.1	12/01/11	Logic: Cannot have a procedure and a common null value entered.
FR111201033812	-5	FR111201033812.M61.1	12/01/11	(E19_03) Procedure name is missing.

The next section of the report, Figure 7, lists all of the individual validations errors and provides a precise level of detail. This section can be quite long and is best useful only if you are looking for highly detailed information.

Figure 8

Schema Validation or Import Processing Issues					
Record Number	Call #	PCR #	Incident #	Error Message	Detail Message
No Schema Validation or Import Processing Issues Detected					

The last section of the report contains any XSD errors. Any record that is rejected during upload will be listed here and a reason why the record could not be uploaded. In this report there are no upload errors.

EMS Data Output

With data quality being addressed the next logical task to perform is increasing the ability to share, produce, and make EMS data available. VPHIB staffs have also been working to make EMS data output a reality. Many efforts are underway both on the nation and State level.

As reported in the past OEMS has been working towards a permanent linkage between VPHIB, the trauma registry, and the DMV's Traffic Records Electronic Data System (TREDS.) This linkage provides valuable data to assist the DMV with meeting its state level requirements of the national highway traffic safety program. OEMS as a member of the DMV's TRCC (Traffic Records Coordinating Committee) is working towards combining data from VDOT, FARS (fatality data), VHI hospital data, DMV's crash reporting program, and motorcycle training records.

The TRCC is also beginning to move towards developing an eCitation program with court system and integrating VDOT's GIS layers into the TREDS program. Combining highway engineering data, injury and fatality data, law enforcement's detailed information about crashes, with trauma and EMS data will provide an unprecedented level of MVC related trauma analysis. The current status of the linkage between VPHIB and DMV has been established and tested. The project is on hold while OEMS awaits the installation of additional RAM to the VPHIB servers to manage the daily data dump between VPHIB and TREDS. The RAM was originally requested on November 8th.

Nationally, NEMSIS has begun a significantly large scale introduction to the national EMS database. On January 31st a webinar titled the *Introduction to NEMSIS and Its Potential Uses in Syndromic Surveillance* is being provided to the public health, emergency preparedness, and other related communities. OEMS will be participating in this event.

The Nation EMS Database data cube can be accessed by the public on-line at <http://nemsis.org/reportingTools/reports/nationalReports/createAReport.html> NEMSIS and state EMS offices are working to develop further access roles to the NEMSIS data cube.

On the State level, OEMS has been working to develop a public access role within VPHIB which will provide a de-identified view of EMS data collected by VPHIB to the public. OEMS still cannot assure that this project will be successful as further testing is dependent on the installation of additional RAM as mentioned supra. If successful, Virginia will be the first state to create a public access roll using ImageTrend's Report Writer. The only other state known to us to have a public access site to EMS data is Utah. Utah's public site can be seen at the following URL <http://nemsis.org/reportingTools/reports/nationalReports/createAReport.html>

Figure 9 and 10 below show samples of the development environment for the VPHIB public access roll. There are 27 different reports currently being tested. Many reports can be adjusted by the user using predetermined filters.

Figure 9

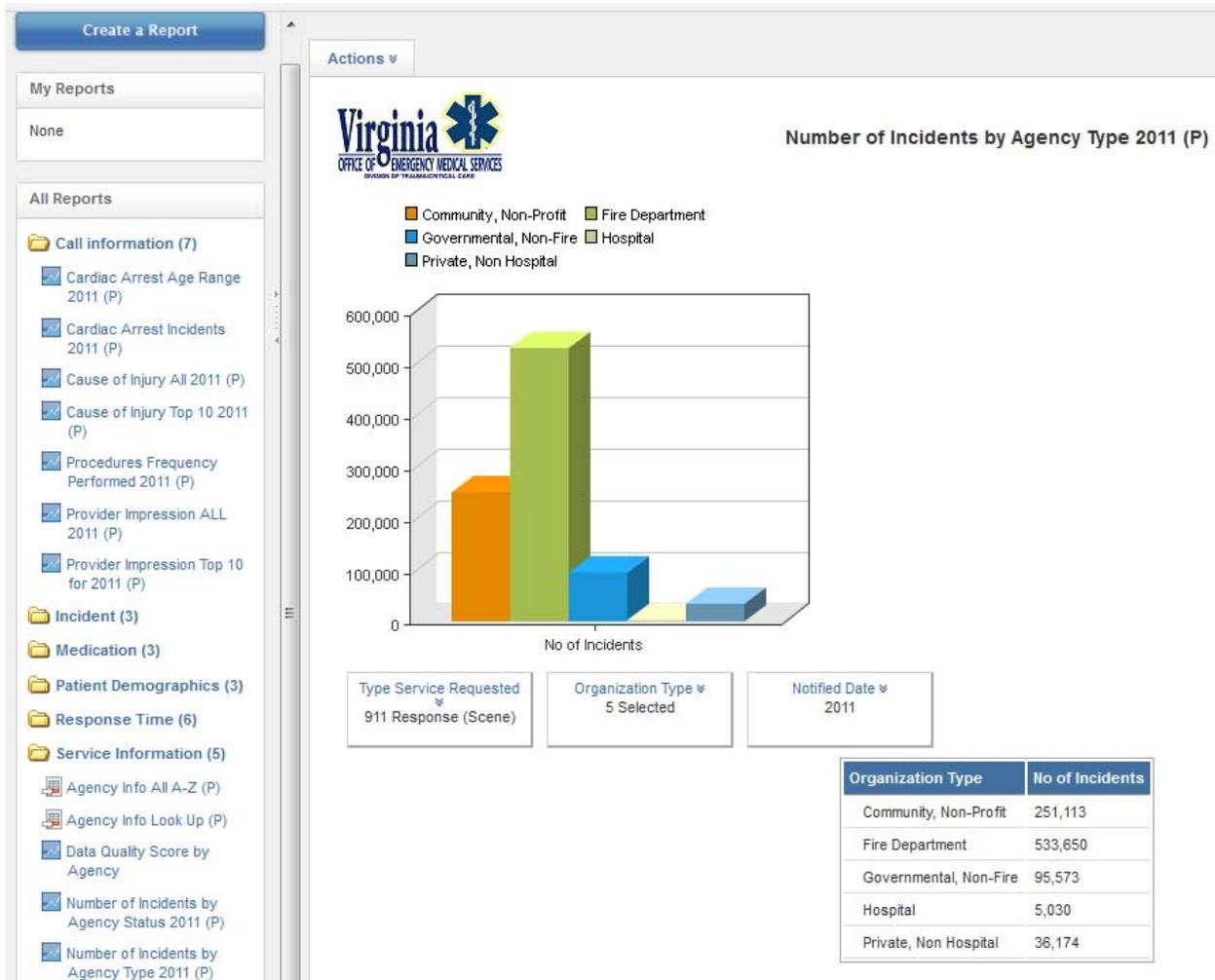
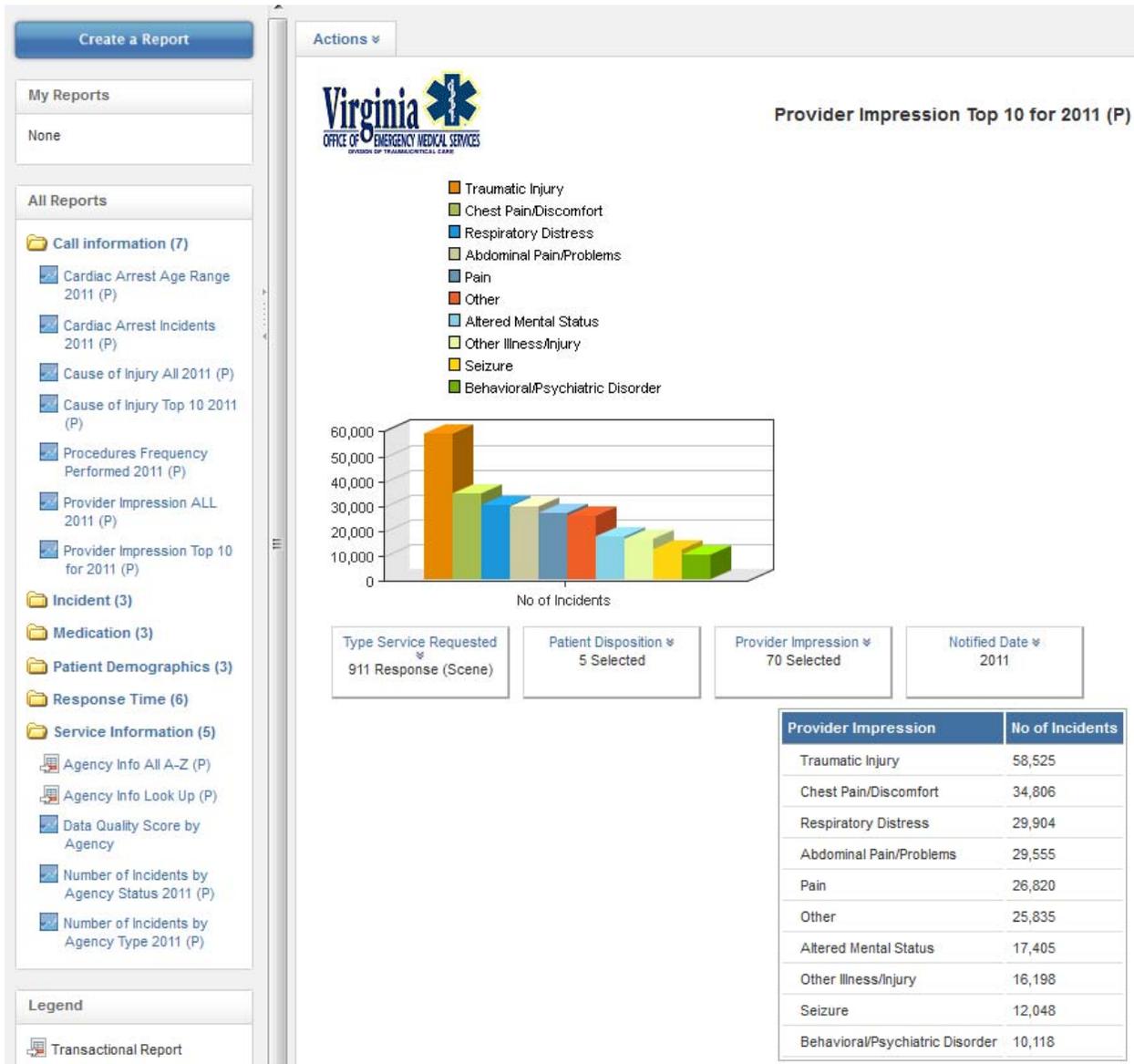


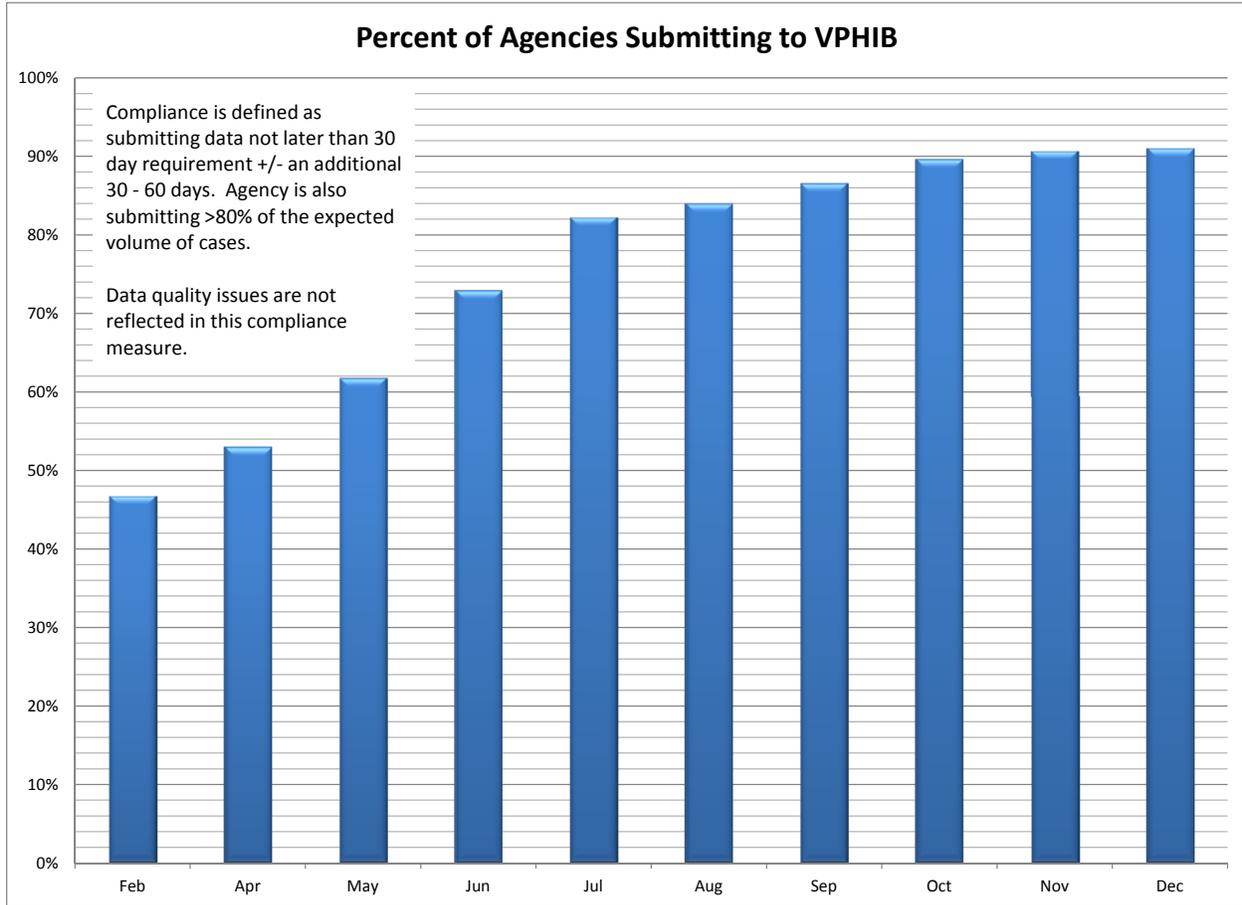
Figure 10



Data Submission Compliance

Great news with statewide compliance! As of the December 2011 VPHIB Compliance report we now have 91% of all EMS agencies required to submit to VPHIB actively submitting. Even better news is that VPHIB is receiving 99.4 % of expected records are being submitted! While compliance is not a feel good word, it has allowed us to move from 52% compliance in February 2011 to 91% in December 2011. The value of compliance with submission and meeting the technical format required (data quality compliance) can be seen in the progress being made towards data output as noted above.

Figure 11



On the Technical Side

During this quarter the VPHIB State Bridge and Field Bridge were updated to version 5.1 from version 4.6. Version five not only brought a new look to the programs, but provided significant improvements in the background. The validation tool has been greatly enhanced to allow us to create better data quality logic checks, the ability in the future for OEMS to be able update the run form templates so that when providers enter a vital sign or procedure they will no longer have to separately document the skill as a procedure, and the addition of the Data Quality Report card as described above.

At the server level we continue to struggle to have work performed and maintain an environment free of unplanned downtime. The servers were failing a weekly integrity check which was a major concern. To resolve this issue, the VPHIB system was copied and placed in test environment for further testing. The final diagnosis was that there is a Microsoft bug with an available hot fix that needs to be installed. We are attempting to perform this installation with the database space installation noted below.

Another challenge that arose without warning was that that server security certificate was allowed to expire and the system went off-line. The cause for this incident was the failure for VITA/NG to notify OEMS of the need to renew the security certificate. A total of four hours of downtime occurred.

An additional 100 GB of database space is pending installation. This additional space was requested in early September and the request was accidentally merged with a previous request. The request was reinstated in October. Additional RAM space has also been requested and is pending implementation. An increase in RAM was submitted due to slow page loads causing Report Writer to time out. We also chose to request the maximum amount of RAM that the servers could physically hold in an effort to make Report Writer able to handle statewide data queries, i.e. public access roles.

Report Writer was designed by ImageTrend and purchased by OEMS to be a tool used by agencies only. OEMS utilizes other data analysis software for our reporting needs. Since the system (server environment and application) were not designed for very large queries additional roles is still experimental.

Emergency Medical Services for Children (EMSC)

EMSC Committee Quarterly Meeting

The EMS for Children (EMSC) Committee of the EMS Advisory Board had its quarterly meeting January 5, 2012 in Glen Allen, VA. Meeting dates of the EMSC Committee are tentatively confirmed for the rest of 2012 as March 29, July 12 and October 4.

Regional Pediatric Symposiums (*addresses Performance Measure [PM] 78*)

The EMSC Committee plans to sponsor a series of regional one-day pediatric symposiums throughout the state in 2012 to increase the availability of pediatric education/training. The EMSC Program will work closely with EMS Regional Councils in spreading the word as these sessions become available, and in determining the best places in which to hold pediatric training.

Voluntary Hospital Pediatric Emergency Department (PED) Designation (*addresses PM 74*)

The Pediatric Emergency Department (PED) Designation Work Group is still accepting input from stakeholders concerning a draft version of three levels of a voluntary PED Designation program. Final edits of the draft criteria are wrapping up, and work moves now to finalizing the application process as we await additional comments from the Virginia chapters of American Academy of Pediatrics (AAP), Emergency Nurses Association (ENA), American College of Emergency Physicians (ACEP), as well as from Virginia Hospital & Healthcare Association (VHHA). Stakeholder input will shape any final changes to this *voluntary hospital pediatric emergency department designation program*, which is anticipated to be administered by Virginia's EMSC program.

PED designation in Virginia is just part of a nationwide effort to establish recognition programs for hospitals that can provide certain levels of emergency medical and/or trauma care for children. This was a major recommendation of the Institute of Medicine (IOM) and is being facilitated through the EMSC program with funding from the Health Resource and Services Administration (HRSA).

New Version of Length-Based Pediatric Tape Now Available (*addresses PM 73*)

Now that the 2011 Edition A Broselow™ Pediatric Emergency Tape has been released, the VA EMSC Program in the Office of EMS will use EMSC State Partnership Grant funding (as available) to begin ordering tapes to replace previous editions for agencies that need them. Details will be soon distributed and will also be available on the OEMS website.

PEPP Instructor Kit Resources Delayed (*addresses PM 78*)

The purchase of updated PEPP (*Pediatric Education for Prehospital Professionals*) Instructor Resource Kits for the instructors trained with Virginia EMSC program federal grant funding has been delayed as we await the updated provider and instructor materials from *Jones and Bartlett*. As soon as the new resources become available, they will be ordered.

Transporting Children in Ambulances (*addresses PM 80*)

Official release of the final version of the National Highway Transportation Safety Administration (NHTSA) recommendations on safely transporting children in ambulances is still pending. For a DRAFT version of this report, visit the following web link: http://www.nasemso.org/Councils/PEDS/documents/EMS_Child_Transport_Working_Group_July_Final_Draft_7-2-20102.pdf.

ED Site Visits to Continue (*addresses PM 74*)

Though no visits have occurred since the last EMS Advisory Board meeting (due to Symposium, Thanksgiving and Christmas holidays), the EMSC Program will be continuing visits to small and rural Virginia hospitals to assess their pediatric needs and capabilities in relation to the “Guidelines for Care of Children in the Emergency Department” document published in October of 2009. This document can be found at the following web link: http://www.nasemso.org/Councils/EMSC/documents/Guidelines_for_Care_of_Children_in_the_ED.pdf. Grant-funded supplies are being distributed to the EDs agreeing to be assessed.

Pediatric Disaster Preparedness Resources (*addresses PM 80*)

Virginia’s EMSC program is beginning to compile resources to aid in pediatric disaster preparedness in Virginia, and as part of its participation in activities of the Pediatric Emergency Care (PEC) council of NASEMSO (National Association of State EMS Officials) and NASEMSO’s Domestic Preparedness Committee. A fairly comprehensive list of pediatric disaster-related resources and citations may be found on the EMSC National Resource Center

(NRC) website in their Pediatric Disaster Clearinghouse at:
<http://www.childrensnational.org/EMSC/DisasterPreparedness/DisasterClearinghouse/>.

“Managing Child Death Scenes” EMSAT Video Scheduled (*addresses PM 78*)

The education arm of the Office of EMS has tentatively scheduled a video training session relating to managing pediatric death scenes for May 2012.

EMSC Program Ideas Always Welcome

Ideas are always being accepted for EMSC toolkits for the EMSC website, and for any other aspect of Virginia’s EMSC program housed in the Office of EMS. Direct those ideas to David Edwards, VA EMSC Coordinator, by e-mail (david.edwards@vdh.virginia.gov), by phone (804-888-9144) or by mail (EMSC Program, Office of EMS, 1041 Technology Park Drive, Glen Allen, VA 23059).

Respectfully Submitted

Office of EMS Staff

Appendix A

**2012 Office of EMS Legislative Grid
January 27, 2012**

Bills	Committee	Last action	<u>Date</u>
<u>HB 6</u> - <u>Howell, A.T.</u> - Death of child; parent, guardian, etc., failure to report to local law-enforcement agency, etc.	<u>(H) Committee for Courts of Justice</u>	(H) Subcommittee recommends laying on the table	01/25/12
<u>HB 20</u> - <u>Wilt</u> - Emergency Services & Disaster Law; shall not be interpreted to prohibit carrying, etc., of firearms.	<u>(H) Committee on Militia, Police and Public Safety</u>	(H) Subcommittee recommends reporting (4-Y 0-N)	01/26/12
<u>HB 42</u> - <u>Tata</u> - Line of Duty Act; includes under coverage certain members of any fire company or department.	<u>(H) Committee on General Laws</u>	(H) Referred to Committee on General Laws	12/14/11
<u>HB 72</u> - <u>Bell, Richard P.</u> - Highway work zones; required to be clearly marked with warning signs and flashing lights.	<u>(H) Committee on Appropriations</u>	(H) Assigned App. sub: Transportation	01/26/12
<u>HB 74</u> - <u>Bell, Richard P.</u> - Child abuse or neglect; reduces mandatory time limit for reporting, requirements of certain persons.	<u>(H) Committee on Health, Welfare and Institutions</u> <u>(S) Committee on Rehabilitation and Social Services</u>	(S) Referred to Committee on Rehabilitation and Social Services	01/23/12
<u>HB 97</u> - <u>Wilt</u> - Motorcycles; driving two abreast in a single lane.	<u>(H) Committee on Transportation</u>	(H) Read first time	01/26/12
<u>HB 141</u> - <u>Cole</u> - Freedom of Information Act; exempts personal information in constituent correspondence.	<u>(H) Committee on General Laws</u>	(H) Assigned GL sub: #2 FOIA/Procurement	01/13/12
<u>HB 152</u> - <u>Bell, Richard P.</u> - Statewide Fire Prevention Code; insurance requirements for certain fireworks shows.	<u>(H) Committee on General Laws</u>	(H) Subcommittee recommends laying on the table	01/18/12
<u>HB 177</u> - <u>O'Bannon</u> - Health	<u>(H) Committee on</u>	(S) Referred to	01/23/12

records privacy; disclosure to emergency medical services councils.	Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	Committee on Education and Health	
HB 181 - O'Bannon - Registered nurse or physician assistant; authority to pronounce death.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	(S) Referred to Committee on Education and Health	01/25/12
HB 192 - Lewis - State facilities; reporting requirements of critical incidents involving consumers.	(H) Committee on Health, Welfare and Institutions	(H) Assigned HWI sub: #2	01/16/12
HB 215 - Miller - Child abuse and neglect; mandatory reporting, penalties.	(H) Committee for Courts of Justice	(H) Assigned Courts sub: #1 Criminal	01/24/12
HB 257 - Stolle - Defined contribution retirement plan; permits any locality or school board to establish.	(H) Committee on Appropriations	(H) Assigned App. sub: Compensation and Retirement	01/16/12
HB 260 - Cole - Health care providers; prohibited acts.	(H) Committee for Courts of Justice	(H) Subcommittee recommends laying on the table	01/18/12
HB 266 - Peace - Surgery; definition and who may perform.	(H) Committee on Health, Welfare and Institutions	(H) Engrossed by House - committee substitute HB266H1	01/26/12
HB 305 - Crockett-Stark - Institutions of higher education; crisis and emergency management plans.	(H) Committee on Education	(H) VOTE: PASSAGE #2 (100-Y 0-N)	01/26/12
HB 337 - Wilt - Professions and occupations; unlawful procurement of certificate, license, or permit.	(H) Committee on General Laws <hr/> (S) Committee on General Laws and Technology	(S) Referred to Committee on General Laws and Technology	01/26/12
HB 352 - Cox, J.A. -	(H) Committee on	(H) Referred to	01/10/12

Emergency management plans; victims' rights.	Militia, Police and Public Safety	Committee on Militia, Police and Public Safety	
HB 380 - Pogge - Regional emergency services councils; plan requirements related to crime victims.	(H) Committee on Militia, Police and Public Safety	(H) Referred to Committee on Militia, Police and Public Safety	01/19/12
HB 395 - Ransone - Line of Duty Act; special funds for families.	(H) Committee on Appropriations	(H) Subcommittee recommends reporting with amendment(s) (7-Y 0-N)	01/26/12
HB 404 - Torian - Handheld personal communication devices; prohibits use while driving.	(H) Committee on Militia, Police and Public Safety	(H) Assigned MPPS sub: #2	01/25/12
HB 428 - Bulova - Virginia Retirement System; benefits for certain local employees.	(H) Committee on Appropriations	(H) Assigned App. sub: Compensation and Retirement	01/16/12
HB 455 - Ware, R.L. - Wireless E-911 Fund; distribution of funds.	(H) Committee on Finance	(H) Subcommittee recommends reporting with amendment(s) (8-Y 1-N)	01/25/12
HB 480 - Albo - FOIA; attendance by certain members in a closed meeting.	(H) Committee on General Laws	(H) Referred to Committee on General Laws	01/10/12
HB 490 - Cole - Executive branch boards and councils, certain; staggering of terms, etc.	(H) Committee on General Laws	(H) Subcommittee recommends reporting with amendment(s) (7-Y 0-N)	01/24/12
HB 494 - Dance - Death of child; parent, guardian, etc., failure to report to local law-enforcement agency, etc.	(H) Committee for Courts of Justice	(H) Assigned Courts sub: #1 Criminal	01/24/12
HB 497 - Dance - Handheld personal communications devices; prohibits use thereof while operating motor vehicle, etc.	(H) Committee on Militia, Police and Public Safety	(H) Assigned MPPS sub: #2	01/25/12
HB 506 - Garrett - Surgery; definition and who may perform.	(H) Committee on Health, Welfare and Institutions	(H) Subcommittee recommends laying on the table	01/19/12
HB 526 - Cosgrove -	(H) Committee on	(S) Referred to	01/26/12

Helicopters; local regulation of use.	Counties, Cities and Towns (S) Committee on Local Government	Committee on Local Government	
HB 533 - Orrock - Four-for-Life; substantive review.	(H) Committee on Appropriations	(H) Assigned App. sub: Health & Human Resources	01/16/12
HB 685 - O'Quinn - Emergency lights; removes member of fire department, rescue squad, etc.	(H) Committee on Transportation	(H) Subcommittee failed to recommend reporting (2-Y 3-N)	01/25/12
HB 704 - Filler-Corn - Death of child; parent, guardian, etc., failure to report to local law-enforcement agency, etc.	(H) Committee for Courts of Justice	(H) Assigned Courts sub: #1 Criminal	01/20/12
HB 740 - Jones - Line of Duty Act; political subdivisions to make an irrevocable election to self-fund benefits.	(H) Committee on General Laws	(H) Referred to Committee on General Laws	01/11/12
HB 856 - Yost - Critical incident stress management teams; privileged information.	(H) Committee on Militia, Police and Public Safety	(H) Referred to Committee on Militia, Police and Public Safety	01/23/12
HB 893 - Wilt - E-911 Services Board; Commonwealth Interoperability Coordinator to serve as advisor.	(H) Committee on Commerce and Labor	(H) Read first time	01/26/12
HB 981 - Scott, J.M. - Dead or missing child; failure by parent, etc., to report, penalty.	(H) Committee for Courts of Justice	(H) Assigned Courts sub: #1 Criminal	01/24/12
HB 1101 - Miller - Critical incident stress management teams; privileged information, penalty.	(H) Committee on Militia, Police and Public Safety	(H) Referred to Committee on Militia, Police and Public Safety	01/23/12
HB 1104 - Greason - Va Fire Services Board, Forensic Science Board, & State Board of Juvenile Justice; powers & duties.	(H) Committee on Militia, Police and Public Safety	(H) Referred to Committee on Militia, Police and Public Safety	01/11/12
HB 1105 - Greason - Freedom of Information Act; electronic communication meetings.	(H) Committee on General Laws	(H) Subcommittee recommends laying on the table	01/26/12

<u>HB 1111</u> - <u>Greason</u> - Statewide Fire Prevention Code & Uniform Statewide Building Code; fees for enforcement and appeals.	<u>(H) Committee on General Laws</u>	(H) Assigned GL sub: #1 Housing	01/17/12
<u>HB 1129</u> - <u>Howell, W.J.</u> - Virginia Retirement System; modifies several provisions of defined benefit retirement plan.	<u>(H) Committee on Appropriations</u>	(H) Assigned App. sub: Compensation and Retirement	01/16/12
<u>HB 1149</u> - <u>Dudenhefer</u> - Freedom of Information Act; electronic communication meetings by local and regional public bodies.	<u>(H) Committee on General Laws</u>	(H) Assigned GL sub: #2 FOIA/Procurement	01/20/12
<u>HB 1202</u> - <u>Johnson</u> - Volunteer fire departments; billing insurance companies.	<u>(H) Committee on Commerce and Labor</u>	(H) Referred to Committee on Commerce and Labor	01/19/12
<u>HB 1212</u> - <u>O'Bannon</u> - Storage of health records; replaces obsolete terminology and cross-references referred to records.	<u>(H) Committee on Health, Welfare and Institutions</u>	(H) Reported from Health, Welfare and Institutions (22-Y 0-N)	01/26/12
<u>HJ 51</u> - <u>Stolle</u> - Health care provider; option for accepting military training, etc., as requirements for licensure.	<u>(H) Committee on Rules</u>	(H) Subcommittee recommends laying on the table	01/26/12
<u>HJ 84</u> - <u>Purkey</u> - Medical doctors; joint subcommittee to study current and impending severe shortage in State.	<u>(H) Committee on Rules</u>	(H) Subcommittee recommends laying on the table	01/26/12
<u>HJ 124</u> - <u>Carr</u> - Public Safety Memorial; requests Governor to include names of state and local parole officers, etc.	<u>(H) Committee on Militia, Police and Public Safety</u>	(H) Assigned MPPS sub: #3	01/18/12
<u>HJ 132</u> - <u>Lingamfelter</u> - Homeland security and emergency management; JLARC to study planning & preparedness efforts in State.	<u>(H) Committee on Rules</u>	(H) Assigned Rules sub: Studies	01/20/12
<u>HJ 151</u> - <u>Iaquinto</u> - Commending the Plaza Volunteer Rescue Squad.		(S) Agreed to by Senate by voice vote	01/19/12

<u>HJ 158</u> - <u>Rust</u> - Commending Holly Frost.		(S) Agreed to by Senate by voice vote	01/19/12
<u>SB 10</u> - <u>Lucas</u> - Line of Duty Act; fire company personnel of National Guard and Air National Guard.	<u>(S) Committee for Courts of Justice</u>	(S) Incorporated by Courts of Justice (SB424-Ruff) (15-Y 0-N)	01/18/12
<u>SB 99</u> - <u>Edwards</u> - Line of Duty Act; definition of a deceased person.	<u>(S) Committee for Courts of Justice</u>	(S) Incorporated by Courts of Justice (SB424-Ruff) (15-Y 0-N)	01/18/12
<u>SB 125</u> - <u>Watkins</u> - Line of Duty Act; political subdivisions to make an irrevocable election to self-fund benefits.	<u>(S) Committee on Finance</u>	(S) Passed by for the day	01/26/12
<u>SB 140</u> - <u>Puckett</u> - Volunteer fire departments; billing insurance companies.	<u>(S) Committee on Commerce and Labor</u>	(S) Rereferred to Commerce and Labor	01/23/12
<u>SB 171</u> - <u>Petersen</u> - Virginia Retirement System; benefits for law-enforcement and emergency response employees.	<u>(S) Committee on Finance</u>	(S) Referred to Committee on Finance	01/10/12
<u>SB 193</u> - <u>Miller, J.C.</u> - Freedom of Information Act; exemption for cell phone numbers for EMS personnel and firefighters.	<u>(S) Committee on General Laws and Technology</u>	(S) Assigned GL&T sub: #1	01/24/12
<u>SB 239</u> - <u>Stuart</u> - Child abuse and neglect; mandatory reporting, penalties.	<u>(S) Committee on Rehabilitation and Social Services</u>	(S) Referred to Committee on Rehabilitation and Social Services	01/10/12
<u>SB 245</u> - <u>Obenshain</u> - Emergency services and disasters; constitutional rights of citizens to keep & bear arms.	<u>(S) Committee on General Laws and Technology</u>	(S) Read second time and engrossed	01/26/12
<u>SB 296</u> - <u>Puller</u> - Child abuse and neglect; mandatory reporting, penalties.	<u>(S) Committee on Rehabilitation and Social Services</u>	(S) Referred to Committee on Rehabilitation and Social Services	01/10/12
<u>SB 312</u> - <u>Blevins</u> - Four-for-Life; substantive review.	<u>(S) Committee on Finance</u>	(S) Rereferred to Finance	01/18/12

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HB 6 Death of child; parent, guardian, etc., failure to report to local law-enforcement agency, etc.

Chief patron: Howell, A.T.

A BILL to amend the Code of Virginia by adding a section numbered 18.2-323.03, relating to failure to report a dead child; penalty.

12100028D

Summary as introduced:

Failure to report death of child by parent, guardian, etc.; penalty. Provides that any parent, guardian, or legal custodian of a child or a person standing in loco parentis to a child who, with intent to conceal the death, fails to report the death of the child to the local law-enforcement agency, the State Police, or an emergency health care provider within one hour of his discovery of the death is guilty of a Class 6 felony.

11/28/11 House: Prefiled and ordered printed; offered 01/11/12 12100028D

11/28/11 House: Referred to Committee for Courts of Justice

01/11/12 House: Impact statement from VCSC (HB6)

01/24/12 House: Assigned Courts sub: #1 Criminal

01/25/12 House: Subcommittee recommends laying on the table

HB 20 Emergency Services & Disaster Law; shall not be interpreted to prohibit carrying, etc., of firearms.

Chief patron: Wilt

A BILL to amend and reenact § 44-146.15 of the Code of Virginia, relating to emergency services and disasters; constitutional rights.

12100312D

Summary as introduced:

Emergency services and disasters; constitutional rights. Provides that nothing in the Emergency Services and Disaster Law shall be interpreted to limit or prohibit the possession, carrying, transportation, sale, or transfer of firearms.

12/06/11 House: Prefiled and ordered printed; offered 01/11/12 12100312D

12/06/11 House: Referred to Committee on Militia, Police and Public Safety

01/16/12 House: Impact statement from DPB (HB20)

01/25/12 House: Assigned MPPS sub: #1

01/26/12 House: Subcommittee recommends reporting (4-Y 0-N)

HB 42 Line of Duty Act; includes under coverage certain members of any fire company or department.

Chief patron: Tata

A BILL to amend and reenact § 9.1-400 of the Code of Virginia, relating to Line of Duty Act; certain members of fire companies or departments.

12100727D

Summary as introduced:

Line of Duty Act; certain members of fire companies or departments. Expands the definition of a deceased person under the Act to include members of any fire company or department providing fire protection services for facilities of the Virginia National Guard or the Virginia Air National Guard.

12/14/11 House: Prefiled and ordered printed; offered 01/11/12 12100727D

12/14/11 House: Referred to Committee on General Laws

01/19/12 House: Impact statement from DPB (HB42)

HB 72 Highway work zones; required to be clearly marked with warning signs and flashing lights.

Chief patron: Bell, Richard P.

A BILL to amend and reenact § 46.2-878.1 of the Code of Virginia, relating to highway work zones.

12100746D

Summary as introduced:

Highway work zones. Requires highway work zones to be clearly marked with warning signs and flashing lights.

01/13/12 House: Assigned Transportation sub: #2

01/18/12 House: Subcommittee recommends reporting with amendment(s) (7-Y 0-N)

01/24/12 House: Reported from Transportation with amendments (22-Y 0-N)

01/24/12 House: Referred to Committee on Appropriations

01/26/12 House: Assigned App. sub: Transportation

HB 74 Child abuse or neglect; reduces mandatory time limit for reporting, requirements of certain persons.

Chief patron: Bell, Richard P.

A BILL to amend and reenact § 63.2-1509 of the Code of Virginia, relating to mandatory reporting of suspected child abuse; time limit.

12104326D

Summary as introduced:

Mandatory report of suspected child abuse; time limit. Reduces the time limit for reporting suspected child abuse or neglect by mandated reporters from 72 hours to 24 hours.

01/20/12 House: Read third time and passed House (96-Y 0-N)

01/20/12 House: VOTE: PASSAGE (96-Y 0-N)

01/23/12 Senate: Constitutional reading dispensed

01/23/12 Senate: Referred to Committee on Rehabilitation and Social Services

01/24/12 House: Impact statement from DPB (HB74H1)

HB 97 Motorcycles; driving two abreast in a single lane.

Chief patron: Wilt

A BILL to amend and reenact § 46.2-857 of the Code of Virginia, relating to driving two abreast in a single lane.

12101465D

Summary as introduced:

Driving two abreast in a single lane. Allows motorcycles to drive two abreast in a single lane.

12/28/11 House: Referred to Committee on Transportation

01/13/12 House: Assigned Transportation sub: #2

01/18/12 House: Subcommittee recommends reporting (5-Y 2-N)

01/24/12 House: Reported from Transportation (15-Y 6-N)

01/26/12 House: Read first time

HB 141 Freedom of Information Act; exempts personal information in constituent correspondence.

Chief patron: Cole

A BILL to amend and reenact § 2.2-3705.7 of the Code of Virginia, relating to the Freedom of Information Act; personal information in constituent correspondence.

12100485D

Summary as introduced:

Freedom of Information Act; personal information in constituent correspondence.

Provides an exemption from the mandatory disclosure provisions of the Freedom of Information Act (FOIA) for the names, physical addresses, telephone numbers, and email addresses contained in correspondence between an individual and a member of the governing body, school board, or other public body of the locality in which the individual is a resident, unless the correspondence relates to a public matter before such public body. The bill provides that no record that is otherwise open to inspection under FOIA shall be deemed exempt by virtue of the fact that it has been attached to or incorporated within any such correspondence.

01/04/12 House: Prefiled and ordered printed; offered 01/11/12 12100485D

01/04/12 House: Referred to Committee on General Laws

01/13/12 House: Assigned GL sub: #2 FOIA/Procurement

HB 152 Statewide Fire Prevention Code; insurance requirements for certain fireworks shows.

Chief patron: Bell, Richard P.

A BILL to require the Board of Housing and Community Development to amend the Statewide Fire Prevention Code (§ 27-94 et seq.) of the Code of Virginia; insurance requirements for certain fireworks shows.

12101778D

Summary as introduced:

Statewide Fire Prevention Code insurance requirements for certain fireworks shows.

Requires the Board of Housing and Community Development to amend the Statewide Fire Prevention Code so that insurance coverage for permit holders for consumer fireworks shows is capped at \$500,000.

01/05/12 House: Prefiled and ordered printed; offered 01/11/12 12101778D

01/05/12 House: Referred to Committee on General Laws

01/13/12 House: Assigned GL sub: #1 Housing

01/17/12 House: Impact statement from DPB (HB152)

01/18/12 House: Subcommittee recommends laying on the table

HB 177 Health records privacy; disclosure to emergency medical services councils.

Chief patron: O'Bannon

A BILL to amend and reenact §§ 32.1-116.1 and 32.1-127.1:03 of the Code of Virginia, relating to health record privacy; disclosure of information to regional emergency medical services councils.

12101995D

Summary as introduced:

Health records privacy; disclosure to emergency medical services councils. Provides that health care providers shall disclose health information to a regional emergency medical services council when the health information and data will be used for purposes limited to monitoring and improving the quality of emergency medical services.

01/19/12 House: Read second time and engrossed

01/20/12 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)

01/20/12 House: VOTE: BLOCK VOTE PASSAGE (98-Y 0-N)

01/23/12 Senate: Constitutional reading dispensed

01/23/12 Senate: Referred to Committee on Education and Health

HB 181 Registered nurse or physician assistant; authority to pronounce death.

Chief patron: O'Bannon

A BILL to amend and reenact § 54.1-2972 of the Code of Virginia, relating to registered nurse or physician assistant; authority to pronounce death.

12100561D

Summary as introduced:

Registered nurse or physician assistant; authority to pronounce death. Adds registered nurses employed by and physician assistants working at continuing care retirement communities to the list of individuals who may pronounce death under certain circumstances.

01/23/12 House: Read second time and engrossed

01/24/12 House: Read third time and passed House BLOCK VOTE (100-Y 0-N)

01/24/12 House: VOTE: BLOCK VOTE PASSAGE (100-Y 0-N)

01/25/12 Senate: Constitutional reading dispensed

01/25/12 Senate: Referred to Committee on Education and Health

HB 192 State facilities; reporting requirements of critical incidents involving consumers.

Chief patron: Lewis

A BILL to amend the Code of Virginia by adding a section numbered 37.2-709.1, relating to state facilities; reporting of critical incidents involving consumers.

12100934D

Summary as introduced:

State facilities; reporting of critical incidents involving consumers. Requires the director of each state hospital or training center to notify the next of kin or personal representative of any consumer who is involved in a critical incident.

01/09/12 House: Prefiled and ordered printed; offered 01/11/12 12100934D
01/09/12 House: Referred to Committee on Health, Welfare and Institutions
01/16/12 House: Assigned HWI sub: #2
01/18/12 House: Impact statement from DPB (HB192)

HB 215 Child abuse and neglect; mandatory reporting, penalties.

Chief patron: Miller

A BILL to amend and reenact § 63.2-1509 of the Code of Virginia, relating to suspected child abuse and neglect; mandatory reporting; penalties.

12102033D

Summary as introduced:

Suspected child abuse and neglect; mandatory reporting; penalties. Reduces the time allowed for reporting suspected child abuse or neglect by a mandated reporter from 72 hours to 24 hours and provides that failure to report is punishable as a Class 1 misdemeanor for the first failure and a Class 6 felony for a second or subsequent offense. Current law imposes a fine of not more than \$500 for a first offense and not less than \$100 nor more than \$1,000 for a second or subsequent offense.

01/09/12 House: Prefiled and ordered printed; offered 01/11/12 12102033D
01/09/12 House: Referred to Committee for Courts of Justice
01/11/12 House: Impact statement from VCSC (HB215)
01/24/12 House: Assigned Courts sub: #1 Criminal

HB 257 Defined contribution retirement plan; permits any locality or school board to establish.

Chief patron: Stolle

A BILL to amend and reenact § 51.1-800 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 51.1-801.01, relating to defined contribution retirement plans for local employees.

12100515D

Summary as introduced:

Local defined contribution retirement plan. Permits any locality or school board to establish a defined contribution retirement plan, in lieu of any other retirement plan, for employees hired after such plan is established.

01/10/12 House: Prefiled and ordered printed; offered 01/11/12 12100515D
01/10/12 House: Referred to Committee on Appropriations

01/16/12 House: Assigned App. sub: Compensation and Retirement
01/24/12 House: Impact statement from VRS (HB257)

HB 260 Health care providers; prohibited acts.

Chief patron: Cole

A BILL to amend the Code of Virginia by adding sections numbered 54.1-2403.4 and 54.1-2506.02, relating to regulation of health care providers; prohibited acts.

12100242D

Summary as introduced:

Regulation of health care providers; prohibited acts. Provides that any person who is licensed, registered, certified, or otherwise subject to the oversight of a health regulatory board who knowingly or intentionally makes any false statement or includes any false information in a patient's medical record shall be guilty of a Class 1 misdemeanor, and that any individual who knowingly or intentionally makes a false statement or provides false information related to the subject of an investigation to investigative personnel of the Department of Health Professions engaged in the investigation of a complaint shall be guilty of a Class 1 misdemeanor.

01/10/12 House: Referred to Committee on Health, Welfare and Institutions

01/17/12 House: Referred from Health, Welfare and Institutions

01/17/12 House: Referred to Committee for Courts of Justice

01/17/12 House: Assigned Courts sub: #1 Criminal

01/18/12 House: Subcommittee recommends laying on the table

HB 266 Surgery; definition and who may perform.

Chief patron: Peace

A BILL to amend the Code of Virginia by adding a section numbered 54.1-2400.01:1, relating to surgery; definition and who may perform.

12104434D

Summary as introduced:

Definition of surgery. Defines "surgery" and provides that no person other than a licensed doctor of medicine, osteopathy, or dentistry, a licensed nurse practitioner, or a person who is acting pursuant to the orders and under the appropriate supervision of a licensed doctor of medicine, osteopathy, or dentistry shall perform surgery.

01/24/12 House: Committee substitute printed 12104434D-H1

01/25/12 House: Read first time

01/26/12 House: Read second time

01/26/12 House: Committee substitute agreed to 12104434D-H1
01/26/12 House: Engrossed by House - committee substitute HB266H1

HB 305 Institutions of higher education; crisis and emergency management plans.

Chief patron: Crockett-Stark

A BILL to amend and reenact § 23-9.2:9 of the Code of Virginia, relating to institutional crisis and emergency management plans.

12101840D

Summary as introduced:

Institutions of higher education; crisis and emergency management plans. Increases the Department of Emergency Management's oversight of institutional crisis and emergency management plans by requiring institutions to certify in writing to the Department that the required annual reviews and functional exercises have been conducted.

01/26/12 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)
01/26/12 House: VOTE: BLOCK VOTE PASSAGE (99-Y 0-N)
01/26/12 House: Reconsideration of passage agreed to by House
01/26/12 House: Passed House BLOCK VOTE (100-Y 0-N)
01/26/12 House: VOTE: PASSAGE #2 (100-Y 0-N)

HB 337 Professions and occupations; unlawful procurement of certificate, license, or permit.

Chief patron: Wilt

A BILL to amend and reenact § 54.1-102 of the Code of Virginia, relating to professions and occupations; unlawful procurement of certificate, license, or permit.

12102228D

Summary as introduced:

Professions and occupations; unlawful procurement of certificate, license, or permit. Clarifies language prohibiting the use, disclosure, or release of questions and answers for examinations for certification or licensure.

01/25/12 House: Reconsideration of passage agreed to by House
01/25/12 House: Passed House BLOCK VOTE (99-Y 0-N)
01/25/12 House: VOTE: PASSAGE #2 (99-Y 0-N)
01/26/12 Senate: Constitutional reading dispensed
01/26/12 Senate: Referred to Committee on General Laws and Technology

HB 352 Emergency management plans; victims' rights.

Chief patron: Cox, J.A.

A BILL to amend and reenact §§ 22.1-279.8, 23-9.2:9, 32.1-111.3, 32.1-111.11, 44-146.18, and 44-146.19 of the Code of Virginia, relating to victims' rights in emergency management plans; Department of Criminal Justice Services and the Virginia Criminal Injuries Compensation Fund to be lead agencies for those individuals determined to be victims.

12103526D

Summary as introduced:

Emergency management plans; victims' rights. Requires the Department of Criminal Justice Services and the Virginia Criminal Injuries Compensation Fund to be the lead responding agencies for individuals determined to be victims during critical events and emergencies under emergency management plans developed by school boards, institutions of higher education, the Board of Health, the State Emergency Medical Services Advisory Board, the Department of Emergency Management, and political subdivisions.

01/10/12 House: Prefiled and ordered printed; offered 01/11/12 12103526D

01/10/12 House: Referred to Committee on Militia, Police and Public Safety

HB 380 Regional emergency services councils; plan requirements related to crime victims.

Chief patron: Pogge

A BILL to amend and reenact § 32.1-111.11 of the Code of Virginia, relating to regional emergency services plan; reporting information related to crime victims.

12101989D

Summary as introduced:

Regional emergency services councils; plan requirements related to crime victims. Removes language requiring regional emergency services councils to include a provision requiring that the Department of Criminal Justice Services and the Virginia Criminal Injuries Compensation Fund be contacted immediately to deploy assistance in the event of an emergency when there are victims as defined in the Crime Victim and Witness Rights Act (§ 19.2-11.01 et seq.).

01/10/12 House: Prefiled and ordered printed; offered 01/11/12 12101989D

01/10/12 House: Referred to Committee on Health, Welfare and Institutions

01/19/12 House: Referred from Health, Welfare and Institutions

01/19/12 House: Referred to Committee on Militia, Police and Public Safety

HB 395 Line of Duty Act; special funds for families.

Chief patron: Ransone

A BILL to amend the Code of Virginia by adding a section numbered 2.2-119.1, relating to special funds for families; Line of Duty Act.

12100370D

Summary as introduced:

Special funds for families; Line of Duty Act. Creates a special fund controlled by the Governor for disbursement of moneys to the beneficiary of a deceased law-enforcement officer.

01/10/12 House: Prefiled and ordered printed; offered 01/11/12 12100370D

01/10/12 House: Referred to Committee on Appropriations

01/16/12 House: Assigned App. sub: Compensation and Retirement

01/18/12 House: Impact statement from DPB (HB395)

01/26/12 House: Subcommittee recommends reporting with amendment(s) (7-Y 0-N)

HB 404 Handheld personal communication devices; prohibits use while driving.

Chief patron: Torian

A BILL to amend and reenact § 46.2-1078.1 of the Code of Virginia, relating to the use of handheld personal communications devices in certain motor vehicles.

12102776D

Summary as introduced:

Use of handheld personal communications devices while driving. Prohibits the use of handheld personal communications devices for any purpose other than to make or receive phone calls.

01/10/12 House: Prefiled and ordered printed; offered 01/11/12 12102776D

01/10/12 House: Referred to Committee on Militia, Police and Public Safety

01/25/12 House: Assigned MPPS sub: #2

HB 428 Virginia Retirement System; benefits for certain local employees.

Chief patron: Bulova

A BILL to amend and reenact § 51.1-138 of the Code of Virginia, relating to the Virginia Retirement System; benefits for certain local employees.

12101084D

Summary as introduced:

Virginia Retirement System; benefits for local law-enforcement, correctional, and emergency response employees in certain localities. Permits any locality that is exempt from providing all of the special statutory retirement benefits to local law-enforcement, correctional,

and emergency response employees because the locality's annual retirement allowance for such employees exceeds the statutory amount to provide all of the other statutory benefits except the statutory annual retirement allowance (i) to all employees eligible for such benefits or (ii) only to eligible employees hired on or after July 1, 2010. The additional costs of providing the benefits would be borne by the locality making the election.

01/10/12 House: Prefiled and ordered printed; offered 01/11/12 12101084D

01/10/12 House: Referred to Committee on Appropriations

01/16/12 House: Assigned App. sub: Compensation and Retirement

01/23/12 House: Impact statement from VRS (HB428)

HB 455 Wireless E-911 Fund; distibution of funds.

Chief patron: Ware, R.L.

A BILL to amend and reenact § 56-484.17 of the Code of Virginia, relating to distribution of the Wireless E-911 Fund.

12102477D

Summary as introduced:

Wireless E-911 Fund; distribution. Transfers the administration of the distribution of the Wireless E-911 Fund revenues for public safety answering point operators (PSAPs) to the Department of Taxation. The bill also bases the distribution percentages on the average pro rata distribution for fiscal years 2007-2012, and directs that the distribution percentage be recalculated every five years.

01/17/12 House: Referred from Commerce and Labor

01/17/12 House: Referred to Committee on Finance

01/23/12 House: Impact statement from TAX (HB455)

01/24/12 House: Assigned Finance sub: #1

01/25/12 House: Subcommittee recommends reporting with amendment(s) (8-Y 1-N)

HB 480 FOIA; attendance by certain members in a closed meeting.

Chief patron: Albo

A BILL to amend and reenact § 2.2-3712 of the Code of Virginia, relating to the Virginia Freedom of Information Act; attendance by certain members in a closed meeting.

12103405D

Summary as introduced:

Virginia Freedom of Information Act (FOIA); attendance by certain members in a closed meeting. Provides that a member of a parent public body shall be permitted to attend a closed meeting held by any committee, subcommittee, or other entity however designated of the parent

public body, provided such member does not participate in any discussions held by the committee or other entity conducting the closed meeting. The bill requires that the minutes of the committee or other entity include the identity of the member of the parent public body who attended the closed meeting.

01/10/12 House: Prefiled and ordered printed; offered 01/11/12 12103405D

01/10/12 House: Referred to Committee on General Laws

HB 490 Executive branch boards and councils, certain; staggering of terms, etc.

Chief patron: Cole

A BILL to amend and reenact §§ 2.2-2449, 2.2-2630, 2.2-2631, 2.2-2698, 10.1-2002, 32.1-111.10, and 67-1202 of the Code of Virginia, relating to certain executive branch boards and councils; staggering of terms; membership; name change.

12103738D

Summary as introduced:

Certain executive branch boards and councils; staggering of terms; membership; name change. Provides for the staggering of terms for the membership of the Modeling and Simulation Advisory Council, the Asian Advisory Board, and the State Emergency Medical Services Advisory Board. The bill also reduces the membership of the Board of Trustees of the Virginia Museum of Natural History from 25 to 15. The bill also changes the name of the Council on the Status of Women to the Council on Women and adds certain duties. The bill also changes the membership of the Virginia Offshore Wind Development Authority and reduces its number from 11 to nine. The bill contains technical amendments.

01/10/12 House: Prefiled and ordered printed; offered 01/11/12 12103738D

01/10/12 House: Referred to Committee on General Laws

01/13/12 House: Assigned GL sub: #4 Professions/Occupations and Administrative Process

01/17/12 House: Impact statement from DPB (HB490)

01/24/12 House: Subcommittee recommends reporting with amendment(s) (7-Y 0-N)

HB 494 Death of child; parent, guardian, etc., failure to report to local law-enforcement agency, etc.

Chief patron: Dance

A BILL to amend the Code of Virginia by adding a section numbered 18.2-323.03, relating to failure to report a dead child; penalty.

12100027D

Summary as introduced:

Failure to report death of child by parent, guardian, etc.; penalty. Provides that any parent,

guardian, or legal custodian of a child or a person standing in loco parentis to a child who, with intent to conceal the death, fails to report the death of the child to the local law-enforcement agency, the State Police, or an emergency health care provider within one hour of his discovery of the death is guilty of a Class 6 felony.

01/10/12 House: Prefiled and ordered printed; offered 01/11/12 12100027D

01/10/12 House: Referred to Committee for Courts of Justice

01/11/12 House: Impact statement from VCSC (HB494)

01/24/12 House: Assigned Courts sub: #1 Criminal

HB 497 Handheld personal communications devices; prohibits use thereof while operating motor vehicle, etc.

Chief patron: Dance

A BILL to amend and reenact § 46.2-1078.1 of the Code of Virginia, relating to use of handheld personal communications devices while operating certain vehicles.

12102730D

Summary as introduced:

Use of handheld personal communications devices; penalty. Prohibits any use of a handheld personal communications device while operating a motor vehicle, bicycle, electric personal assistive mobility device, electric power-assisted bicycle, or moped on the highways in the Commonwealth and makes such use a primary offense.

01/10/12 House: Prefiled and ordered printed; offered 01/11/12 12102730D

01/10/12 House: Referred to Committee on Militia, Police and Public Safety

01/25/12 House: Assigned MPPS sub: #2

HB 506 Surgery; definition and who may perform.

Chief patron: Garrett

A BILL to amend the Code of Virginia by adding a section numbered 54.1-2400.01:1, relating to surgery; definition and who may perform.

12102599D

Summary as introduced:

Definition of surgery. Defines "surgery" and provides that no person other than a licensed doctor of medicine, osteopathy, or dentistry, a licensed nurse practitioner, or a person who is acting pursuant to the orders and under the appropriate supervision of a licensed doctor of medicine, osteopathy, or dentistry shall perform surgery.

01/10/12 House: Prefiled and ordered printed; offered 01/11/12 12102599D
01/10/12 House: Referred to Committee on Health, Welfare and Institutions
01/13/12 House: Impact statement from DPB (HB506)
01/16/12 House: Assigned HWI sub: #3
01/19/12 House: Subcommittee recommends laying on the table

HB 526 Helicopters; local regulation of use.

Chief patron: Cosgrove

A BILL to amend the Code of Virginia by adding a section numbered 15.2-2293.2, relating to local regulation of helicopter use.

12100704D

Summary as introduced:

Local regulation of helicopter use. Provides that local land use regulation of helicopter use within a locality shall be reasonable and shall not have the effect of prohibiting the landing or taking off of helicopters within the locality.

01/25/12 House: Reconsideration of passage agreed to by House
01/25/12 House: Passed House BLOCK VOTE (99-Y 0-N)
01/25/12 House: VOTE: PASSAGE #2 (99-Y 0-N)
01/26/12 Senate: Constitutional reading dispensed
01/26/12 Senate: Referred to Committee on Local Government

HB 533 Four-for-Life; substantive review.

Chief patron: Orrock

A BILL to amend and reenact § 46.2-694 of the Code of Virginia, as it is currently effective and as it may become effective, relating to Four-for-Life funds.

12101467D

Summary as introduced:

Four-for-Life; substantive review. Requires that a reallocation of moneys set aside from the Four-for-Life fees be made pursuant to legislation that has been reviewed by the House Health, Welfare and Institutions Committee and the Senate Committee on Education and Health. The bill includes technical amendments.

01/10/12 House: Prefiled and ordered printed; offered 01/11/12 12101467D
01/10/12 House: Referred to Committee on Appropriations
01/16/12 House: Assigned App. sub: Health & Human Resources

HB 685 Emergency lights; removes member of fire department, rescue squad, etc.

Chief patron: O'Quinn

A BILL to amend and reenact § 46.2-1024 of the Code of Virginia, relating to emergency lights.

12102232D

Summary as introduced:

Emergency lights. Removes the limit of two warning lights allowed any member of a fire department, rescue squad, ambulance driver, or police chaplain on a vehicle he owns, when answering emergency calls.

01/11/12 House: Prefiled and ordered printed; offered 01/11/12 12102232D

01/11/12 House: Referred to Committee on Transportation

01/20/12 House: Assigned Transportation sub: #2

01/25/12 House: Subcommittee failed to recommend reporting (2-Y 3-N)

HB 704 Death of child; parent, guardian, etc., failure to report to local law-enforcement agency, etc.

Chief patron: Filler-Corn

A BILL to amend the Code of Virginia by adding a section numbered 18.2-323.03, relating to failure to report a dead child; penalty.

12101622D

Summary as introduced:

Failure to report death of child by parent, guardian, etc.; penalty. Provides that any parent, guardian, or legal custodian of a child or a person standing in loco parentis to a child who, with intent to conceal the death, fails to report the death of the child to the local law-enforcement agency, the State Police, or an emergency health care provider within one hour of his discovery of the death is guilty of a Class 6 felony.

01/11/12 House: Prefiled and ordered printed; offered 01/11/12 12101622D

01/11/12 House: Referred to Committee for Courts of Justice

01/11/12 House: Impact statement from VCSC (HB704)

01/20/12 House: Assigned Courts sub: #1 Criminal

HB 740 Line of Duty Act; political subdivisions to make an irrevocable election to self-fund benefits.

Chief patron: Jones

A BILL to amend and reenact §§ 9.1-400, 9.1-403, 9.1-404, and 9.1-405 of the Code of Virginia, relating to the Line of Duty Act.

12103326D

Summary as introduced:

Line of Duty Act. Allows a political subdivision with employees eligible for coverage under the Line of Duty Act to make an irrevocable election to self-fund the benefits available under the Line of Duty Act.

01/11/12 House: Prefiled and ordered printed; offered 01/11/12 12103326D

01/11/12 House: Referred to Committee on General Laws

01/18/12 House: Impact statement from DPB (HB740)

HB 856 Critical incident stress management teams; privileged information.

Chief patron: Yost

A BILL to amend the Code of Virginia by adding in Article 1 of Chapter 16 of Title 19.2 a section numbered 19.2-271.4, relating to critical incident stress management teams; privileged communications by certain public safety personnel.

12102029D

Summary as introduced:

Critical incident stress management teams; privileged information. Provides that information communicated to critical incident stress management team members by public safety personnel who are the subjects of peer support services shall not be disclosed. The bill allows the public safety personnel to waive the privilege.

01/11/12 House: Prefiled and ordered printed; offered 01/11/12 12102029D

01/11/12 House: Referred to Committee for Courts of Justice

01/23/12 House: Referred from Courts of Justice

01/23/12 House: Referred to Committee on Militia, Police and Public Safety

HB 893 E-911 Services Board; Commonwealth Interoperability Coordinator to serve as advisor.

Chief patron: Wilt

A BILL to amend and reenact § 56-484.13 of the Code of Virginia, relating to the E-911 Services Board; the Commonwealth Interoperability Coordinator to serve as advisor.

12101884D

Summary as introduced:

E-911 Services Board; Commonwealth Interoperability Coordinator to serve as advisor. Establishes that the Commonwealth Interoperability Coordinator serve as an advisor to the E-911

Services Board to ensure that enhanced wireless emergency telecommunications services and technologies are compliant with the statewide interoperability strategic plan.

01/11/12 House: Prefiled and ordered printed; offered 01/11/12 12101884D

01/11/12 House: Referred to Committee on Commerce and Labor

01/24/12 House: Reported from Commerce and Labor (21-Y 0-N)

01/26/12 House: Read first time

HB 981 Dead or missing child; failure by parent, etc., to report, penalty.

Chief patron: Scott, J.M.

A BILL to amend the Code of Virginia by adding a section numbered 18.2-323.03, relating to failure to report a dead or missing child; penalty.

12100663D

Summary as introduced:

Failure to report death of child or of a missing child by parent, guardian, etc.; penalty.

Provides that any parent, guardian, or legal custodian of a child or a person standing in loco parentis to a child who, (i) with intent to conceal the death, fails to report the death of the child to the local law-enforcement agency, the State Police, or an emergency health care provider within one hour of his discovery of the death or (ii) with intent to conceal the fact, fails to report a missing child within 24 hours of his discovery that the child is missing is guilty of a Class 6 felony.

01/11/12 House: Prefiled and ordered printed; offered 01/11/12 12100663D

01/11/12 House: Referred to Committee for Courts of Justice

01/12/12 House: Impact statement from VCSC (HB981)

01/24/12 House: Assigned Courts sub: #1 Criminal

HB 1101 Critical incident stress management teams; privileged information, penalty.

Chief patron: Miller

A BILL to amend the Code of Virginia by adding in Article 1 of Chapter 16 of Title 19.2 a section numbered 19.2-271.4, relating to critical incident stress management teams; privileged communications by certain emergency medical services and public safety personnel; penalty.

12102772D

Summary as introduced:

Critical incident stress management teams; privileged information; penalty. Creates a Class 2 misdemeanor for a member of a critical incident stress management team to disclose any

information communicated to him by certain public safety personnel who are the subjects of peer support services. The bill allows the public safety personnel to waive the privilege.

01/11/12 House: Prefiled and ordered printed; offered 01/11/12 12102772D

01/11/12 House: Referred to Committee for Courts of Justice

01/18/12 House: Impact statement from DPB (HB1101)

01/23/12 House: Referred from Courts of Justice

01/23/12 House: Referred to Committee on Militia, Police and Public Safety

HB 1104 Va Fire Services Board, Forensic Science Board, & State Board of Juvenile Justice; powers & duties.

Chief patron: Greason

A BILL to amend and reenact §§ 9.1-201 through 9.1-204, 9.1-1110, 16.1-235.1, 16.1-238, 16.1-240, 16.1-274, 16.1-275, 66-10, and 66-23 of the Code of Virginia and to repeal §§ 2.2-223 and 66-11 of the Code of Virginia, relating to the Virginia Fire Services Board, Forensic Science Board, State Board of Juvenile Justice; powers and duties of the Boards.

12103544D

Summary as introduced:

Secretary of Public Safety; Virginia Fire Services Board; Forensic Science Board; State Board of Juvenile Justice; powers and duties. Consolidates, eliminates, and alters various powers and duties of the Virginia Fire Services Board, the Forensic Science Board, and the State Board of Juvenile Justice regarding regulations, reporting, oversight, and the policy-making functions of the boards. The bill abolishes the Interagency Drug Offender Screening and Assessment Committee. The bill contains technical amendments.

01/11/12 House: Prefiled and ordered printed; offered 01/11/12 12103544D

01/11/12 House: Referred to Committee on Militia, Police and Public Safety

HB 1105 Freedom of Information Act; electronic communication meetings.

Chief patron: Greason

A BILL to amend and reenact § 2.2-3708 of the Code of Virginia, relating to the Virginia Freedom of Information Act; electronic communication meetings.

12102649D

Summary as introduced:

Virginia Freedom of Information Act; electronic communication meetings. Revises the rules for which meetings of state public bodies may be conducted by audio or video means. The bill provides that (i) at least one member of the public body must be physically assembled at the principal meeting location, (ii) the quorum of the public body is determined by members

participating in person or by electronic means in the meeting, (iii) a member of the public shall pay for the documented marginal cost that a public body may incur in expanding public participation to the meeting, and (iv) the number of meetings a public body may conduct through electronic communications means is limited to 50 percent of its regular meetings in any calendar year. The bill contains technical amendments.

01/11/12 House: Prefiled and ordered printed; offered 01/11/12 12102649D

01/11/12 House: Referred to Committee on General Laws

01/17/12 House: Assigned GL sub: #2 FOIA/Procurement

01/26/12 House: Subcommittee recommends laying on the table

HB 1111 Statewide Fire Prevention Code & Uniform Statewide Building Code; fees for enforcement and appeals.

Chief patron: Greason

A BILL to amend and reenact §§ 27-98 and 36-105 of the Code of Virginia, relating to fees for enforcement and appeals under Statewide Fire Prevention Code and Uniform Statewide Building Code.

12103132D

Summary as introduced:

Fees for enforcement and appeals under Statewide Fire Prevention Code and Uniform Statewide Building Code. Defines the term "defray the cost" for purposes of fees authorized to be collected by a locality for costs for enforcement and appeals of the application of the Statewide Fire Prevention Code and the Uniform Statewide Building Code.

01/11/12 House: Prefiled and ordered printed; offered 01/11/12 12103132D

01/11/12 House: Referred to Committee on General Laws

01/17/12 House: Impact statement from DPB (HB1111)

01/17/12 House: Assigned GL sub: #1 Housing

HB 1129 Virginia Retirement System; modifies several provisions of defined benefit retirement plan.

Chief patron: Howell, W.J.

A BILL to amend and reenact §§ 51.1-124.3, 51.1-142.2, 51.1-144, 51.1-155, 51.1-157, and 51.1-166 of the Code of Virginia, relating to Virginia Retirement System; defined benefit plan.

12104007D

Summary as introduced:

Virginia Retirement System; defined benefit plan. Modifies several provisions of the defined benefit retirement plan. Beginning January 1, 2013, the bill changes the calculation of average

final compensation to cover a period of 60 months rather than 36 months. Under current law, the use of a 60-month period applies only to those employees hired on or after July 1, 2010. However, current employees affected by this change in average final compensation may use the 36-month period of calculation for compensation received prior to January 1, 2013, if it is greater than the 60-month period of calculation.

Effective January 1, 2013, except for employees who are within five years of their unreduced retirement date at that time, the bill (i) restricts cost of living adjustments (COLA) to those employees who reach the age for unreduced retirement benefits and (ii) reduces the COLA to the first two percent of inflation plus one-half of the next two percent, for a maximum total of three percent. Under current law, the COLA is the first three percent of inflation plus one-half of the next four percent, for a maximum total of five percent.

The bill also increases the employee contribution rate from five percent to six percent for all state employees, and members of the State Police Officers' Retirement System, and the Virginia Law Officers' Retirement System. For current employees, this increase in employee contributions is phased in increments of one-half percent per year. Similarly, the cost of prior service credit that currently may be purchased at the rate of five percent of salary, is increased to six percent on July 1, 2013.

Finally, for state and local employees hired on or after January 1, 2013, other than law-enforcement employees and judges, the bill reduces the multiplier from 1.7 to 1.6.

01/12/12 House: Presented and ordered printed 12104007D
01/12/12 House: Referred to Committee on Appropriations
01/16/12 House: Assigned App. sub: Compensation and Retirement
01/25/12 House: Impact statement from VRS (HB1129)

HB 1149 Freedom of Information Act; electronic communication meetings by local and regional public bodies.

Chief patron: Dudenhefer

A BILL to amend and reenact §§ 2.2-3707, 2.2-3708, and 23-38.95 of the Code of Virginia, relating to the Freedom of Information Act; electronic communication meetings by local and regional public bodies.

12102584D

Summary as introduced:

Freedom of Information Act; electronic communication meetings by local and regional public bodies. Expands the authority for the conduct of electronic communication meetings to all public bodies. Currently, local public bodies are prohibited from conducting public meetings in this manner, except when the Governor declares a state of emergency. The bill contains technical amendments.

01/16/12 House: Presented and ordered printed 12102584D
01/16/12 House: Referred to Committee on General Laws
01/20/12 House: Assigned GL sub: #2 FOIA/Procurement

HB 1202 Volunteer fire departments; billing insurance companies.

Chief patron: Johnson

A BILL authorizing volunteer fire departments to bill insurance companies directly for fire service charges.

12104086D

Summary as introduced:

Volunteer fire departments; billing insurance companies. Provides that volunteer fire departments may charge for fire services and bill for those services directly to liability insurance companies.

01/19/12 House: Presented and ordered printed 12104086D
01/19/12 House: Referred to Committee on Commerce and Labor

HB 1212 Storage of health records; replaces obsolete terminology and cross-references referred to records.

Chief patron: O'Bannon

A BILL to amend and reenact §§ 32.1-127.1:01 and 54.1-2403.2 of the Code of Virginia, relating to storage of health records.

12104150D

Summary as introduced:

Storage of health records. Replaces obsolete terminology and cross-references related to storage of health records, currently referred to as medical records or patient records.

01/19/12 House: Presented and ordered printed 12104150D
01/19/12 House: Referred to Committee on Health, Welfare and Institutions
01/24/12 House: Impact statement from DPB (HB1212)
01/26/12 House: Reported from Health, Welfare and Institutions (22-Y 0-N)

HJ 51 Health care provider; option for accepting military training, etc., as requirements for licensure.

Chief patron: Stolle

Requesting the Department of Health Professions to study options for accepting military training and experience as satisfying requirements for licensure, certification, or registration as a health care provider. Report.

12101611D

Summary as introduced:

Study; options for accepting military training and experience as satisfying requirements for licensure, certification, or registration as a health care provider; report. Requests the Department of Health Professions to study options for accepting military training and experience as satisfying requirements for licensure, certification, or registration as a health care provider. In conducting its study, the Department of Health Professions shall review existing state laws governing licensure, certification, and registration of health care providers, compare these requirements to similar Military Occupational Specialties in health care, and develop recommendations for statutory and regulatory changes to allow the Department of Health Professions to accept evidence of military training and experience as satisfying educational and experiential requirements for licensure, certification, or registration as a health care provider in cases in which such training and experience is not currently accepted as satisfying the educational and experiential requirement for licensure, certification, or registration. The Department of Health Professions shall also develop recommendations related to options for increasing awareness among veterans and citizens of the Commonwealth for submitting evidence of military training and experience to satisfy educational and experiential requirements for licensure or certification to practice the arts.

01/10/12 House: Prefiled and ordered printed; offered 01/11/12 12101611D

01/10/12 House: Referred to Committee on Rules

01/20/12 House: Assigned Rules sub: Studies

01/26/12 House: Subcommittee recommends laying on the table

HJ 84 Medical doctors; joint subcommittee to study current and impending severe shortage in State.

Chief patron: Purkey

Establishing a joint subcommittee to study the current and impending severe shortage of medical doctors in Virginia. Report.

12102230D

Summary as introduced:

Study; severe shortage of medical doctors; report. Establishes a joint subcommittee to study the current and impending severe shortage of medical doctors in Virginia. In conducting its study, the joint subcommittee shall: (i) determine whether a shortage of medical doctors exists in the Commonwealth, by specialty and by geographical region; (ii) identify and assess factors that contribute to the shortage of medical doctors, including medical school admissions, the costs of medical education, and the effect of excessive malpractice insurance premiums, malpractice laws

and caps, the shortage of nurses, and ancillary regulations such as the Certificate of Public Need; and (iii) identify the medical specialty fields primarily affected by the shortage of doctors and recommend ways to alleviate such problems. The joint subcommittee must submit its preliminary findings and recommendations to the 2013 Session of the General Assembly and its final findings and recommendations to the 2014 Session.

01/10/12 House: Prefiled and ordered printed; offered 01/11/12 12102230D

01/10/12 House: Referred to Committee on Rules

01/20/12 House: Assigned Rules sub: Studies

01/26/12 House: Subcommittee recommends laying on the table

HJ 124 Public Safety Memorial; requests Governor to include names of state and local parole officers, etc.

Chief patron: Carr

Requesting the Governor to include in the Commonwealth Public Safety Memorial the names of state and local probation and parole officers who have lost their lives in the line of duty.

12101474D

Summary as introduced:

Governor; Virginia's Public Safety Memorial. Requests the Governor to include in the Commonwealth Public Safety Memorial the names of state and local probation and parole officers who have lost their lives in the line of duty.

01/11/12 House: Prefiled and ordered printed; offered 01/11/12 12101474D

01/11/12 House: Referred to Committee on Militia, Police and Public Safety

01/18/12 House: Assigned MPPS sub: #3

HJ 132 Homeland security and emergency management; JLARC to study planning & preparedness efforts in State.

Chief patron: Lingamfelter

Directing the Joint Legislative Audit and Review Commission to study the ongoing planning and preparedness efforts throughout the Commonwealth with regard to homeland security and emergency management. Report.

12101853D

Summary as introduced:

Study; JLARC to study homeland security planning and preparedness; report. Directs the Joint Legislative Audit and Review Commission to study the ongoing planning and preparedness efforts throughout the Commonwealth with regard to homeland security and emergency

management. The Joint Legislative Audit and Review Commission must report its final findings and recommendations to the 2013 Session of the General Assembly.

01/11/12 House: Prefiled and ordered printed; offered 01/11/12 12101853D

01/11/12 House: Referred to Committee on Rules

01/20/12 House: Assigned Rules sub: Studies

HJ 151 Commending the Plaza Volunteer Rescue Squad.

Chief patron: Iaquinto

Commending the Plaza Volunteer Rescue Squad.

12103102D

Summary as introduced:

Commending the Plaza Volunteer Rescue Squad.

01/13/12 House: Agreed to by House by voice vote

01/13/12 House: Introduced bill reprinted 12103102D

01/16/12 Senate: Received

01/16/12 Senate: Laid on Clerk's Desk

01/19/12 Senate: Agreed to by Senate by voice vote

HJ 158 Commending Holly Frost.

Chief patron: Rust

Commending Holly Frost.

12103271D

Summary as introduced:

Commending Holly Frost.

01/13/12 House: Agreed to by House by voice vote

01/13/12 House: Introduced bill reprinted 12103271D

01/16/12 Senate: Received

01/16/12 Senate: Laid on Clerk's Desk

01/19/12 Senate: Agreed to by Senate by voice vote

SB 10 Line of Duty Act; fire company personnel of National Guard and Air National Guard.

Chief patron: Lucas

A BILL to amend and reenact § 9.1-400 of the Code of Virginia, relating to Line of duty Act; coverage; fire company personnel of the Virginia National Guard and the Virginia Air National Guard.

12101111D

Summary as introduced:

Line of Duty Act; fire company personnel of the Virginia National Guard and the Virginia Air National Guard. Includes under the coverage of the Line of Duty Act individuals employed as fire company personnel for the Virginia Air National Guard or the Virginia National Guard's Fort Pickett Reserve.

12/16/11 Senate: Prefiled and ordered printed; offered 01/11/12 12101111D

12/16/11 Senate: Referred to Committee for Courts of Justice

01/18/12 Senate: Incorporated by Courts of Justice (SB424-Ruff) (15-Y 0-N)

SB 99 Line of Duty Act; definition of a deceased person.

Chief patron: Edwards

A BILL to amend and reenact § 9.1-400 of the Code of Virginia, relating to Line of Duty Act; certain members of fire companies or departments.

12100449D

Summary as introduced:

Line of Duty Act; certain members of fire companies or departments. Expands the definition of a deceased person under the Act to include members of any fire company or department providing fire protection services for facilities of the Virginia National Guard or the Virginia Air National Guard.

01/09/12 Senate: Prefiled and ordered printed; offered 01/11/12 12100449D

01/09/12 Senate: Referred to Committee for Courts of Justice

01/18/12 Senate: Incorporated by Courts of Justice (SB424-Ruff) (15-Y 0-N)

SB 125 Line of Duty Act; political subdivisions to make an irrevocable election to self-fund benefits.

Chief patron: Watkins

A BILL to amend and reenact §§ 9.1-400, 9.1-403, 9.1-404, and 9.1-405 of the Code of Virginia, relating to the Line of Duty Act.

12103521D

Summary as introduced:

Line of Duty Act. Allows a political subdivision with employees eligible for coverage under the Line of Duty Act to make an irrevocable election to self-fund the benefits available under the Line of Duty Act.

01/10/12 Senate: Referred to Committee on Finance

01/18/12 Senate: Impact statement from DPB (SB125)

01/24/12 Senate: Reported from Finance with amendments (8-Y 6-N 1-A)

01/25/12 Senate: Constitutional reading dispensed (40-Y 0-N)

01/26/12 Senate: Passed by for the day

SB 140 Volunteer fire departments; billing insurance companies.

Chief patron: Puckett

A BILL authorizing volunteer fire departments to bill insurance companies directly for fire service charges.

12101245D

Summary as introduced:

Volunteer fire departments; billing insurance companies. Provides that volunteer fire departments may charge for fire services and bill for those services directly to liability insurance companies.

01/10/12 Senate: Prefiled and ordered printed; offered 01/11/12 12101245D

01/10/12 Senate: Referred to Committee on General Laws and Technology

01/23/12 Senate: Rereferred from General Laws and Technology (14-Y 0-N)

01/23/12 Senate: Rereferred to Commerce and Labor

SB 171 Virginia Retirement System; benefits for law-enforcement and emergency response employees.

Chief patron: Petersen

A BILL to amend and reenact § 51.1-138 of the Code of Virginia, relating to the Virginia Retirement System; benefits for certain local employees.

12100954D

Summary as introduced:

Virginia Retirement System; benefits for local law-enforcement, correctional, and emergency response employees in certain localities. Permits any locality that is exempt from providing all of the special statutory retirement benefits to local law-enforcement, correctional, and emergency response employees because the locality's annual retirement allowance for such employees exceeds the statutory amount to provide all of the other statutory benefits except the

statutory annual retirement allowance (i) to all employees eligible for such benefits or (ii) only to eligible employees hired on or after July 1, 2010. The additional costs of providing the benefits would be borne by the locality making the election.

01/10/12 Senate: Prefiled and ordered printed; offered 01/11/12 12100954D

01/10/12 Senate: Referred to Committee on Finance

01/23/12 Senate: Impact statement from VRS (SB171)

SB 193 Freedom of Information Act; exemption for cell phone numbers for EMS personnel and firefighters.

Chief patron: Miller, J.C.

A BILL to amend and reenact § 2.2-3705.1 of the Code of Virginia, relating to the Freedom of Information Act; exemption for cell phone numbers for EMS and firefighters.

12101674D

Summary as introduced:

Freedom of Information Act; exemption for cell phone numbers for EMS personnel and firefighters. Provides an exemption from the mandatory disclosure provisions of the Freedom of Information Act for records of a fire/EMS company or fire/EMS department, to the extent that they disclose the telephone numbers for cellular telephones, pagers, or comparable portable communication devices provided to its personnel for use in the performance of their official duties.

01/10/12 Senate: Prefiled and ordered printed; offered 01/11/12 12101674D

01/10/12 Senate: Referred to Committee on General Laws and Technology

01/24/12 Senate: Assigned GL&T sub: #1

SB 239 Child abuse and neglect; mandatory reporting, penalties.

Chief patron: Stuart

A BILL to amend and reenact § 63.2-1509 of the Code of Virginia, relating to suspected child abuse and neglect; mandatory reporting; penalties.

12103167D

Summary as introduced:

Suspected child abuse and neglect; mandatory reporting; penalties. Reduces the time allowed for reporting suspected child abuse or neglect by a mandated reporter from 72 hours to 24 hours and provides that failure to report is punishable as a Class 3 misdemeanor for the first failure and a Class 1 misdemeanor for a second or subsequent offense. Current law is a fine of not more than \$500 for a first offense and not less than \$100 nor more than \$1,000 for a second or subsequent offense.

01/10/12 Senate: Prefiled and ordered printed; offered 01/11/12 12103167D
01/10/12 Senate: Referred to Committee on Rehabilitation and Social Services
01/20/12 Senate: Impact statement from DPB (SB239)

SB 245 Emergency services and disasters; constitutional rights of citizens to keep & bear arms.

Chief patron: Obenshain

A BILL to amend and reenact § 44-146.15 of the Code of Virginia, relating to emergency services and disasters; constitutional rights.

12103459D

Summary as introduced:

Emergency services and disasters; constitutional rights. Provides that nothing in the Emergency Services and Disaster Law shall be interpreted to limit or prohibit the possession, carrying, transportation, sale, or transfer of firearms.

01/10/12 Senate: Prefiled and ordered printed; offered 01/11/12 12103459D
01/10/12 Senate: Referred to Committee on General Laws and Technology
01/23/12 Senate: Reported from General Laws and Technology (14-Y 1-N)
01/25/12 Senate: Constitutional reading dispensed (40-Y 0-N)
01/26/12 Senate: Read second time and engrossed

SB 296 Child abuse and neglect; mandatory reporting, penalties.

Chief patron: Puller

A BILL to amend and reenact § 63.2-1509 of the Code of Virginia, relating to suspected child abuse and neglect; mandatory reporting; penalties.

12102178D

Summary as introduced:

Suspected child abuse and neglect; mandatory reporting; penalties. Reduces the time allowed for reporting suspected child abuse or neglect by a mandated reporter from 72 hours to 24 hours and provides that failure to report is punishable as a Class 1 misdemeanor for the first failure and a Class 6 felony for a second or subsequent offense. Current law imposes a fine of not more than \$500 for a first offense and not less than \$100 nor more than \$1,000 for a second or subsequent offense.

01/10/12 Senate: Prefiled and ordered printed; offered 01/11/12 12102178D
01/10/12 Senate: Referred to Committee on Rehabilitation and Social Services
01/13/12 Senate: Impact statement from VCSC (SB296)

SB 312 Four-for-Life; substantive review.

Chief patron: Blevins

A BILL to amend and reenact § 46.2-694 of the Code of Virginia, as it is currently effective and as it may become effective, relating to Four-for-Life funds.

12101617D

Summary as introduced:

Four-for-Life; substantive review. Requires that a reallocation of moneys set aside from the Four-for-Life fees be made pursuant to legislation that has been reviewed by the House Health, Welfare and Institutions Committee and the Senate Committee on Education and Health. The bill includes technical amendments.

01/10/12 Senate: Prefiled and ordered printed; offered 01/11/12 12101617D

01/10/12 Senate: Referred to Committee on Transportation

01/18/12 Senate: Reported from Transportation (14-Y 0-N)

01/18/12 Senate: Rereferred to Finance

SB 324 Limitation on Administrative Actions Relating to Firearms Act; established.

Chief patron: Carrico

A BILL to amend and reenact § 2.2-4002 of the Code of Virginia and to amend the Code of Virginia by adding in Title 2.2 a chapter numbered 41.2, consisting of sections numbered 2.2-4120 through 2.2-4123, relating to the Limitation on Administrative Actions Relating to Firearms Act; limitations on certain administrative actions.

12103208D

Summary as introduced:

Limitation on administrative actions relating to Firearms Act. Establishes legislative preemption of any administrative action taken by an administrative body that has the direct or indirect effect of governing the purchase, possession, transfer, ownership, carrying, storage, or transporting of firearms, ammunition, or components or combination thereof, unless the administrative body has express statutory authority. Under the bill, any administrative action taken prior to July 1, 2012, having a direct or indirect effect of governing the purchase, possession, transfer, ownership, carrying, or transporting of firearms, ammunition, or components or combination thereof, other than those expressly authorized by statute, is invalid. The bill also requires administrative bodies to take appropriate action to bring any contrary administrative action into compliance.

01/10/12 Senate: Prefiled and ordered printed; offered 01/11/12 12103208D
01/10/12 Senate: Referred to Committee for Courts of Justice
01/18/12 Senate: Impact statement from DPB (SB324)

SB 358 Mobile infrared transmitters; local governments by ordinance to permit use by fire-fighting vehicle.

Chief patron: Deeds

A BILL to amend and reenact § 46.2-1077.1 of the Code of Virginia, relating to use of certain mobile infrared transmitters to change traffic light signals.

12101481D

Summary as introduced:

Infrared traffic light signal changers. Allows local governments by ordinance to permit use of infrared traffic light signal changers by fire-fighting vehicles in nonemergency situations.

01/11/12 Senate: Prefiled and ordered printed; offered 01/11/12 12101481D
01/11/12 Senate: Referred to Committee on Transportation
01/18/12 Senate: Continued to 2013 in Transportation (14-Y 0-N)

SB 362 Critical incident stress management teams; privileged information, penalty.

Chief patron: Deeds

A BILL to amend the Code of Virginia by adding in Article 1 of Chapter 16 of Title 19.2 a section numbered 19.2-271.4, relating to critical incident stress management teams; privileged communications by certain emergency medical services and public safety personnel; penalty.

12103270D

Summary as introduced:

Critical incident stress management teams; privileged information; penalty. Creates a Class 2 misdemeanor for a member of a critical incident stress management team to disclose any information communicated to him by certain public safety personnel who are the subjects of peer support services. The bill allows public safety personnel to waive the privilege.

01/11/12 Senate: Prefiled and ordered printed; offered 01/11/12 12103270D
01/11/12 Senate: Referred to Committee for Courts of Justice
01/16/12 Senate: Impact statement from DPB (SB362)

SB 411 Va Fire Services Board, Forensic Science Board, & State Board of Juvenile Justice; powers & duties.

Chief patron: Norment

A BILL to amend and reenact §§ 9.1-201 through 9.1-204, 9.1-1110, 16.1-235.1, 16.1-238, 16.1-240, 16.1-274, 16.1-275, 66-10, and 66-23 of the Code of Virginia and to repeal §§ 2.2-223 and 66-11 of the Code of Virginia, relating to the Virginia Fire Services Board, Forensic Science Board, State Board of Juvenile Justice; powers and duties of the Boards.

12103543D

Summary as introduced:

Secretary of Public Safety; Virginia Fire Services Board; Forensic Science Board; State Board of Juvenile Justice; powers and duties. Consolidates, eliminates, and alters various powers and duties of the Virginia Fire Services Board, the Forensic Science Board, and the State Board of Juvenile Justice regarding regulations, reporting, oversight, and the policy-making functions of the boards. The bill abolishes the Interagency Drug Offender Screening and Assessment Committee. The bill contains technical amendments.

01/11/12 Senate: Prefiled and ordered printed; offered 01/11/12 12103543D

01/11/12 Senate: Referred to Committee on General Laws and Technology

SB 424 Line of Duty Act; fire company personnel of National Guard and Air National Guard.

Chief patron: Ruff

A BILL to amend and reenact § 9.1-400 of the Code of Virginia, relating to Line of Duty Act; coverage; fire company personnel of the Virginia National Guard.

12104363D

Summary as introduced:

Line of Duty Act; fire company personnel of the Virginia National Guard and the Virginia Air National Guard. Includes under the coverage of the Line of Duty Act individuals employed as fire company personnel for the Virginia Air National Guard or the Virginia National Guard's Fort Pickett Reserve.

01/25/12 Senate: Constitutional reading dispensed (40-Y 0-N)

01/26/12 Senate: Read second time

01/26/12 Senate: Reading of substitute waived

01/26/12 Senate: Committee substitute agreed to 12104363D-S1

01/26/12 Senate: Engrossed by Senate - committee substitute SB424S1

SB 474 Freedom of Information Act; exemption for cell phone numbers for EMS personnel and firefighters.

Chief patron: Locke

A BILL to amend and reenact § 2.2-3705.1 of the Code of Virginia, relating to the Freedom of Information Act; exemption for cell phone numbers for EMS and firefighters.

12103062D

Summary as introduced:

Freedom of Information Act; exemption for cell phone numbers for EMS personnel and firefighters. Provides an exemption from the mandatory disclosure provisions of the Freedom of Information Act for records of a fire/EMS company or fire/EMS department, to the extent that they disclose the telephone numbers for cellular telephones, pagers, or comparable portable communication devices provided to its personnel for use in the performance of their official duties.

01/11/12 Senate: Prefiled and ordered printed; offered 01/11/12 12103062D

01/11/12 Senate: Referred to Committee on General Laws and Technology

01/24/12 Senate: Assigned GL&T sub: #1

SB 495 Wireless E-911 Fund; distibution of funds.

Chief patron: Watkins

A BILL to amend and reenact § 56-484.17 of the Code of Virginia, relating to distribution of the Wireless E-911 Fund.

12102478D

Summary as introduced:

Wireless E-911 Fund; distribution. Transfers the administration of the distribution of the Wireless E-911 Fund revenues for public safety answering point operators (PSAPs) to the Department of Taxation. The bill also bases the distribution percentages on the average pro rata distribution for fiscal years 2007-2012, and directs that the distribution percentage be recalculated every five years.

01/11/12 Senate: Prefiled and ordered printed; offered 01/11/12 12102478D

01/11/12 Senate: Referred to Committee on Commerce and Labor

01/23/12 Senate: Impact statement from TAX (SB495)

SB 543 Surgery; definition and who may perform.

Chief patron: Martin

A BILL to amend the Code of Virginia by adding a section numbered 54.1-2400.01:1, relating to surgery; definition and who may perform.

12103024D

Summary as introduced:

Definition of surgery. Defines "surgery" and provides that no person other than a licensed doctor of medicine, osteopathy, or dentistry, a licensed nurse practitioner, or a person who is acting pursuant to the orders and under the appropriate supervision of a licensed doctor of medicine, osteopathy, or dentistry shall perform surgery.

01/13/12 Senate: Presented and ordered printed 12103024D

01/13/12 Senate: Referred to Committee on Education and Health

01/24/12 Senate: Impact statement from DPB (SB543)

SB 558 Forfeited drug assets; redirection of assets to construction of Public Safety Memorial.

Chief patron: Colgan

A BILL to amend and reenact § 19.2-386.14 of the Code of Virginia, relating to disposition of forfeited drug assets.

12103158D

Summary as introduced:

Redirection of forfeited drug assets to construction of Commonwealth Public Safety Memorial. Provides that between July 1, 2012, and July 1, 2014, state and local agencies may direct cash funds and proceeds from forfeited drug assets to the Virginia Public Safety Foundation to support the construction of the Commonwealth Public Safety Memorial. Funding decisions shall be made following an internal analysis that determines contributions will not negatively impact law-enforcement training or operations.

01/16/12 Senate: Presented and ordered printed 12103158D

01/16/12 Senate: Referred to Committee for Courts of Justice

SB 574 Forfeited drug assets; redirection of assets to construction of Public Safety Memorial.

Chief patron: Obenshain

A BILL to amend and reenact § 19.2-386.14 of the Code of Virginia, relating to disposition of forfeited drug assets.

12104129D

Summary as introduced:

Redirection of forfeited drug assets to construction of Commonwealth Public Safety Memorial. Provides that between July 1, 2012, and July 1, 2014, state and local agencies may direct cash funds and proceeds from forfeited drug assets to the Virginia Public Safety Foundation to support the construction of the Commonwealth Public Safety Memorial. Funding

decisions shall be made following an internal analysis that determines contributions will not negatively impact law-enforcement training or operations.

01/18/12 Senate: Presented and ordered printed 12104129D

01/18/12 Senate: Referred to Committee for Courts of Justice

Appendix B

Committee Motion: Name: Training and Certification Committee

Individual Motion: Name: _____

Motion:
The Training and Certification Committee moves that the EMS Advisory Board NOT reaffirm its position in support of moving all testing to the National Registry of EMTs beginning July 1, 2012 UNLESS items 1 and /or 2 listed below are included:
1. The proposal for the Office to incur the cost of the initial National Registry (NR) examination for the BLS levels as presented was not supported by VDH due to concerns over the lack of a consistent and sustainable source of funding to cover the initial NR examination fees for Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT). The Office has been directed to encourage EMS agencies and personnel to identify other sources of funds to support this initiative.
2. The proposal to allow recertification to occur based upon compliance with continuing education requirements did not receive support for inclusion in the VDH legislative packet to be considered as an administrative bill. Therefore, no change in the current recertification process will occur. Recertification will continue as it is today, which requires that a provider upon completing all continuing education requirements must, prior to their current EMS certification expiration either:
a. Pass the current written EMS certification examination for the eligible level
or
b. If affiliated with a licensed EMS agency, be waived from the written examination by their affiliated agency's operational medical director.

EMS Plan Reference (include section number):
Strategic Initiative 4.2 – Assess and enhance quality of education for EMS providers.
4.2.1 Update the certification process to assure certification examinations continue to be valid, psychometrically sound, and legally defensible.
4.2.2 Update quality improvement process to promote a valid, psychometrically sound, and legally defensible certification process.
§ 32.1-111.5. Certification and recertification of emergency medical services personnel.

Committee Minority Opinion (as needed):

For Board's secretary use only:
Motion Seconded By: _____
Vote: By Acclamation: Approved Not Approved
By Count: Yea: _____ Nay: _____ Abstain: _____

Board Minority Opinion:

Meeting Date: _____

Appendix C

Committee Motion: Name: Medical Direction Committee
 Individual Motion: Name: _____

Motion:
The Office of EMS will move to National Registry testing at all levels.

EMS Plan Reference (include section number):
Strategic Initiative 4.2 – Assess and enhance quality of education for EMS providers.
4.2.1 Update the certification process to assure certification examinations continue to be valid, psychometrically sound, and legally defensible.
4.2.2 Update quality improvement process to promote a valid, psychometrically sound, and legally defensible certification process.
§ 32.1-111.5. Certification and recertification of emergency medical services personnel.

Committee Minority Opinion (as needed):

For Board's secretary use only:
Motion Seconded By: _____
Vote: By Acclamation: Approved Not Approved
By Count: Yea: _____ Nay: _____ Abstain: _____
Board Minority Opinion:

Meeting Date: _____

Appendix D

Defining National EMS Program Accreditation



Background

When the EMS Education Agenda for the Future: A Systems Approach (Education Agenda) was published by the US Dept. of Transportation in 2000, many EMS professionals embraced the concepts of the Education Agenda as visionary and a way to enhance the profession by bringing EMS to an educational par with other allied health professions. With the Core Content, Scope of Practice Model, and Education Standards firmly established in our implementation toolkit, all that remains to be completed is National EMS Program Accreditation and National EMS Certification. Since the National Registry of EMT's (NREMT) announced the decision to require paramedic applicants to graduate from a nationally accredited education program by 2013, there has been much discussion over what it means to be "nationally accredited."

Defining National Accreditation

The primary purpose of program accreditation is student and public protection. There are two generally accepted national accreditation processes for education programs in the United States: a non-governmental higher education enterprise such as the Council for Higher Education Accreditation (CHEA) or by the government, for example, the U.S. Department of Education (USDE).

According to the federal laws that guide the U.S. Department of Education:

- **Accrediting agency or agency** means a legal entity, or that part of a legal entity, that conducts accrediting activities through voluntary, non-Federal peer review and makes decisions concerning the accreditation or preaccreditation status of institutions, programs, or both.
- **Nationally recognized accrediting agency, nationally recognized agency, or recognized agency** means an accrediting agency that the Secretary recognizes under this part (Title 34 CFR Part 602—The Secretary's Recognition of Accrediting Agencies).

CHEA is an association of 3,000 degree-granting colleges and universities that recognizes 60 institutional and programmatic accrediting organizations: it is the embodiment of self-regulation of academic quality through accreditation. Accreditation through CHEA is a standards-based, evidence-based, judgment-based, and peer-based process. Its purpose is to ensure and strengthen academic quality and ongoing quality improvement in institutions and programs.

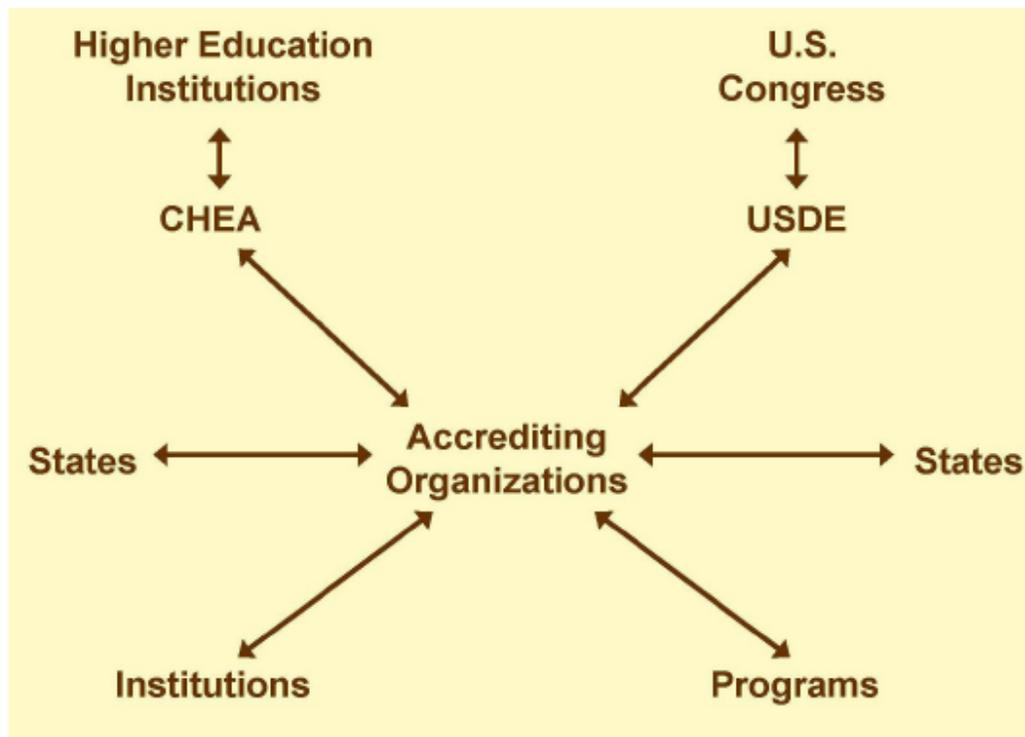
The USDE procedures and criteria for recognizing accrediting agencies are contained in Title 34 of the Code of Federal Regulations (available at <http://www2.ed.gov/admins/finaid/accred/index.html>.) The U.S. Secretary of Education (Secretary) is required by statute to publish a list of nationally recognized accrediting agencies that the Secretary determines to be reliable authorities as to the quality of education or training provided by the institutions of higher education and the higher education programs they accredit. The Secretary only evaluates accrediting agencies that apply for recognition, and certain criteria for recognition that are unrelated to the quality of accrediting activities limit the scope of the Secretary's recognition activities. The Secretary recognizes accrediting agencies to ensure that these agencies are, for the purposes of the Higher Education Act of 1965, as amended (HEA), or for other Federal purposes, reliable authorities regarding the quality of education or training offered by the institutions or programs they accredit. The procedures and criteria exist primarily to ensure the quality of institutions and programs for which the government provides federal funds and for which the government provides federal aid to students. Governmental entities (such as states) can meet "nationally recognized agency" criteria and meet Title VI funding requirements through compliance with Title 34, Part 602.

Defining National EMS Program Accreditation

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is the largest medical accrediting agency in the US and representatives of ALL medical specialties and organizations serve on its Board. CAAHEP is recognized by the Council for Higher Education Accreditation (CHEA). It is a non-profit, non-governmental agency, which reviews and accredits over 2100 educational programs in twenty two allied health science occupations. The CAAHEP Board of Directors is the accrediting body of CAAHEP that awards or denies accreditation after review of accreditation recommendations made by their Committees on Accreditation. There are currently 18 Committees on Accreditation in the nation. Accreditation is granted to EMS education programs through the review and recommendation of CAAHEP's Committee on Accreditation for the Emergency Medical Services Professions (CoAEMSP). Representatives from several national EMS organizations currently serve on the CoAEMSP Board, which is responsible for writing the policies and procedures for EMS program accreditation. Together, CHEA and CAAHEP define national education program accreditation standards. NASEMSO supports this rigorous non-governmental process to ensure fair and unbiased reviews of EMS programs.

The Relationship of National Accreditation to State Government

Accreditation is private (nongovernmental) and nonprofit – an outgrowth of the higher education community but it has a complex relationship with government, especially in relation to funding higher education. It adds value to society through assuring quality, enabling government to make sound judgments about the use of public funds, aiding the private sector in decisions about financial support and easing transfer of program credit. Program accreditation does NOT replace any state's authority to license educational programs. Licensure ensures regulatory compliance and accreditation ensures program quality. The following graphic depicts the complex relationships among various partners involved in national accreditation:



Source: Council for Higher Education Accreditation

Defining National EMS Program Accreditation

According to a recent NASEMSO survey:

- 70% of States indicate they will require National EMS Program Accreditation by December 31, 2012.
- Another 17% of States indicate they will require National EMS Program Accreditation by 2017.
- The remaining 13% are indeterminate about a deadline.
- The number of States that have indicated that they will not require National EMS Program Accreditation sometime in the future = zero.

Rationale for EMS Community Support of the CoAEMSP

The *Education Agenda* was developed through a consensus process with input from national EMS stakeholders including national EMS organizations, and many individuals and practitioners. The following chart outlines the rationale for EMS community support for the CoAEMSP.

WHAT THE EDUCATION AGENDA SAYS	COMPLIANCE INDICATORS
A single national accreditation agency will be identified and accepted by state regulatory offices.	Currently, CoAEMSP is the <u>only</u> organization with standards and guidelines specific to EMS programs that has completed the CAAHEP process to be recognized as an accreditation agency.
This accrediting agency will have a board of directors with representation from a broad range of EMS organizations.	CoAEMSP member organizations include <ul style="list-style-type: none"> ○ American Academy of Pediatrics (AAP) ○ American Ambulance Association (AAA) ○ American Society of Anesthesiologists (ASA) ○ American College of Cardiology (ACC) ○ American College of Emergency Physicians (ACEP) ○ American College of Osteopathic Emergency Physicians (ACOEP) ○ American College of Surgeons (ACS) ○ International Association of Fire Chiefs (IAFC) ○ National Association of EMS Educators (NAEMSE) ○ National Association of Emergency Medical Technicians (NAEMT) ○ National Association of EMS Physicians (NAEMSP) ○ National Registry of Emergency Medical Technicians (NREMT) ○ National Association of State EMS Officials (NASEMSO)
The accreditation agency will develop standards and guidelines for all levels of EMS education with broad community input. All EMS accreditation will include self-study, site visitation, and commission review, but the standards and guidelines vary according to level.	CoAEMSP Standards and Guidelines are available at www.coemsp.org
The accreditation agency will adopt the National EMS Education Standards as the basis for evaluating the content of all EMS instruction and will develop a process for accreditation that is appropriate for each level of EMS instruction as determined by the National EMS Scope of Practice Model.	CoAEMSP Policies and Procedures are available at www.coemsp.org .
Accreditation will be achieved by a process as close to other allied health occupations accreditation as possible, given the resources and constraints imposed by the system.	The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is the largest medical accrediting agency in the US and representatives of ALL medical specialties and organizations serve on its Board. CAAHEP is recognized by the Council for Higher Education Accreditation (CHEA). It is a non-profit, non-governmental agency, which reviews and accredits over 2100 educational programs in twenty two allied health science occupations. There are currently 18 Committees on Accreditation in the nation. Accreditation is granted to EMS education programs through the review and recommendation of CAAHEP's Committee on Accreditation for the Emergency Medical Services Professions (CoAEMSP).

Defining National EMS Program Accreditation

Summary of National EMS Program Accreditation

There are two basic types of educational accreditation, one identified as “institutional” and one referred to as “specialized” or “programmatic.” Institutional accreditation normally applies to an entire institution, indicating that each of an institution’s parts is contributing to the achievement of the institution’s objectives, although not necessarily all at the same level of quality. Specialized/programmatic accreditation normally applies to the evaluation of programs, departments, or schools which usually are parts of a total collegiate or other postsecondary institution. The unit accredited may be as large as a college or school within a university or as small as a curriculum within a discipline.

The Accrediting Procedure

Standards: The accrediting agency, in collaboration with educational institutions, establishes standards.

Self-study: The institution or program seeking accreditation prepares an in-depth self-evaluation study that measures its performance against the standards established by the accrediting agency.

On-site Evaluation: A team selected by the accrediting agency visits the institution or program to determine first-hand if the applicant meets the established standards.

Publication: Upon being satisfied that the applicant meets its standards, the accrediting agency grants accreditation or preaccreditation status and lists the institution or program in an official publication with other similarly accredited or preaccredited institutions or programs.

Monitoring: The accrediting agency monitors each accredited institution or program throughout the period of accreditation granted to verify that it continues to meet the agency’s standards.

Reevaluation: The accrediting agency periodically reevaluates each institution or program that it lists to ascertain whether continuation of its accredited or preaccredited status is warranted.

Click [here](#) to review 34 CFR Part 602 regarding the Secretary’s Recognition of Accrediting Agencies.

Source: US Department of Education

National Association of State EMS Officials
201 Park Washington Court
Falls Church, VA 22046
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Appendix E

Data Quality Tip – “Data Quality Report Card”

For the next “Data Quality Tip” we wanted to introduce the new “Data Quality Report Card” that we have been awaiting to be added to our system. The report card will provide you with a comprehensive look at your data’s compliance with the quality standards noted in the VPHIB Data Dictionary. The Data Quality Report Card primarily serves agencies using third party vendors, but a manual report can also be put together for agencies using the State supplied VPHIB system.

As mentioned over the past few months, the focus of VPHIB staffs has turned to measuring, reporting, and assuring data quality being collected by the VPHIB system. Our ultimate goal is to have high quality data so we can put the information to use and have it be a true representation of our system and the care we provide.

On 1/3/2012 19 additional validation rules were added to the VPHIB system and primarily focus on the vital signs, medication administration, and procedure requirements in our minimum dataset. These “new rules” only reflect what was already required and do not interfere with the ability to submit records. The validation rules will better allow agencies and OEMS to measure data quality.

For agencies that upload data from third party vendors (including their own ImageTrend Service Bridge) you can now get a detail “Data Quality Report” by following this path: Sign on to State Bridge/on Modules pull down menu/click on Reports/choose the Data Transfer History/your agency upload history will show on the end is the new “Data Quality Report” (far right side.)

The report will tell you how many records were attempted to be uploaded versus actually loaded, your average validity score, the number of records in each range of scores, 80-100, 60-79, 40-59, and 0-39. The next section of the report will show you how many times each validation rule was broken, the element number, and a rule description. The next section provides an error by error detailed list and on the bottom is a list of errors for the records that we rejected.

This report will be automatically e-mailed to the agency POC and the person who submitted the file in the near future. For agencies not using a third party vendor this report will not currently help you, but if you wish, OEMS can manually develop a similar report for you. Agencies that are not using a third party and wish to have a report please do so in the VPHIB support suite and place “data quality report” in the subject. Please allow 7-14 days for a response.

Data Quality Tip #3 – Height of Fall

This week’s quality tip will help you to ensure your agency is accurately reporting the height of falls. As you can see in Figure 1 below, falls represent a disproportionately high number of patients entered into the state trauma registry. The “height of fall” element was added to the EMS dataset because it is a vital measure to separate minor injuries from potential or actual major trauma.

Knowing the height of falls significantly contributes to our ability use fall data and contributes to public health, injury prevention, and safety efforts and help to know where to concentrate their resources and efforts to prevent them in the future. At the agency level it helps when performing QA to separate common injuries from responses that meet trauma triage criteria.

Ground level falls should be reported as zero (0) feet. Any reported falls that do not have any height of fall (are blank) listed or have an unusually high number of feet are examples of probable errors that could be corrected or prevented in the future by educating your providers. Figure 2 below shows responses where the height of the fall and crew member info is missing.

Please take a minute to check your agency’s compliance with reporting the “height of fall” by signing into VPHIB, go to Report Writer 2 (now under the more tab), open the “audit folder,” and scroll down to the Height of Fall QA report. Click on generate report and select your agency name and you will see all falls for the last six months.

Figure 1

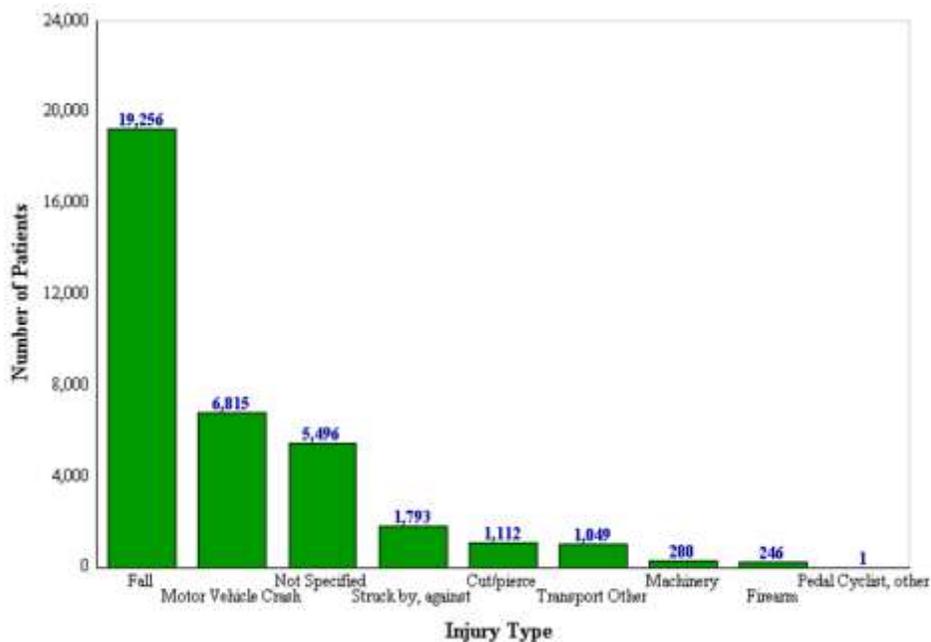


Figure 2

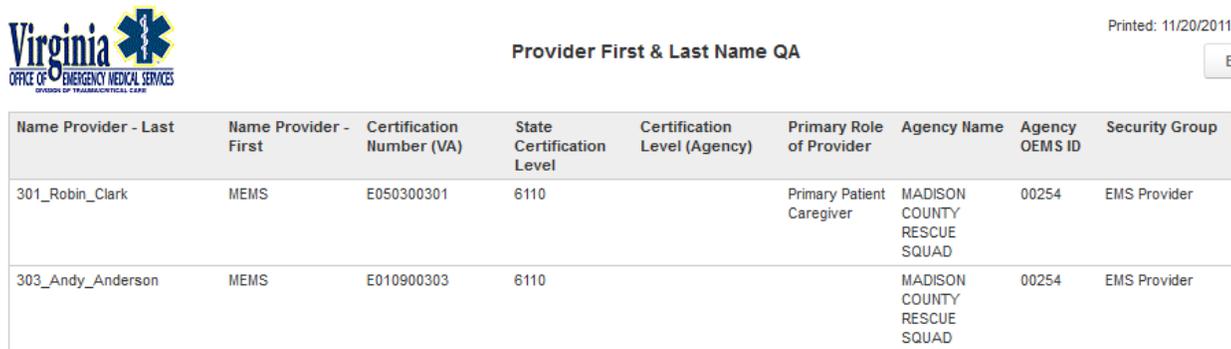
Agency Name	Incident Number	Unit Call Sign	Cause Of Injury	Height Of Fall	Destination Patient Disposition	Crew Member Full Name	Crew Member ID	Software Creator
ABINGDON AMBULANCE SERVICE	0011002873	AAS41	Falls		Treated, Transported by EMS			EMS Consultants, LTD
ABINGDON AMBULANCE SERVICE	0011002871	AAS41	Falls		Treated, Transported by EMS			EMS Consultants, LTD

Data Quality Tip #2 – Provider First & Last Name

This week’s quality tip will help you build upon last week’s tip that checked if your agency is reporting certification numbers correctly. Remember it doesn’t matter what software you use for your ePCR, you can still use the VPHIB Report Writer.

This week we ask that you check your providers’ first and last names. As a system that collects health care information each provider/user account in the VPHIB system must tie back to a single person. The use of “ride along”, observer, Company 15, ABCVRS member, 30112Smith, John etc. cannot be allowed in the VPHIB system.

Figure 1 – Incorrect provider first and last name:



Printed: 11/20/2011

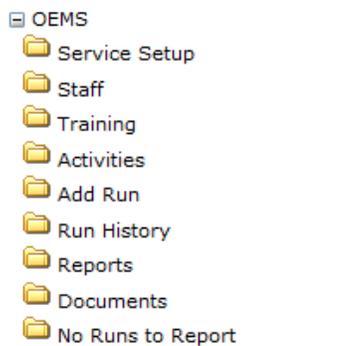
Name Provider - Last	Name Provider - First	Certification Number (VA)	State Certification Level	Certification Level (Agency)	Primary Role of Provider	Agency Name	Agency OEMS ID	Security Group
301_Robin_Clark	MEMS	E050300301	6110		Primary Patient Caregiver	MADISON COUNTY RESCUE SQUAD	00254	EMS Provider
303_Andy_Anderson	MEMS	E010900303	6110			MADISON COUNTY RESCUE SQUAD	00254	EMS Provider

We understand that there are multiple scenarios that can occur in the many different systems within Virginia. So, if your agency has a situation where it needs to document a non-member we recommend adding the name or description in your narrative or creating a “user defined question” that you can use for documenting non-members on your units.

Figure 2 – Adding a user defined question:

Step 1: Sign on to VPHIB (must be an agency administrator)

Step 2: Choose “Service Setup”



Step 3: In the “I Want To: box choose “Manage Service Defined Questions”

Info		I want to: - Select from the following -
Service:		
Agency ID:	98765	- Select from the following - View Service Information Edit Service Information Manage Stations Manage Vehicles View Run Options and Resources Manage Service Defined Questions View Statistical Year Information Manage Field Bridge Options Repeat Patient Administration Manage Training/Activities
FDD:		
Site Name:	OEMS	
Organizational Information:		
Organizational Type:	Community, Non-Profit	
Organizational Status:	Non-Volunteer	
Primary Type of Service:	911 Response (Scene) with Transport Capability	
Other Type of Service:	Air Medical	
Highest Cert. Level of Service:	EMT Paramedic	
Estimated Run Volume:	0	
Billing Status:	No	

Step 4: Create the title of your new question, make it active, and decide whether it will be mandatory to answer.

Service Defined Question	
Question	Non-Agency Staff On Unit?
Question Type	Text
Answer Choices (Drop Down question only)	
Question #	7
Active	<input checked="" type="checkbox"/>
Answer Width (In Pixels)	200
Required Field	<input checked="" type="radio"/> Yes <input type="radio"/> No
Export to NEMESIS Research Survey Fields	<input type="radio"/> Yes <input checked="" type="radio"/> No
Export Field	<input type="radio"/> Question Text <input checked="" type="radio"/> Question ID
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

Step 5: Click “submit” the next time your staff “posts” their Toughbook your service defined question will be added.

In figure 1 above, the agency is attempting to add a radio number, call sign, or staff number and a first name in the space provided for a last name only. In the screen shot below you will notice there is a “badge #” space that could be used for this purpose. An agency administrator can sign in to VPHIB, choose staff, and then edit providers with additional information added to their last name.

cs	Employment	Certifications	Permissions	Emergency Contacts	Equipment
Employment Information					
Personnel ID	<input type="text"/>	View Log			
Payroll ID	<input type="text"/>	A 6-digit max number used by some third party payroll vendors.			
Badge #	<input type="text"/>				
Rank or Grade	<input type="text"/>	Start Date	<input type="text"/>	End Date	<input type="text"/> View Log
Position	<input type="text"/>	Start Date	<input type="text"/>	End Date	<input type="text"/> View Log
Employment Status	Not Recorded	Status Date	<input type="text"/> ?	End Date	<input type="text"/> View Log
Total Length of Service (years)	<input type="text"/>				
Active Service Years	0 years ?				
Primary Contact	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Medical Director	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Operations Officer	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Inspector	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Stations					
	<input type="checkbox"/> Station 1				
	<input type="checkbox"/> Station 2 (Not Active)				

Using “user defined questions” should only be used for documenting non-agency persons on your units and should not be used as a replacement for entering your agencies staff into the VPHIB system. Following this process will help to protect your data, the quality of data available to you and OEMS, and allow you to document ride-alongs, students, and extra persons that provide your crew with assistance.

A report to check your agency’s compliance with the reporting of staff names can be found in Report Writer 2 and will only take a couple minutes to run. To find the report, open Report Writer 2; in the “All Reports” area go into the “Service Information” folder. The report is called “Provider First & Last Name QA.”

Please take a couple minutes to make sure your VPHIB staff is correct and complete. OEMS periodically reviews accounts and removes items that are entered incorrectly. The more you help us make our EMS system data strong the less we have to tighten the program to prevent bad data.

Data Quality Tip #4 – Unit/Vehicle Information

This week's data quality tip is your agency's unit/vehicle information. The minimum dataset requires some minimum information on the units being used to respond to EMS events. A new report has been added to Report Writer 2 to help you check and make sure your information is up to date and complete.

Unit information is valuable to assist with knowing what resources were used on any single EMS event. Unit information is also very important on a regional, state, and national level to know what EMS resources are available to manage large scale incidents.

Having resource information available will also assist OEMS with knowing where funding and support is needed for special projects, Rescue Squad Assistance Fund use, and other issues.

Please ensure each vehicle licensed by OEMS has complete information in the system and inactivate any vehicle that have been put out of service, sold, or otherwise not licensed by OEMS any longer. You may have unlicensed vehicles in the system if you wish to track those vehicle in the VPHIB system. Maintaining vehicle information only needs to be done when a unit is put into service and taken out of service, so it should be too burdensome to maintain this information.

Columns	Display	Grouping	Sorting	Criteria	Actions ▼	Generate Report »		
						Printed: 12/14/2011 at 6:18 AM		
Unit/Vehicle Info QA						<input type="button" value="Export"/>		
Name	Agency Number	Model Year	Unit Call Sign	Unit Number	Vehicle Type	Vehicle Make	Vehicle Model	Vehicle ID
ARLINGTON COUNTY FIRE DEPT	00071	1/1/09	M101	2292	7370	Internantional / Horton		5589
ARLINGTON COUNTY FIRE DEPT	00071	1/1/09	M104	2214	7370	Internantional		5590
ARLINGTON COUNTY FIRE DEPT	00071	1/1/07	M108	2276	7370	INTERNATIONAL	NAVISTAR	5591
ARLINGTON COUNTY FIRE DEPT	00071	1/1/07	M109	2278	7370	INTERNATIONAL		5592
ARLINGTON COUNTY FIRE DEPT	00071	1/1/05	M110B	2520	7370	FREIGHTLINER	Medic	5593

Data Quality Tip – Age of Patient

Did you know? Besse Cooper was born on August 26, 1896 and is the oldest validated person to have lived in the United States. She died at the age of 115 years and 141 days.

Did you know? The oldest person transported in Virginia in 2011 was 5,064 years old!

Figure 1

Agency Name: Emergency Medical Response											Number of Records: 1	
Date: Incident Date	Incident Number	Age of Patient	Age Units of Patient	Date of Birth of Patient	Primary Role Of Unit	Crew Member Full Name	Crew Member ID	Destination Patient Disposition	Unit Call Sign	Software Creator	Software Name	Software Version
8/1/11	110810-014	5064	Years	9/7/46	BLS Ground Transport	Sean Martinez	E030465003	Treated, Transported by EMS	01	ImageTrend, Inc.	ImageTrend EMS Service Bridge	4.5.6.7

This quality tip will help you to ensure your agency is accurately reporting the age of your patients. As you can see in Figure 1 above, occasionally ages are mistakenly reported wrong. The most common reason for age errors is wrongly entering a date of birth from the year 1900 - 1911 instead of 2000 - 2011. One error can drastically change your results in Report Writer. As a very simple example:

If your agency had 23 cardiac arrests in 2011 and all had an age of 70 y/o, the average age of your arrests would equal 70 y/o. But if 22 patients were 70 y/o and one was 5,064 y/o as in Figure 1, the average age of your cardiac arrest patients is now 287 years old.

Please take a minute every once in a while to check your agency's accuracy with reporting the age of your patients. We have placed a new report in Report Writer 2 (RW2) that will return any patient over the age of 116 y/o. Sign into VPHIB, go to Report Writer 2 (now under the more tab), open the "audit folder," and scroll down to the E06_14 Patient Age Greater Than 116 Years Audit report. Click on generate report and you will see all patients your agency transported over the age of 116. You can click in the incident number to link to the patient report to find out which patient(s) is incorrectly entered to make corrections.

(You can also click on the criteria tab and change the age criteria to 100 to catch other errors)