

**Legislation and Planning Committee**  
**Embassy Suites Hotel**  
**Richmond, VA**  
**August 6, 2021**  
**8:30a.m.**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>OEMS Staff:</b>	<b>Others:</b>
<b>Gary Samuels (Chair)</b>	<b>Rich Orndorff, Jr.</b>	<b>Scott Winston</b>	<b>Jon Henschel</b>
<b>Beth Adams</b>	<b>Jeff Meyer - excused</b>	<b>Chris Vernovai</b>	<b>Dreama Chandler</b>
<b>Jake O'Shea, MD</b>		<b>Gary Brown</b>	
<b>Gary Dalton</b>		<b>Ron Passmore</b>	
<b>Ed Rhodes</b>		<b>George Lindbeck, MD</b>	
<b>Byron Andrews</b>		<b>Krista Samuels, OAG</b>	
<b>Steve Higgins</b>			
<b>Michael Player</b>			

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>I. Welcome and Introductions</b>	Chair Gary Samuels called the meeting to order at 8:35 AM.	
<b>II. Review and Approval of February 07, 2020 Minutes</b>	Motion to approve minutes made by Mr. Ed Rhodes and seconded by Jake O'Shea. The committee unanimously approved the minutes from February 07, 2020 meeting.	<b>February 07, 2020 meeting minutes approved by the committee.</b>
<b>III. OEMS Update – Quarterly Report to EMS Advisory Board (OEMS Staff)</b>	<p>Mr. Scott Winston reported the quarterly OEMS report to the state EMS Advisory Board is posted on the OEMS Web site at <a href="https://www.vdh.virginia.gov/content/uploads/sites/23/2021/08/OEMS-Quarterly-Report-to-the-State-EMS-Advisory-Board-for-August-6-2021.pdf">https://www.vdh.virginia.gov/content/uploads/sites/23/2021/08/OEMS-Quarterly-Report-to-the-State-EMS-Advisory-Board-for-August-6-2021.pdf</a>. Members of the committee were encouraged to reference the report for important updates about programs and services provided by the Office of EMS.</p> <p>Mr. Gary Brown provided an update on recent personnel actions at OEMS. Interviews for Executive Secretary position were held on August 3<sup>rd</sup>. Mindy Carter, RN started work at OEMS on July 25<sup>th</sup> as the new Trauma and Critical Care Manager. Interviews for the Trauma and Critical Care Division Director are scheduled for Monday, August 9. There are a number of positions at various stages of recruit for the three hybrid regional EMS offices.</p> <p>Mr. Brown mentioned the transition to the new statewide patient care reporting repository for OEMS. ESO was awarded the contract along with an extension to the Image Trend contract to collect patient</p>	

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	<p>care and trauma registry data. There will be a presentation by representatives of ESO at today's EMS Advisory Board meeting.</p> <p>Mr. Brown introduced Ms. Krista Samuels, Deputy Attorney General assigned to represent OEMS. In addition, Mr. Brown advised the committee members that OEMS now reports directly to Mr. Bob Hicks. Mr. Hicks and Dr. Parham Jaberri switched positions as the Deputy Commissioner for Public Health and Preparedness and Chief Deputy Commissioner for Community Health Services respectively.</p> <p>EMS Symposium will take place in Norfolk, VA between November 3 and November 7. Members asked questions about vaccination requirements and when decision will be made to postpone the Symposium if conditions warrant.</p>	
<b>IV. State EMS Plan</b>	<p>The committee approved the final draft of the state EMS Plan on October 16, 2019. The final draft of the state EMS Plan was approved by the full state EMS Advisory Board on Wednesday, Nov. 6, 2019. The plan was scheduled to be presented to the Board of Health (BoH) for their review and approval at their March 26, 2020 meeting in Richmond. However, this meeting was postponed until June 04, 2020 when the plan was ultimately approved.</p> <p>The current version (2020-2022) of the State EMS Plan is available for download via the OEMS website at the link below:  <a href="http://www.vdh.virginia.gov/emergency-medical-services/state-strategic-and-operational-ems-plan/">http://www.vdh.virginia.gov/emergency-medical-services/state-strategic-and-operational-ems-plan/</a></p>	
<b>V. Regulatory Update</b>	<p>Mr. Ron Passmore reported the adoption of <b>Chapter 32 of the EMS Regulations</b> has been held for several updates to be completed by OEMS staff and committees of the state EMS Advisory Board. The MIH/Community Paramedic workgroup completed a white paper, conforming definitions related to REPLICA have been completed, the Medevac Committee has recommended updates related to staffing, and the Accreditation, Certification and Education (ACE) Division has made recommendations related to recent changes announced by the National Registry of EMT's. It will likely take 12 – 18 months for this process to conclude. It is anticipated the final draft of Chapter 32 of the EMS Regulations will be presented to the state EMS Advisory Board at their meeting in November 2021 or February 2022. There will be ample time for written and public comment on the proposed regulations.</p> <p><b>Access to Emergency Medications Act (2017). DEA/BoP/OEMS Task Force.</b> OEMS continues to wait for final rules from the DEA pertaining to medications utilized by EMS personnel. In the interim, the Task Force continues to meet and discussions with BoP have resulted in a Guidance Document that will be released shortly to EMS agencies explaining that models described in the document are the only legally acceptable models for obtaining medications for use in the field. In all cases, EMS agencies</p>	

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<p><b>VI. Legislative Actions in the 2020 &amp; 2021 Sessions of the Virginia General Assembly</b></p>	<p>must possess one of two specific types of Controlled Substance Registration (CSR) certificates in order to administer medications to patients in the field.</p> <p><b>SB-301</b> came out of Patrick County when Pioneer hospital closed. Legislation passed last year to help get facility opened, but locating an entity to purchase the hospital was unsuccessful. Hospitals complained to Senator William Stanley, Jr. that patients were transported to the ED that did not require their services. Bill requires the Board of Health to develop regulations for when emergency medical services agencies in medically underserved areas as defined by the Board may transport patients to 24-hour urgent care facilities or appropriate medical care facilities other than hospitals. Many health care providers are entering the urgent care business. There are no known 24-hour urgent care facilities. The regulations shall include provisions for what constitutes a medically underserved area, cases appropriate for transferring a patient to a medical facility other than a hospital, and other information deemed relevant by the Board. A mechanism for allowing the provisions in this Bill already exist and no work has been completed on developing or amending regulations at this time.</p> <p><b>SB-386</b> –EMS Data Sharing Agreement. Authorizes the State Health Commissioner to disclose certain confidential data in the Emergency Medical Services Patient Care Information System. VDH Data Governance Committee is currently reviewing how data can be shared.</p> <p><b>HB-1332</b> – Telehealth Plan. Directs the Board of Health to develop and implement, by January 1, 2021, and thereafter maintain as a component of the State Health Plan a <u>Statewide Telehealth Plan</u>. The Virginia Department of Health pulled together a working group to aide in the development of the State Telehealth Plan (STHP) as outlined in HB1332 (Kilgore) that directs the Board of Health to develop and implement, by January 1, 2021, and thereafter maintain as a component of the State Health Plan, a Statewide Telehealth Plan (the Plan) to promote an integrated approach to the introduction and use of telehealth services and telemedicine services in the Commonwealth.</p> <p>Deadline extended to March 1, 2021. Draft of plan released January 20, 2021. VDH Executive Leadership reviewed in February 4, 2021. Plan submitted to General Assembly in March 2021.</p> <p><a href="https://www.vdh.virginia.gov/content/uploads/sites/4/2021/06/2-4-2021-Framework-for-the-State-Telehealth-Plan_Aproved.pdf">https://www.vdh.virginia.gov/content/uploads/sites/4/2021/06/2-4-2021-Framework-for-the-State-Telehealth-Plan_Aproved.pdf</a></p> <p>At the direction of the Health Commissioner, the internal VDH Telehealth Plan Workgroup has begun preparations to create the Telehealth Advisory Workgroup.</p>	

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	<p><b>HB 661</b> - Direct the Secretaries of Health and Human Resources and Public Safety to establish a work group to develop a plan to improve the Commonwealth's response to <u>exposure-prone incidents</u> involving law-enforcement officers, firefighters, and emergency medical services providers</p> <p>Bit.ly/PSExposureControlPrevention</p> <p>Public Safety Control and Prevention Website established to improve Commonwealth's response to exposure-prone incidents involving public safety personnel and to unify exposure control and prevention plans, guidance and resources.</p> <p>Web site includes:</p> <ul style="list-style-type: none"> <li>*Information and resources for exposure control and prevention</li> <li>*An Exposure Determination Tool to help public safety determine if they were exposed to an infectious disease while on the job.</li> <li>*Guidance for developing Exposure Control Plans</li> <li>*Information on Designated Infection Control Officer (DICO) training</li> <li>*Information about vaccines and recommendations for public safety personnel</li> </ul> <p><b>HB 664 -Exposure to a decedent's body fluids; testing.</b> Provides that, in cases in which any law-enforcement officer, salaried or volunteer firefighter, or salaried or volunteer EMS provider is directly exposed to body fluids of a deceased person in a manner that may, according to the then current guidelines of the Centers for Disease Control and Prevention, transmit human immunodeficiency virus or hepatitis B or C viruses, the next of kin of the deceased person shall be deemed to have consented to testing of the decedent's blood for infection with human immunodeficiency virus or hepatitis B or C viruses and release of such test results to the person who was exposed. Under current law, whenever a law-enforcement officer, salaried or volunteer firefighter, or salaried or volunteer EMS provider is directly exposed to body fluids of a deceased person in a manner that may, according to the then current guidelines of the Centers for Disease Control and Prevention, transmit human immunodeficiency virus or hepatitis B or C viruses, consent for testing and release of the results must be obtained from the next of kin of the deceased person before testing may be initiated. Work is ongoing concerning the provisions of this bill.</p> <p><b>HB 727</b> – PSAP dispatchers; telecommunicator cardiopulmonary resuscitation; Emergency Medical Dispatch education program. Amends the Code of Virginia by adding a section numbered 56-484.16:1, relating to E-911 dispatchers; <u>training in telecommunicator cardiopulmonary resuscitation and emergency medical dispatch</u></p>	

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	<p>On April 10, 2020, Governor Northam signed HB727 into law which requires all Public Safety Answering Points (PSAP's) to implement TCPR by January 1, 2022. This requirement is located in the Code of Virginia § 56-484.16:1, and also requires OEMS to adopt standards for training and equipment required for the provision of TCPR by July 1, 2021.</p> <p>TCPR Training Standards. TCPR training programs shall ensure the delivery of high-quality cardiopulmonary resuscitation instruction for acute events requiring cardiopulmonary resuscitation by trained dispatchers. The Office of EMS created the following training standards for any TCPR class utilized to meet the requirements set forth by the Code of Virginia <a href="#">§56.484.16:1</a>.</p> <p>PSAPs are required to maintain CPR certification for all dispatchers that include, at a minimum, the following elements: Adult CPR, Child CPR, Infant CPR, AED utilization</p> <p>PSAPs are also required to provide initial TCPR training for all dispatchers that teaches, at a minimum, the following objectives:</p> <ol style="list-style-type: none"> <li>a. Overview of Telecommunicator CPR</li> <li>b. Recognition protocols for Out-of-Hospital Cardiac Arrest (OHCA)</li> <li>c. Steps in performing a consciousness assessment</li> <li>d. Steps in performing a breathing assessment</li> <li>e. Recognition of ineffective or agonal breathing</li> <li>f. How to deliver effective cardiopulmonary resuscitation instructions for callers</li> </ol> <p>PSAPs that implement and maintain EMD protocols and training by OEMS recognized emergency dispatch training organizations or emergency communications center agencies that meets or exceeds OEMS standards referenced in the previous paragraph will be considered to have met this training requirement.</p> <p>OEMS has published these training standards on our website, which can be found at the following here: <a href="https://www.vdh.virginia.gov/emergency-medical-services/telecommunicator-cpr-tcpr-implementation/">https://www.vdh.virginia.gov/emergency-medical-services/telecommunicator-cpr-tcpr-implementation/</a></p> <p><b>HB 2333 / SB 1445</b> (2021) COVID-19; administration of vaccine. Requires the Department of Health (the Department) to establish a program to enable eligible health care providers to volunteer to administer the COVID-19 vaccine to residents of the Commonwealth during a state of emergency related to the COVID-19 pandemic declared by the Governor. The bill defines “eligible health care</p>	

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	<p>provider” and provides that the program shall include (i) a process by which an eligible health care provider may register to participate in the program and (ii) the training requirements for participating eligible health care providers related to the administration of the COVID-19 vaccine. The bill specifies requirements for each site at which COVID-19 vaccinations are administered by eligible health care providers. The bill also requires the Department to establish a process by which entities may volunteer their facilities as sites at which the COVID19 vaccine may be administered to residents of the Commonwealth. The bill permits a public institution of higher education or a private institution of higher education in the Commonwealth to volunteer to provide assistance to the Department and local health departments for data processing, analytics, and program development related to the COVID19 vaccine through the use of its employees, students, technology, and facilities. The bill also permits localities with fire departments, emergency medical services departments, and volunteer rescue squads to establish and staff vaccine administration clinics. The bill provides civil and criminal immunity to individuals and professional entities acting pursuant to the bill and contains an emergency clause. (Patrons: Bagby and Dunnivant). The provisions of this bill have expired with the Governor’s Executive Orders.</p> <p>Mr. Byron Andrews asked if there was any way we could determine the number of vaccines administered by EMS personnel. This information is potentially available through the Virginia Immunization Information System (VIIS).</p> <p>Mr. Brown added that EMS personnel were frequently praised by local health district (LHD) personnel during VDH’s weekly Agency Forum for their role in response to the pandemic.</p> <p><b><u>HB 1989</u></b> (2021) Public health emergency; emergency medical services agencies, realtime access to information. Adds § 32.1-48.001 to the Code of Virginia to direct the Department of Health to develop and implement a system for sharing information regarding confirmed cases of communicable diseases of public health threat with emergency medical services agencies in real time during a declared public health emergency related to a communicable disease of public health threat and with the Emergency Medical Services Advisory Board and regional emergency medical services councils upon request, in order to protect the health and safety of emergency medical services personnel and the public. The provisions of the bill will not become effective unless the Centers for Disease Control and Prevention approves a grant to the Commonwealth that is sufficient to cover the costs of establishing and implementing the information-sharing system created by the bill. The Department is directed to apply for such funding and report to the Governor and the General Assembly on the outcome of such application. (Patron: Aird)</p> <p><b><u>HB 5048 / SB 5081</u></b> (2021) Outbreaks of communicable disease of public health threat; posting of information about cases. Adds § 32.1-37.01 to the Code of Virginia to require the Department of Health</p>	

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	<p>to make information about outbreaks of communicable diseases of public health threat at any medical care facility, residential or day program, service or facility licensed or operated by any agency of the Commonwealth, school, or summer camp currently required to report an outbreak of a communicable disease to the Department available to the public on a website maintained by the Department. Such information shall include the name of the place at which the outbreak has occurred and the number of confirmed cases of and deaths resulting from such communicable disease reported by each such place. This bill contains an emergency clause. (Patrons: Sickles and Barker) [2020 Special Session].</p> <p><b>2021 Special Session II.</b> Two main reasons for special session.</p> <ol style="list-style-type: none"> <li>1) Allocate <b>American Rescue Plan Act (ARPA)</b> \$4.3B Federal Relief Fund. VDH request is for \$290M. Appropriated by Congress for 4 years.</li> </ol> <p>HB7001 Bill appropriates money for 1 year. Governor’s biennial budget (FY2022-2023) must request on going funding. Quarterly progress reports due.</p> <p><i>\$8,000,000 to the <b>Department of Health</b> (601) to address <b>broadband connectivity and network infrastructure issues at local health departments</b>. The department shall communicate a detailed plan and implementation schedule to the Governor, the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, and the Director of the Department of Planning and Budget by September 30, 2021. Additionally, the department shall report quarterly to the Governor, the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, and the Director of the Department of Planning and Budget on progress made, with the first progress report to be delivered not later than December 31, 2021.</i></p> <p><i>\$10,000,000 to the <b>Department of Health</b> (601) for the <b>procurement and deployment of an electronic health records system</b>. The department shall communicate a detailed plan and implementation schedule to the Governor, the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, and the Director of the Department of Planning and Budget by September 30, 2021. Additionally, the department shall report quarterly to the Governor, the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, and the Director of the Department of Planning and Budget on progress made, with the first progress report to be delivered not later than December 31, 2021.</i></p>	



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	<p>\$30,000,000 to the <b>Department of Health</b> (601) to <b>target core building upgrades at local health departments to mitigate the impact of infrastructure that hinders the agency's ability to reach and serve at-risk communities</b>. The department shall communicate a detailed plan and implementation schedule to the Governor, the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, and the Director of the Department of Planning and Budget by September 30, 2021. Additionally, the department shall report quarterly to the Governor, the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, and the Director of the Department of Planning and Budget on progress made, with the first progress report to be delivered not later than December 31, 2021.</p> <p>\$10,000,000 to the <b>Department of Health</b> (601) for the <b>modernization of administrative systems and software in order to create response capacity during future emergencies</b>. The department shall communicate a detailed plan and implementation schedule to the Governor, the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, and the Director of the Department of Planning and Budget by September 30, 2021. Additionally, the department shall report quarterly to the Governor, the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, and the Director of the Department of Planning and Budget on progress made, with the first progress report to be delivered not later than December 31, 2021.</p> <p>\$1,000,000 to the <b>Department of Health</b> (601) for the <b>creation of a Public Oral Health Taskforce aimed at strengthening public oral health and improving patient outcomes and experiences</b>.</p> <p>\$10,000,000 to the <b>Department of Health</b> (601) for a <b>records management system that will digitize and automate records processes</b>. The department shall communicate a detailed plan and implementation schedule to the Governor, the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, and the Director of the Department of Planning and Budget by September 30, 2021. Additionally, the department shall report quarterly to the Governor, the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, and the Director of the Department of Planning and Budget on progress made, with the first progress report to be delivered not later than December 31, 2021.</p>	



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	<p><i>\$20,000,000 to the Department of Health (601) to provide targeted community outreach in difficult to reach communities harmed by COVID-19.</i></p> <p>2) Appoint eight (8) judges to the Court of Appeals</p>	
<b>VI. Unfinished Business</b>	None.	
<b>VII. New Business</b>	<p>Mr. Samuels will review the composition of the L&amp;P Committee for individual and organizational representation as well as any term limits. If term limits are assigned, they must be staggered in order to avoid the entire membership of the committee changing at one time.</p> <p>Mr. Ed Rhodes inquired about Mr. Rob Logan remaining on the committee in an emeritus position representing the designated regional EMS Councils. The Bylaws of the state EMS Advisory Board and its committee do not prevent individuals from serving in an emeritus position.</p> <p>Mr. Brown reminded the committee members of the Bylaws for the state EMS Advisory Board and its committees.</p> <p>Section E. Committee Management</p> <p>The Chair of each committee will be elected from the membership of the Advisory Board, unless otherwise specified in the Code of Virginia. <i>The members of the committees and subcommittees may be appointed from among the board members or from other qualified citizens of the Commonwealth of Virginia, unless otherwise specified in the Code of Virginia.</i></p> <ol style="list-style-type: none"> <li>1. The Chair of each committee, in consultation with his/her Coordinator and the approval of the Executive Committee, will annually appoint the membership of the committee. Consideration shall be given to diverse geographic representation from the entire state, to inclusion of the system’s stakeholders, and to the continuity of the committee. Alternates are not permitted. <ol style="list-style-type: none"> <li>a. Trauma System Committee Structure <ol style="list-style-type: none"> <li>i. The EMS Advisory Board’s Trauma System Coordinator (TSC) will serve as chair of the Trauma Administrative and Governance Committee;</li> <li>ii. Chairs of the Trauma System Committees will be appointed by the TSC;</li> <li>iii. The TSC will ensure that all committees have fair and equal representation from Trauma System stakeholders;</li> </ol> </li> </ol> </li> </ol>	<p><b>Chair Gary Samuels and Mr. Winston will review the composition of the L&amp;P Committee and report back to the membership at their next meeting.</b></p>

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	<ul style="list-style-type: none"> <li>iv. The chair of the System Improvement Committee (SIC) shall serve a 3-year term with a limit of two consecutive terms;</li> <li>v. The chairs of the trauma system committees (except TAG and SIC) will serve either 2-year or 3-year terms with a limit of two consecutive terms:</li> </ul> <p>The following committee chairs will serve 3-year terms:</p> <ul style="list-style-type: none"> <li>a. Acute Care</li> <li>b. Post-Acute</li> </ul> <p>The following committee chairs will serve 2-year terms:</p> <ul style="list-style-type: none"> <li>c. Injury &amp; Violence Prevention</li> <li>d. Prehospital</li> <li>e. Emergency Preparedness and Response</li> </ul> <ul style="list-style-type: none"> <li>b. The members of each committee will serve alternating 2-year and 3- year terms with a limit of two consecutive terms with no more than 50% committee members (i.e., 7 members) rotating at the end of a term. The chair of each committee will submit the name and position of the rotating members and the proposed incoming members to the TSC for consideration and approval.</li> </ul> <ol style="list-style-type: none"> <li>2. The Chair of each committee, in consultation with his/her Coordinator, shall make recommendations on committee organizational structure to the Executive Committee for approval.</li> <li>3. The chair of a committee may appoint subcommittees to accomplish the work of the committee.</li> <li>4. The committee Chair is responsible for maintaining minutes and an attendance roster for each meeting, and forwarding them to the OEMS following the meeting.</li> <li>5. Committee membership will be limited to ten (10) members unless approved by the Executive Committee or stipulated in the Code of Virginia.</li> <li>6. In general, all issues brought before the Advisory Board will be referred to the appropriate committee for review and recommendation before the Executive Committee and/or Advisory Board will take action.</li> <li>7. The Chair will pay special attention to minimize the financial obligations of the Commonwealth to support the activities of the committee.</li> <li>8. The Chair of each committee will submit a report of the prior fiscal year’s activities to the Vice-Chair at the end of each fiscal year.</li> </ol>	
<b>VIII. Public Comment</b>	Chair Gary Samuels asked if there was any public comment, and there was none.	

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<b>XI. Adjourn</b>	Chair Gary Samuels made a motion to adjourn at 9:40 am. The committee approved.  The next meeting of the L&P Committee will be on Friday, November 12. Time of meeting TBD.	<b>Chair Gary Samuels made a motion to adjourn at 9:40 am. The committee approved the motion.</b>