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VIRGINIA DEPARTMENT OF HEALTH
STATE EMS ADVISORY BOARD MEETING

FRIDAY, MARCH 11, 2022
9:59 A.M.

EMBASSY SUITES BY HILTON RICHMOND
2925 EMERYWOOD PARKWAY
RICHMOND, VIRGINIA 23294

2	<p>1 APPEARANCES</p> <p>2 STATE EMS ADVISORY BOARD COMMITTEE MEMBERS:</p> <p>3 KEVIN DILLARD, BOARD CHAIR</p> <p>4 VALERIE QUICK, VICE CHAIR</p> <p>5 SCOTT WINSTON, ASSISTANT DIRECTOR</p> <p>6 KRISTA SAMUELS, ASSISTANT ATTORNEY GENERAL</p> <p>7 BILL STREETT, LORD FAIRFAX EMS COUNCIL</p> <p>8 REBECCA BRANCH GRIFFIN, PH.D, CONSUMER</p> <p>9 JEREMIAH O'SHEA, M.D., VIRGINIA HOSPITAL AND</p> <p>10 HEALTHCARE ASSOCIATION</p> <p>11 SADIE JO THURMAN, PENINSULAS EMS COUNCIL</p> <p>12 JOSEPH WILLIAMS, RAPPAHANNOCK EMS COUNCIL</p> <p>13 BETH ADAMS - NORTHERN VIRGINIA EMS COUNCIL</p> <p>14 JOHN C. BOLLING - SOUTHWEST VIRGINIA EMS COUNCIL</p> <p>15 THE HONORABLE GARY WAYNE TANNER, VIRGINIA</p> <p>16 ASSOCIATION OF COUNTIES</p> <p>17 LISA SIMBA, VIRGINIA FIRE CHIEF'S ASSOCIATION</p> <p>18 MARLON MATTHEW RICKMAN, WESTERN VIRGINIA EMS</p> <p>19 COUNCIL</p> <p>20 ANGELA P. FERGUSON, OLD DOMINION EMS COUNCIL</p> <p>21 DREAMA CHANDLER, VIRGINIA ASSOCIATION OF</p> <p>22 VOLUNTEER RESQUE SQUADS</p> <p>23 DILLARD "EDDIE" FERGUSON, INFRASTRUCTURE</p> <p>24 COODINATOR, TRANSPORTATION COMMITTE REPORT</p> <p>25 GARY SAMUELS, VIRGINIA PROFESSIONAL FIRE</p>	4
3	<p>1 FIGHTERS/IAFF</p> <p>2 DR. ALLEN YEE, VIRGINIA COLLEGE OF EMERGENCY</p> <p>3 PHYSICIANS</p> <p>4 BRYAN RUSH, VIRGINIA MUNICIPAL LEAGUE</p> <p>5 DANIEL NORVILLE, VIRGINIA ASSOCIATION OF</p> <p>6 GOVERNMENTAL EMS ADMINISTRATORS</p> <p>7 KIM CRAIG, VIRGINIA ASSOCIATION OF VOLUNTEER</p> <p>8 RESCUE SQUADS</p> <p>9 MATTHEW LAWLER, CENTRAL SHENANDOAH EMS</p> <p>10 COUNCIL</p> <p>11 SONNY SAXTON, ASSOCIATED PUBLIC SAFETY</p> <p>12 COMMUNICATIONS OFFICIALS</p> <p>13 R. JASON FERGUSON, BLUE RIDGE EMS COUNCIL</p> <p>14 PATRICK MCLAUGHLIN, M.D., M.S., AMERICAN ACADEMY</p> <p>15 OF PEDIATRICS</p> <p>16 ADAM HARRELL, ASSOCIATE DIRECTOR OEMS</p> <p>17 ROBERT W. HICKS, DEPUTY COMMISSIONER</p> <p>18 GARY R. BROWN, DIRECTOR OEMS</p> <p>19</p> <p>20 APPEARANCES</p> <p>21 DAVID P. EDWARDS, OEMS - CHATR - EMSC</p> <p>22 KELSEY RIDEOUT, OEMS - REMS</p> <p>23 WAYNE PERRY, REMS</p> <p>24 BRANDON TRUMAN, VALLEY MEDICAL TRANSPORT</p> <p>25 CHARLES FEIRING, CS EMS</p>	5
<p>1 TRACEY MCLAURIN, LFEMS</p> <p>2 STEPHEN PINCUS, PEMS</p> <p>3 ED RHODES, VAVRS</p> <p>4 BARRY MCDONALD, VAVRS</p> <p>5 MONTY DIXON, HENRICO FIRE</p> <p>6 WANDA STREET, OEMS</p> <p>7 MOHAMED ABBAMIN, OEMS</p> <p>8 SAM BURNETTE, OEMS</p> <p>9 CHRIS VERNOVAI, OEMS</p> <p>10 KAREN OWENS, OEMS</p> <p>11 CAMELA CRITTENDEN, OEMS</p> <p>12 RON PASSMORE, OEMS</p> <p>13 DEBBIE AKERS, OEMS</p> <p>14 CHAD BLOSSER, OEMS</p> <p>15 LUKE PARKER, OEMS</p> <p>16 GINA BARBER, VCU</p> <p>17 HANNAH LYONS, OEMS</p> <p>18 RD PEPPY WINCHEL, TJEMS</p> <p>19 DANIEL LINKINS, CSEMS</p> <p>20 CODY JACKSON, MED-TRANS CORP</p> <p>21 MARIAN HUNTER, OEMS</p> <p>22 MINDY CARTER, OEMS</p> <p>23 DALLAS TAYLOR, HCA CAPITAL DIVISION</p> <p>24 MEGAN MIDDLETON, LVRS</p> <p>25 L. JOSEPH TRIGG, WVEMS</p>		



6	<p>1 VIRGINIA DEPARTMENT OF HEALTH 2 STATE EMS ADVISORY BOARD MEETING 3 FRIDAY, MARCH 11, 2022 4 9:59 A.M. 5 (WHEREUPON, the meeting of the Virginia 6 Department of Health/State Emergency Medical 7 Services Advisory Board was called to order at 8 9:59 a.m.) 9 CHAIR DILLARD: Okay, good morning 10 everybody, I'd like to go ahead and call the 11 meeting to order of the State EMS Advisory Board. 12 At this time I'm going to call on the Vice Chair 13 Valerie Quick to lead us in the Pledge of 14 Allegiance. 15 VICE CHAIR QUICK: I pledge 16 allegiance to the flag of the United States of 17 America, and to the Republic for which it stands, 18 one nation, under God, indivisible, with liberty 19 and justice for all. 20 CHAIR DILLARD: Okay, the minutes 21 from the November 12th meeting were sent out to 22 all of the Board Members, I will entertain a 23 motion at this time for approval. 24 MR. BOLLING: So moved. 25 CHAIR DILLARD: I have a motion,</p>	8
7	<p>1 do we have a second? 2 MR. WINSTON: Second. 3 CHAIR DILLARD: Motion and a 4 second, any discussion? 5 ATTENDEES: (No audible response.) 6 CHAIR DILLARD: All in favor, 7 signify by saying aye. 8 ATTENDEES: Aye. 9 CHAIR DILLARD: Any opposed, same 10 sign? 11 ATTENDEES: (No audible response.) 12 CHAIR DILLARD: The motion 13 carries. We also need to approve the agenda for 14 today's meeting that was sent out, I would 15 entertain a motion for approval. 16 BOARD MEMBER: So moved. 17 CHAIR DILLARD: Okay, we have a 18 motion, do we have a... 19 BOARD MEMBER: Second. 20 CHAIR DILLARD: We have a motion 21 and a second, discussion? 22 ATTENDEES: (No audible response.) 23 CHAIR DILLARD: All in favor, 24 signify by saying aye. 25 ATTENDEES: Aye.</p>	9
6	<p>1 CHAIR DILLARD: Any opposed, same 2 sign? 3 ATTENDEES: (No audible response.) 4 CHAIR DILLARD: The motion 5 carries. Okay, we'll start off with the 6 Chairman's report. I would like to welcome 7 everybody to our first quarter EMS Advisory Board 8 Meeting. As you know, this meeting is scheduled 9 from our original February 4th date that we 10 postponed until today due to the high positivity 11 rates of Covid we were experiencing, and the 12 immense strains that was putting on our EMS 13 system and on the hospitals, so I want to thank 14 each and every one of you for your understanding 15 and being supportive of this change. 16 We have at least one new Board 17 Member here today, so I would like to go around 18 the table and ask everybody to introduce 19 themselves for the new people's benefit, so I'll 20 start up here with me and we'll go to the left. 21 So I'm Kevin Dillard, I'm the Chair, and I 22 represent the Virginia Ambulance Association. 23 VICE CHAIR QUICK: I'm Valerie 24 Quick, I'm the Vice Chair, I represent the Thomas 25 Jefferson EMS Council.</p>	8
7	<p>1 MR. WINSTON: Scott Winston, 2 Assistant Director of the Virginia Department of 3 Health, Office of EMS. 4 MS. SAMUELS: Krista Samuels, from 5 the Attorney General's Office, I am the attorney 6 for the Office of EMS. 7 MR. STRETT: Bill Strett, I 8 represent Lord Fairfax EMS Council. 9 MS. BRANCH GRIFFIN: Rebecca 10 Branch Griffin, I'm looking to see what, retired 11 nurse practitioner. 12 DR. O'SHEA: Good morning, Jake 13 O'Shea, I'm the Regional Chief Medical Officer 14 for HDA Healthcare here representing the Virginia 15 Hospital & Healthcare Association. 16 MS. THURMAN: Sadie Thurman, 17 representing Peninsula's EMS Council. 18 MR. WILLIAMS: Joseph Williams, 19 representing the Rappahannock EMS Council. 20 MS. ADAMS: Beth Adams, 21 representing Northern Virginia EMS Council. 22 MR. BOLLING: J. C. Bolling, 23 representing Southwest Virginia EMS Council. 24 MR. TANNER: Gary Tanner, I'm 25 representing VACO.</p>	9



10	<p>1 MS. SIMBA: Lisa Simba, 2 representing Virginia Fire Chiefs Association. 3 MR. RICKMAN: Matt Rickman, 4 representing Western Virginia EMS Council. 5 MS. FERGUSON: Angela Ferguson, 6 representing Old Dominion EMS Council. 7 MS. CHANDLER: Dreama Chandler, 8 representing the Virginia Association of 9 Volunteer Rescue Squads. 10 MR. E. FERGUSON: Eddie Ferguson, 11 representing the Virginia State Firefighters 12 Association. 13 MR. SAMUELS: Gary Samuels, 14 representing the Virginia Professional 15 Firefighters Association. 16 DR. YEE: Allen Yee, representing 17 Virginia College of Emergency Physicians. 18 MR. RUSH: Bryan Rush, 19 representing Virginia Municipal League. 20 MR. NORVILLE: Dan Norville, of 21 Virginia Association of EMS Administrators. 22 MS. CRAIG: Kim Craig, Virginia 23 Association of Volunteer Rescue Squads. 24 MR. LAWLER: Matt Lawler, 25 representing the Central Shenandoah EMS Council.</p>	12	<p>1 invasion. The next thing I have is, we did 2 receive a letter of resignation from one of the 3 Board Members, Tom Schwalenberg, he made that 4 effective March the 7th, and he's accepted a job 5 offer in North Carolina, so he's not eligible to 6 continue to serve. So he did serve as the Chair 7 of our Emergency Management Committee, and he 8 will need to be replaced by the Governor when he 9 decides to do so. And then today after our 10 meeting, I want to remind everybody we're going 11 to have the orientation for the seven new Board 12 Members, and if any of the current Board Members 13 would like to sit in on that, you're certainly 14 welcome to do so also. And that concludes the 15 Chairman's report. We will call on Vice Chair 16 Valerie Quick. 17 VICE CHAIR QUICK: I have no 18 report at this time. 19 CHAIR DILLARD: Thank you, 20 Valerie. Deputy Commissioner, Mr. Bob Hicks. 21 DEPUTY COMMISSIONER HICKS: I 22 don't have a real formal report today, I was 23 hoping to bring our acting State Health 24 Commissioner with us today, but it was on his 25 schedule and then the administration changed his</p>
11	<p>1 MR. SAXTON: Sonny Saxton, 2 representing the Association of Public Safety 3 Communications Officials. 4 MR. R. J. FERGUSON: Jason 5 Ferguson, representing the BREMS Council. 6 DR. MCLAUGHLIN: Morning, Pat 7 McLaughlin, representing the Emergency Medical 8 Services for Children. 9 MR. HARRELL: Adam Harrell, 10 Virginia Office of EMS. 11 DEPUTY COMMISSIONER HICKS: Bob 12 Hicks, Deputy Commissioner for Public Health and 13 Preparedness. 14 MR. BROWN: Good morning, Gary 15 Brown, Director of the Office of EMS. 16 CHAIR DILLARD: Okay, thank you 17 all. And as a reminder, we have our reporter 18 over here taking the minutes of the meeting, so 19 when you speak, if you would remember to 20 introduce yourself so she can keep track of who 21 is speaking this morning, we would appreciate 22 that. And also this morning, I would like all of 23 us to continue to keep in our thoughts the 24 Ukrainian people as they struggle to maintain 25 their democracy as they deal with the Russian</p>	13	<p>1 meeting schedule, so hopefully he will join us in 2 May when we meet again. But I do want to thank 3 you all for your service to us, and helping us 4 through some difficult times, and appreciate 5 being a part of this group. 6 CHAIR DILLARD: Okay, thank you. 7 At this time, the Office of EMS report, Gary 8 Brown. 9 MR. BROWN: Okay, thank you Mr. 10 Chairman. First of all is, as you know that for 11 the past couple of months I've been sending out 12 every Friday a Legislative grid and report on 13 legislation that's been introduced in the 14 Virginia General Assembly. Hopefully you have 15 kept up with that, and it's been helpful to you, 16 or maybe its bored you, I don't know, but anyway 17 we do that on an annual basis and try to keep you 18 engaged with what happens in the General 19 Assembly, what may impact EMS, and what could 20 eventually land here with this Board in making 21 certain decisions based on the legislative 22 outcomes. Also, we did send our quarterly report 23 on Friday, February the 4th, that was the date of 24 this original date of this meeting, and since we 25 postponed it to today, the Office of EMS wanted</p>

14	<p>1 to make sure that we did continue our quarterly 2 report on time, however, so hopefully since you 3 have had it for over a month that you've had a 4 chance to read it, and it is full of information 5 and updates on all the programs and services 6 going on in the Commonwealth and with the State 7 EMS Advisory Board. Also, just to make a plug 8 for the 2022 Virginia EMS Symposium, we are 9 keeping the call for presentations open for a 10 little bit longer, and we certainly appeal to you 11 guys, that is if there is any topic or any 12 courses you would like to have, see offered at 13 the Virginia EMS Symposium, or you know of 14 instructors, or others that you would like to 15 recommend, please go to our website and put that 16 information, even if you don't have all the 17 information you need to completely fill out the 18 call for presentations, but just put it as a 19 placeholder, or email Debbie Akers directly and 20 you can copy me if you would like, and we would 21 really like to get all of the Board Members 22 involved, especially the medical directors, Dr. 23 Yee, excuse me, but we need your offerings as 24 soon as possible, so we can round that out. 25 Debbie, I think we have maybe over seven hundred</p>	16	<p>1 monthly or a weekly summary of what the status is 2 of bills as they track through the various 3 committees of the General Assembly. And as 4 staff, we prepared legislative action summaries 5 and fiscal impact statements, and role bill 6 reviews, and these are all confidential working 7 papers of the Governor that go up through our 8 chain of command to the Administration. We were 9 fairly light this year in terms of bills that 10 were assigned to us, and the bills that we did 11 receive related primarily to telehealth, and 12 there are just a few bills I will highlight. 13 Senate Bill 170, introduced by Senator Peake, 14 very early on in the session that bill was 15 removed from the docket at the request of the 16 patron, that bill was directing the Health 17 Department to amend the Statewide Telehealth Plan 18 to require healthcare providers providing 19 telehealth services to directly contact and 20 coordinate with Emergency Services, in accordance 21 with the standard of care that it was appropriate 22 for the patient's condition, and the services 23 that were rendered during the telehealth visit. 24 This next bill is in good shape, and has been 25 signed by the Speaker of the House and the</p>
15	<p>1 call for presentations right now, but we normally 2 get at least over a thousand or so to choose 3 from, which is why the quality of the symposium 4 is so good, and we want to make sure that we're 5 offering what the system needs, and what our 6 docs, our nurses, our administrators, our 7 providers need for education and for continued 8 education. So please do that if you can. With 9 that, I will defer to Scott Winston, speaking of 10 legislation, we just had a Legislative & Planning 11 Committee meeting and since Scott is, that is his 12 wheelhouse, I've asked him to kind of give a 13 brief legislative update, so Scott? 14 MR. WINSTON: All right, thank you 15 Gary. The 2022 session of the General Assembly 16 was supposed to recess on Saturday, I'm not sure 17 that will occur. There is a, conferees talking 18 about two different versions of the budget, so 19 there may be an extension of the current session, 20 or they may recess and come back again to try to 21 get the budget approved. But during this 22 session, thousands of bills have been introduced, 23 drafted by legislative services at the request of 24 patrons, Senators, and Delegates, and we track 25 those bills, as Gary indicated, and you get a</p>	17	<p>1 President of the Senate, and is awaiting 2 signature by the Governor. And they were what 3 are called companion bills, identical bills 4 introduced in the Senate and in the House, House 5 Bill 81, and Senate Bill 436 are companion bills 6 that talk to the Statewide Telehealth Plan, and 7 directing the Board of Health to consult with the 8 Virginia Telehealth Network in amending and 9 maintaining the Statewide Telehealth Plan. And 10 it requires the Board to contract with the 11 telehealth, Virginia Telehealth Network, or 12 another Virginia-based non-governmental 13 organization based on, focused on telehealth, if 14 the Virginia Telehealth Network is no longer in 15 existence. And it provides a direct consultation 16 to advisory groups, and groups tasked by the 17 Board with implementation and data collection, 18 and then tracking and implementation of the 19 telehealth plan, and facilitating changes to the 20 telehealth plan based on accepted medical 21 practices and technologies as they evolve. The 22 next bill, you would call it the, at the November 23 Advisory Board Meeting we had a Dr. Jack Perkins 24 come who is with the Compress & Shock Foundation, 25 and he introduced a bill, House Bill, well he</p>

18	<p>1 requested the introduction of a bill, House Bill 2 874 that was introduced by Delegate Kay Kory that 3 would provide a tax credit to anyone who had 4 purchased an automated external defibrillator. 5 And it would create a one-time, individual income 6 tax credit of up to twelve hundred dollars. That 7 bill got referred to the House Committee on 8 Finance, then it was assigned to a Finance 9 subcommittee, and in that subcommittee, at a vote 10 of six to three, it was lightly laid on the 11 table, so it did not make it out of the 12 subcommittee, and therefore there is no further 13 action. But there is a substitute that was 14 introduced on the same day that it was laid on 15 the table, and essentially it's a work in 16 progress that we are at the Legislative & 17 Planning Committee endorsed the concept of 18 increasing the number of AED's available to the 19 public for use in emergency situations. And we 20 are going to be continuing to communicate with 21 Dr. Perkins about this project that he is working 22 on, and whatever we can do to assist him, we will 23 provide information and resources to him. And 24 then finally, there is Senate Bill 663, it's a 25 telemedicine services plan, it would be directing</p>	20
19	<p>1 MR. WINSTON: Not that I know of. 2 CHAIR DILLARD: You gave me that 3 look, like. So okay, thank you Scott. Just to 4 elaborate on a couple things, or one thing that 5 Scott brought up. In our quarterly report that 6 you received on February the 4th, I did place in 7 our report the proposed EMS budget, that it was 8 in the budget bill, as well as information on 9 inter-fund transfers, and also adjustments and 10 modification to fees, and also budget amendments 11 that had been introduced at that time. And we've 12 talked for years now about the Trauma Center Fund 13 and the primary revenue source for that is the 14 reinstatement of driver's licenses, and with that 15 has occurred over the past couple of years in 16 terms of eliminating a lot of reasons of why 17 driver's license have been suspended. And so 18 therefore, if they're not suspended, then they're 19 not reinstating their driver's license fees, and 20 part of those reinstatement fees came to the 21 Trauma Center Fund, so the funds have been 22 dwindling down, so we've been looking at a more 23 secure type of funding source for the Trauma 24 Center Fund. So there were two budget amendments 25 that were introduced, and both were basically</p>	21
19	<p>1 the Board of Health to amend the State plan for 2 medical assistance services that occur through 3 the Department of Medical Assistance Services, or 4 DMAS, to include a provision for the payment of 5 origination site fee for emergency medical 6 service agencies for facilitating synchronous 7 telehealth visits with distant site provider 8 delivered to a Medicaid number. The bill further 9 defines what an originating site is, and this 10 bill has reverted to its original form that was 11 introduced, because there was a substitute that 12 was accepted and was being worked on, but it 13 reverted back, and currently the bill is being 14 reviewed for its fiscal impact, and its proposed 15 impact on the general and non-general funding. 16 It has a million and a half roughly in the next 17 two fiscal years as a potential fiscal impact, so 18 that's currently being looked at, and no final 19 decision has been made. So with that, Gary, I 20 will turn it back to you. 21 MR. BROWN: Okay, thanks Scott. 22 Do you have anything else to add besides 23 legislation at this point? From? 24 MR. WINSTON: No. 25 MR. BROWN: Okay.</p>	21

22	<p>1 Federal ARPA dollars shall be distributed only to 2 those hospitals in which the number of individual 3 subject to temporary detention orders served by 4 the hospital have increased since Fiscal Year 5 2014. So that has been approved by the House. 6 On the Senate side, there was an amendment that 7 has been approved by the Senate, full Senate, and 8 it states, evidence appropriation of five million 9 dollars the first year, and five million dollars 10 the second year, from the general fund shall be 11 transferred to the Trauma Center Fund, 12 established pursuant to the 18.2-270.01 of the 13 Code of Virginia. So basically that money would 14 come into the EMS budget, but it would be 15 earmarked to be transferred out of EMS into the 16 Trauma Center Fund. Since these are two 17 different budget amendments and they are not, the 18 language is different, it has to go to a Conferee 19 Committee. I don't know whether that has 20 occurred or not, but anyway, the General Assembly 21 is due to adjourn actually tomorrow, and but we 22 do think that there is obviously a possibility 23 that the General Assembly will be brought back 24 into session to deal with budgets and amendments, 25 and things like that. So once we know what the</p>
23	<p>1 disposition of this is, obviously we will notify 2 you guys by some communique, but just wanted to 3 let you know what's going on with the efforts to 4 replenish the funds in the Trauma Center Fund. 5 So with that I will now turn to Adam Harrell, and 6 first he's got some personnel updates, and then a 7 few other items, and Adam, the floor is yours. 8 MR. HARRELL: All right, thank you 9 Gary. So as far as personnel updates go, the 10 first one I would like to do is introduce Mohamed 11 Abbamin, Mohamed, if you would stand up? 12 Mohamed comes to us as a senior 13 policy analyst, he has a history of working with, 14 he worked for quite a while with the Department 15 of Fire Programs as their policy analyst, as well 16 as a member of Congress, so we are very excited 17 to have Mo with us and we've already started 18 putting him to work. Everybody, when you get an 19 opportunity, say hello to Mohamed. 20 The next one is another policy 21 analyst position, this specific position is going 22 to focus on compliance with some of the funding 23 programs with EMS, so these are the Return to 24 Locality Programs, RSAF grants, scholarship 25 programs, insuring that they are in compliance</p>
24	<p>1 with code, regulation, and policy. So that 2 individual is Keith Roberts, Mr. Roberts, if you 3 would stand please. Many of you may recognize 4 Mr. Roberts, he was with us for quite some time 5 as our HR analyst with OEMS, he transitioned to a 6 Shared Business Service model, and then has come 7 back to us. So if you get the opportunity, say 8 hello to Keith introduce yourself because, you 9 know, he will be, like I said, interacting with 10 agencies, localities, hospitals, et cetera. 11 The last one, and I don't think 12 he's here, is Dave Thomas. Dave is our new fleet 13 and logistic administrator, he comes in to the 14 position that was previously occupied by Frank 15 Cheatham. So if you weren't aware, Frank retired 16 at the end of last year, so Dave Thomas, he's 17 been working with us for quite a few years in a 18 contract position, but prior to that he worked 19 with the Department of Correctional Enterprises, 20 in their furniture and hard piece goods services 21 division, not as an inmate, so. 22 Other than that there are some 23 other personnel with, under other groups, I know 24 Wayne, do you want to introduce your new 25 employee?</p>
25	<p>1 MR. WAYNE: Sure. Ms. Kelsey 2 Rideout, she's out new performance improvement 3 specialist for the Rappahannock office. 4 MR. HARRELL: And Dan, you had a 5 new staff member start as well, didn't you? I 6 don't know if he's here. 7 MR. NORVILLE: Charles Feiring, 8 he's our technical resource specialist. 9 REPORTER: I can't hear, I'm so 10 sorry. 11 MR. NORVILLE: Charles Feiring is 12 our technical resource specialist with the 13 Shenandoah region, and who also couldn't be here 14 today, but Laurie Cook is our administrative 15 staff specialist. 16 MR. HARRELL: I don't think I've 17 missed any other new staff, if I have please yell 18 at me. 19 MR. BROWN: Adam, if I may say, I 20 think it's nice that Keith has his own fan club 21 that he pays to applaud, so you know, he's 22 starting off pretty good, maybe we're already 23 paying him too much. 24 MR. HARRELL: All right, so the 25 next thing I have for you all is, and you have a</p>



26	<p>1 draft of it in front of you, is an electronic 2 meeting participation policy. 3 So this has been discussed quite a 4 bit since the onset of Covid, there have been a 5 lot of requests, so this comes from a draft 6 document that came from Joe Hilbert, who is our 7 Deputy Commissioner for Policy & Governmental 8 Affairs within VDH. And this comes from a lot of 9 research associated with Joe, with the FOIA 10 Council, with the AG's Office, and as you look 11 through this, and I will have to give credit 12 where credit is due, I just stole Joe's document 13 and changed the names. But it is scenario-based, 14 so as you read through this and take a look at 15 this, it outlines specific scenarios and specific 16 situations that allow for public bodies, or 17 public boards such as this, to meet 18 electronically. This also has the potential to 19 include our committees, should this Board so feel 20 that this policy should apply to all of the 21 committees under the Advisory Board as well. 22 When you look at this, again, this 23 outlines really the only legal options that we 24 have to be compliant with FOIA, while also 25 offering some type of electronic participation</p>
27	<p>1 meetings. So with that, it will need to be 2 adopted by this group, and this is a policy, I 3 drafted this, but Mohamed will be handling this 4 moving forward. Because of the nature of a 5 policy such as this, it will have to be reviewed 6 and renewed annually by this group, because it's 7 impacted by things such as the Appropriations 8 Act, by the Budget Bill language, et cetera, so 9 this is not something you'll see today and you'll 10 never see again. As things happen and special 11 sessions occur, as anything like that occurs, we 12 have to modify this policy so that it addresses 13 those situations. 14 CHAIR DILLARD: All right, thank 15 you Adam. So this is being presented today for 16 approval by the Board as the Electronic Meeting 17 Participation Policy, so I will entertain a 18 motion at this time, or we have any discussion? 19 DR. YEE: Motion. 20 CHAIR DILLARD: Okay, we have a 21 motion by Dr. Yee. 22 MR. SAMUELS: Second, Gary 23 Samuels. 24 CHAIR DILLARD: Second by Gary 25 Samuels. Okay, I open the floor for discussion</p>
28	<p>1 or questions. 2 DR. O'SHEA: Mr. Chair, a 3 question. Jake O'Shea. Has this been circulated 4 to the Board, or reviewed by any Committees to 5 the Board before presenting to us today? 6 MR. HARRELL: No, it has not. 7 Like I said, this came and got specific guidance, 8 so there's not a lot of option for interpretation 9 or addition or deletion, and I can defer to Ms. 10 Samuels as our AG rep on that. This was brought 11 in as kind of a lump sum, at this point really 12 the only things that could be adjusted is you can 13 have actually take away scenarios that the Board 14 doesn't want to entertain, or not include the 15 committees in this, but as far as the actual 16 specificity on how it has to occur, how the 17 approvals have to occur, that's all Code 18 language, we can't adjust that. 19 DR. O'SHEA: I just personally 20 have hesitation to vote to approve a policy that 21 I haven't had a chance to review, or hasn't gone 22 through a committee, it's just there is no chance 23 to question. Thank you. 24 CHAIR DILLARD: Okay, any other 25 comments or questions?</p>
29	<p>1 MS. ADAMS: Beth Adams, I agree 2 with Jake. It's hard, I under, I'm a hundred 3 percent in support of electronic meetings 4 wherever possible, and that said, I would like to 5 be able to read the document in its entirety 6 before having to vote on it. And who was the 7 origin source? 8 MR. HARRELL: This came from Joe 9 Hilbert, our Deputy Commissioner for Governmental 10 Affairs & Public Policy, as well as the Attorney 11 General's Office, he got this through 12 consultation with them. 13 CHAIR DILLARD: So, Dr. O'Shea, in 14 response to your comment, would you like to make 15 a subjective motion maybe to refer to the 16 Executive Committee, and then they could vet it, 17 and get the information back out for the next 18 Board meeting. 19 DR. O'SHEA: That sounds great. 20 Well I mean, I would recommend that we refer this 21 to the Executive Committee to give a formal 22 opinion back to the Board prior to or at the next 23 Board meeting. 24 CHAIR DILLARD: Okay, do I have a 25 second to that?</p>



30	<p>1 BOARD MEMBER: Second.</p> <p>2 CHAIR DILLARD: Okay, we have a</p> <p>3 motion and a second that we refer this document</p> <p>4 to the Executive Committee for review, and then</p> <p>5 bring back a recommendation to the full Board.</p> <p>6 Any discussion?</p> <p>7 ATTENDEES: (No audible response.)</p> <p>8 CHAIR DILLARD: All in favor,</p> <p>9 signify by saying aye.</p> <p>10 ATTENDEES: Aye.</p> <p>11 CHAIR DILLARD: Any opposed, same</p> <p>12 sign?</p> <p>13 ATTENDEES: (No audible response.)</p> <p>14 CHAIR DILLARD: Then the motion</p> <p>15 carries.</p> <p>16 MR. HARRELL: All right, the last</p> <p>17 thing that I have and I would like the Hannah</p> <p>18 Lyons if you could come up, Hannah is going to</p> <p>19 work and present on behalf of the chatter</p> <p>20 division the work that's been performed by the</p> <p>21 VCU Performance Management Group.</p> <p>22 MS. LYONS: Can everyone hear me?</p> <p>23 ATTENDEES: No.</p> <p>24 MR. HARRELL: Nope. Come on up.</p> <p>25 MS. LYONS: It has been about ten</p>	32	<p>1 what we present this morning, please feel free to</p> <p>2 ask us, we would be more than happy to answer</p> <p>3 your questions.</p> <p>4 All right, we'll give just a</p> <p>5 little background so we're all on the same page,</p> <p>6 and then jump into the highlights. And I</p> <p>7 apologize that it's only on the screen, oh it is</p> <p>8 up there, wonderful, so you should be able to see</p> <p>9 it on all of the screens.</p> <p>10 We'll start off with letting you</p> <p>11 know what questions were added to the needs</p> <p>12 assessment from 2012. The responses that were</p> <p>13 very similar to the 2012 responses, meaning</p> <p>14 responses that were not a statistically</p> <p>15 significant difference.</p> <p>16 And then we'll go into what has</p> <p>17 changed since 2012, what responses were</p> <p>18 statistically significantly different, and then</p> <p>19 let you know from there what the top needs and</p> <p>20 concerns were as outlined in the agencies that</p> <p>21 responded to this needs assessment.</p> <p>22 And finally, we'll give just one</p> <p>23 or two recommendations for the next time this</p> <p>24 needs assessment is conducted.</p> <p>25 All right, last year 578 agencies</p>
31	<p>1 years since our last EMS Needs Assessment has</p> <p>2 been conducted statewide, so around this time</p> <p>3 last year we partnered with VCU's Performance</p> <p>4 Management Group to conduct an updated one, and</p> <p>5 we are excited to show those results with you</p> <p>6 today. So with that, I will hand over to two of</p> <p>7 PMG's best, Gina Barber, and Sidney Lowenstein.</p> <p>8 MS. BARBER: Good morning,</p> <p>9 everyone.</p> <p>10 ATTENDEES: Good morning.</p> <p>11 MS. BARBER: Can you hear me if I</p> <p>12 stand back a little bit? There we go, wonderful.</p> <p>13 Thank you, Hannah. I'm Gina Barber, I'm a</p> <p>14 consultant with VCU's Performance Management</p> <p>15 Group.</p> <p>16 DR. LOWENSTEIN: And I'm Dr.</p> <p>17 Sydney Lowenstein, I'm with the Survey and</p> <p>18 Research Laboratory at VCU.</p> <p>19 MS. BARBER: And yes, we will</p> <p>20 present to you this morning some highlights from</p> <p>21 the needs assessment. There is a very detailed</p> <p>22 report that you can read and we have a very short</p> <p>23 time this morning, so I will just hit the</p> <p>24 highlights for you, but if you have any questions</p> <p>25 about what's in the report, or questions about</p>	33	<p>1 were invited to participate in this needs</p> <p>2 assessment, so that is a very large sample size,</p> <p>3 we're very thankful for all of those who received</p> <p>4 our communications and responded to the needs</p> <p>5 assessment. The goal of the assessment was to</p> <p>6 identify the resources, equipment, training and</p> <p>7 other sort of priorities that we wanted to</p> <p>8 highlight and bring to your attention today. As</p> <p>9 Hannah said, last time it as conducted in 2012,</p> <p>10 so almost ten years, and the survey</p> <p>11 administration and analysis was conducted by</p> <p>12 VCU's Survey & Evaluation Research Lab, which</p> <p>13 Sydney was the head of that effort.</p> <p>14 All right, now as you know, this</p> <p>15 information that we've gathered will be used to</p> <p>16 plan and manage your EMS programs, and make sure</p> <p>17 that the current funding is in line with the</p> <p>18 needs that are identified by the agencies that</p> <p>19 were so kind of share with us. All right, in the</p> <p>20 needs assessment the questions were divided into</p> <p>21 these ten categories, it included general</p> <p>22 information, personnel, facilities, vehicles,</p> <p>23 budgets, communications, but also there were a</p> <p>24 few categories that were added, including the</p> <p>25 training and other needs section, as well as</p>



34	<p>1 diversity and inclusion. Wherever possible, the 2 2021 needs assessment was as close to the 2012 3 questions, except where there were new questions 4 added or adjustments had to be made. 5 All right, so in August, just a 6 few months ago, EMS agencies were invited to 7 participate in the electronic survey, and any 8 agencies that did not respond by September 8th 9 were mailed a paper survey, so we had two 10 different methods of completing the survey. And 11 by October when the survey closed, 414 agencies 12 had responded, and that's just over a seventy 13 percent response rate, which is excellent. Thank 14 you again if any of you in the room participated 15 in that survey, we very much appreciate it. And 16 the needs assessment report has been published, 17 and we are all here today to learn a bit more. 18 One note about the highlights we present today, 19 as I said, there's much more in the report, but 20 also in this PowerPoint I have rounded some of 21 the percentages just for ease of reading, so 22 somewhere it might say 25 percent in the report 23 you will read later it might say 24.9. 24 All right, some of the new 25 questions that were added for 2021, added some</p>
35	<p>1 areas such as the languages spoken by personnel 2 I'm these agencies. Some of those answers 3 included English of course, but also Spanish, 4 French, Arabic, and other languages. The age 5 ranges of personnel, mostly between 26 and 45, 6 with the largest cluster between 26 and 35. 7 Common racial and ethnic 8 identities, you will see on the screen here 97 9 percent of responding agencies indicated they had 10 personnel identifying as White or Caucasian, but 11 then only fifty-two percent of responding 12 agencies reported personnel identifying as Black 13 or African American, and then just over a quarter 14 of responding agencies indicating personnel 15 identifying as Hispanic, or Latino/Latina. 16 Communication barriers was new as 17 well, we asked agencies and they responded, that 18 thirty percent of them responded that there was, 19 they experienced some communication barrier 20 between themselves and the community. And the 21 cultural competency training, which was defined 22 in the survey as training that strengthens the 23 ability to value different cultures, as well as 24 sharing strategies of how to provide care to 25 patients from diverse backgrounds. And 30</p>
36	<p>1 percent of agencies reported providing that 2 training. A few more new questions asked about 3 common education levels, which the most common 4 educational levels were high school diploma or 5 GED, Bachelor's degree, and some college. 6 There were many questions about 7 the impacts of Covid-19, and we will get into 8 that more in just a few slides. And also we 9 asked about the most helpful and least helpful 10 training types that personnel received, their 11 most helpful was EMT courses of recertification. 12 And finally, the last section 13 about diversity and inclusion that was added in 14 2021, we asked about partnerships with 15 communities and almost half of responding 16 agencies indicated that they partner with 17 community groups. Almost half of responding 18 agencies indicated that they worked to attract 19 applicants from diverse backgrounds. Twenty-two 20 percent of agencies reported that they work with 21 guidance counselors and technical schools to 22 develop programs for young people of color and/or 23 young women. And finally, 40 percent of 24 respondents indicated that diversity or 25 inclusivity training was provided by their</p>
37	<p>1 agency, which is different from the culture 2 competency training, so that's something to maybe 3 chew on a little bit more about those two 4 different types of training. 5 All right, areas of the survey, no 6 significant change from 2012, not statistically 7 significant. Volunteer is still the top agency 8 status identification for personnel, primary 9 service area, again mostly rural, 54 percent of 10 agencies responding mostly rural. The most 11 frequent population size served was between ten 12 thousand and just under 25,000 permanent 13 residents. And finally, the number of EMS calls 14 that were responded to by the agencies in 2020, 15 most were between zero and just under 250. 16 Again, more things that have not 17 changed since 2012: Almost half of agencies have 18 a recruitment program, and 37.5 percent reported 19 a retention program, so a similar amount of 20 agencies still have these programs. Local 21 government was still the largest funding source, 22 and 911 Center is responsible for most of the 23 primary dispatch. 24 All right, I believe this is our 25 last, one of our last slides on no significant</p>

38	<p>1 change from 2012. Two-thirds of agencies 2 responding bill patients for services, and eighty 3 percent use an outside billing agency for this 4 purpose. And half of the agencies that responded 5 conduct fundraising campaigns, and the minimum 6 staffing requirements have not changed. So that 7 gives you an idea of what has not changed, here 8 is what has changed in a statistically 9 significant way: The likelihood of agencies 10 having a website has decreased, which I found 11 interesting. 12 In 2012, 59 percent of responding 13 agencies had a website, but in 2021 it was only 14 32 percent. Second area, number of cases 15 transferred to other providers has increased. So 16 the number of calls they responded to did not 17 increase significantly, however, there are more 18 cases being transferred to other providers than 19 it was in 2012. So the same, about the same 20 amount of agencies responded that they had 21 recruitment and retention programs, but more of 22 those programs have recruitment or retention 23 coordinators, so more agencies have hired someone 24 who, one of their main responsibilities is this 25 recruitment or retention program, so that is very</p>	40
39	<p>1 exciting to hear. 2 Another area that has decreased is 3 access to EMS by MCI trailers and other types of 4 transport, for example, EMS bikes. In 2012, just 5 under fifteen percent of agencies reported having 6 access to these bikes, but in 2021 it went down 7 to eight percent, so almost half. Areas that 8 have gone up, the ability to transport twelve 9 lead ECG to receiving hospitals. 10 Now, there's no significant 11 difference in ECG capacities, but the ability to 12 transport has increased. Other areas that have 13 increased, agencies reporting access to other 14 funding sources, so agencies are finding other 15 ways to receive funding, which is excellent. 16 This next area, radio 17 communications with local hospitals, it is 18 statistically significant, however, it went from 19 ninety-five percent in 2012 to ninety-percent in 20 2021, so still statistically significant, but 21 still the vast majority of responding agencies 22 indicated they have radio communications with the 23 hospitals. 24 And finally, the distance from 25 employers as a reason for difficulties in</p>	41

42	<p>1 bottom in other, which elements of other include 2 staff are all volunteer, and it was just more 3 difficult to get them to come out over the last 4 year or so, staff shortage, and staff burnout, 5 illness including Covid-19 and quarantine, and 6 finally, other jobs. So we saw an increase in 7 those areas between 2012 and 2021 on why it was 8 difficult for agencies to cover shifts. 9 All right, Covid-19 negative 10 impacts on the agency. Two-thirds of responding 11 agencies reported it impacted their members or 12 impacted their recruitment, two-thirds reported 13 difficult covering shifts. PPE accessibility was 14 difficult, a little over half reported it 15 impacted retention. Just eight percent of 16 responding agencies indicated they were not 17 impacted by Covid-19, so this probably is not a 18 tremendous surprise to many of you. 19 All right, the way some of the 20 agencies responded, which was providing 21 additional benefits to their staff. While over 22 half of them did not provide any of these extra 23 benefits, some agencies provided paid time off, 24 family and medical leave, other benefits such as 25 bonuses, hazard pay, and just a few provided</p>	44	<p>1 the least helpful training types, medic assist, 2 human resource management, and financial 3 management. So one thing I noticed that there 4 seemed to be a personnel and we need more staff, 5 we need to be able to cover shifts, but the human 6 resource management training they are getting 7 isn't helpful, so maybe that's an area to look 8 into around recruitment and retention 9 specifically. 10 All right, the way agencies 11 reported their preferred way of providing 12 training, first hands-on training, followed by 13 classroom training. Online training and video 14 training agencies report is not as helpful as the 15 hands-on classroom training. Willingness to 16 travel, willing to travel thirty minutes and even 17 up to an hour one way, but beyond that personnel 18 were not willing to travel past that for 19 training. 20 We talked about language and 21 communication barriers earlier, like we said, 22 thirty percent of agencies responded having that 23 barrier. Over 40 percent of those agencies 24 listed Spanish as the biggest language barrier, 25 and 34 percent of the responding agencies</p>
43	<p>1 child care. The career agencies and the agencies 2 that support larger populations were most likely 3 to be able to offer those kinds of benefits. 4 Ninety percent of agencies 5 indicated they provided Covid-19 training to 6 their personnel, and about eighty percent 7 required that training. And that training was 8 more than just general PPE, that training had to 9 include recognition of Covid signs and symptoms, 10 as well as cleaning protocol. And the frequent 11 unmet needs as identified by the responding 12 agencies were access to PPE, decontamination 13 equipment, as well as qualified staff. That's 14 something we saw over and over again, we need 15 more people, we need more PPE, we need to be able 16 to decontaminate the equipment that we have. 17 All right, if there are no 18 questions about personnel, we will move on to 19 training, but feel free to ask any questions that 20 you have as we go along. Just like the top 21 personnel need is EMT and paramedics, that's also 22 the top training agencies reported needing. Most 23 helpful training types, EMT, no surprise, but 24 also advanced airway, EKG training, EVOC 25 training, and infection control. Interesting,</p>	45	<p>1 indicated they have Spanish-speaking staff. The 2 culture competency training we talked about, 30 3 percent provided it. Of those who didn't provide 4 it, almost half were interested in providing it, 5 so there's an area of growth there possibly. 6 All right, recommendations for the 7 next survey. This was the question as part of 8 the assessment itself, so according to the 9 agencies it's possible that there's an easier, 10 better way to collect the numerical counting, how 11 many staff do you have, how much equipment do you 12 have, there are some agencies where that was just 13 too onerous or too difficult and so there's some 14 missing data. 15 So for the next survey if there is 16 an easier way to collect that, that would allow 17 for a more robust analysis. And finally, 18 agencies asked if we could give them a little bit 19 more of a heads-up on the questions that we'll be 20 asking, so that they could spend the time 21 collecting the data, so that it is accurate and 22 it is a little bit easier for them, and we 23 absolutely want to make that happen. 24 Is there anything else you wanted? 25 All right, well I probably used just about all of</p>

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1 the time, but we're happy to answer any questions
 2 you have now, or we can pass around some business
 3 cards and you can email us later if you think
 4 about it. Thank you.
 5 **(WHEREUPON, applause.)**
 6 **MS. LYONS:** I'm sure many of you
 7 would like to look through the report and the
 8 results, this presentation as well as the final
 9 report, which is a little over two hundred pages,
 10 will be posted on the OEMS website next week.
 11 **MR. HARRELL:** All right, thank you
 12 Hannah, and thank you to the VCU's Performance
 13 Management Group as well. So Gary, that is all I
 14 have, if there are no questions for me.
 15 **MR. BROWN:** Okay, thanks Adam.
 16 Mr. Chair, that concludes the OEMS report.
 17 **CHAIR DILLARD:** All right, thank
 18 you Gary. Assistant Attorney General Krista
 19 Samuels?
 20 **MS. SAMUELS:** I don't have
 21 anything to report at this time.
 22 **CHAIR DILLARD:** All right, thank
 23 you. State Board of Health EMS representative
 24 Perry Critzer could not be with us today, so Gary
 25 Brown is going to provide that report.

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1 **MR. BROWN:** Okay, I talked to
 2 Gary yesterday and unfortunately he had to stay
 3 back in Waynesboro for budget meetings, and he
 4 just sent me this email to read to you. He said,
 5 please accept my apologies for not being in
 6 attendance today, the change in meeting dates has
 7 conflicted with our annual budget schedule, and I
 8 have to be here for meetings related to that.
 9 A brief update on the Board of
 10 Health: The Board last met on December the 10th,
 11 and we received detailed reports on Virginia's
 12 response to Covid, and received the annual report
 13 on Virginia's Plan for Wellbeing. Additionally,
 14 we considered a number of regulatory actions,
 15 including homecare organizations, sewage
 16 handling, disease reporting and control, and
 17 newborn screening services. The Board received
 18 an update on behavioral health from the Chief
 19 Clinical Officer at the Department of Behavioral
 20 Health & Developmental Services.
 21 Finally, we received a legislative
 22 update, and proposals for legislation in the 2022
 23 General Assembly session, the Board of Health
 24 meets next on Thursday, March 31st at 9:00 a.m.
 25 at the Perimeter Center in Richmond. The

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1 meetings are open to the public.
 2 If there are questions regarding
 3 the Board of Health or its activities, please let
 4 me know. Best wishes for a productive meeting
 5 today. Gary Critzer.
 6 **CHAIR DILLARD:** Okay, thank you,
 7 Gary. Nominating Committee report, Chair Jason
 8 Ferguson.
 9 **MR. R. J. FERGUSON:** Just give me
 10 one second, sir. Okay, the Nominating Committee
 11 made a recommendation from the following
 12 individuals from the following positions.
 13 **REPORTER:** Excuse me, sorry. Who
 14 is speaking?
 15 **MR. R. J. FERGUSON:** Jason
 16 Ferguson.
 17 **REPORTER:** Thank you.
 18 **(WHEREUPON, a phone rang.)**
 19 **REPORTER:** Oh Lord.
 20 **(WHEREUPON, phone stopped.)**
 21 **REPORTER:** My apologies.
 22 **MR. R. J. FERGUSON:** May they rest
 23 in peace. The, because that's a bad sign.
 24 **BOARD MEMBER:** Only at your own
 25 funeral.

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1 **MR. R. J. FERGUSON:** God bless us
 2 all. All right. The Chair, Kevin Dillard, the
 3 Vice Chair Valerie Quick, Administrative
 4 Coordinator Gary Samuels, Rules & Regulations
 5 Committee, Daniel Norville, Legislative Planning
 6 Committee, Gary Samuels. Under the
 7 Infrastructure Coordinator, it would be Eddie
 8 Ferguson. Transportation Committee, Eddie
 9 Ferguson. Communications Committee, Sonny
 10 Saxton. Emergency Management Committee, Joseph
 11 Williams. Under Professional Development, the
 12 Professional Development Coordinator, Jason
 13 Ferguson. Training & Certification Committee,
 14 Jason Ferguson. Workforce Development Committee,
 15 Valerie Quick. Provider Health & Safety
 16 Committee, Lisa Simba. Under Patient Care,
 17 Patient Care Coordinator, Allen Yee. Medical
 18 Direction Committee, Allen Yee. Medevac
 19 Committee, Victoria Smith. EMS For Children
 20 Committee, Patrick McLaughlin.
 21 **MR. BROWN:** This is what he's
 22 reading from right here.
 23 **MR. R. J. FERGUSON:** For the
 24 Trauma System, the Trauma System Coordinator, Dr.
 25 Paula Ferrada. Those are the recommendations.



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1 **CHAIR DILLARD:** All right, thank
 2 you Jason. So you have the slate of officers
 3 recommended by the Nominating Committee, are
 4 there any additional nominations from the floor
 5 for any of these positions?
 6 **ATTENDEES:** (No audible response.)
 7 **CHAIR DILLARD:** Any additional
 8 nominations?
 9 **ATTENDEES:** (No audible response.)
 10 **CHAIR DILLARD:** All right, hearing
 11 none, I will entertain a motion to accept the
 12 report from the Nominating Committee.
 13 **BOARD MEMBER:** Motion to accept.
 14 **BOARD MEMBER:** Second.
 15 **CHAIR DILLARD:** All right, we have
 16 a motion and a second, discussion?
 17 **ATTENDEES:** (No audible response.)
 18 **CHAIR DILLARD:** Hearing none, all
 19 in favor of the slate presented by the Nominating
 20 Committee, signify by saying aye.
 21 **ATTENDEES:** Aye.
 22 **CHAIR DILLARD:** Any opposed, same
 23 sign.
 24 **ATTENDEES:** (No audible response.)
 25 **CHAIR DILLARD:** The motion

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1 carries. Thank you, Jason.
 2 Okay, we'll move into the Standing
 3 Committee reports, first off is the Executive
 4 Committee. We did meet yesterday. I have
 5 appointed two workgroups of the Office of EMS to
 6 work with staff and bring back recommendations to
 7 OEMS, and then from OEMS back to the EMS Advisory
 8 Board. One group will be evaluating our bylaws,
 9 and also insuring we have corrections with any
 10 inconsistencies and this group will be chaired by
 11 Gary Samuels. The other group is the composition
 12 workgroup, and this group will evaluate the
 13 composition of the Advisory Board, looking at
 14 stakeholders, and looking at the agenda for the
 15 future, and this group will be chaired by Valerie
 16 Quick.
 17 We also discussed financial
 18 reimbursements yesterday. As Chair of the
 19 Advisory Board, I have been approached by some of
 20 the Board Members expressing difficulties about
 21 getting reimbursed, and some people even stating
 22 they have not gotten any reimbursements, so we
 23 had a good discussion on that. And the Executive
 24 Committee has voted to bring back to the Advisory
 25 Board a recommendation to ask Bob Hicks, the

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1 Deputy Commissioner, to intervene and to look
 2 into the possibility of returning to pre-SBS,
 3 which is the Shared Business Services staffing
 4 and responsibilities.
 5 So that's a recommendation from
 6 the Executive Committee, so we don't need a
 7 second, so I want to open the floor up for any
 8 questions or comments that you all may have on
 9 this topic. Does anybody have anything?
 10 **ATTENDEES:** (No audible response.)
 11 **CHAIR DILLARD:** All right, hearing
 12 none...
 13 **MR. NORVILLE:** Mr. Chair, I'm
 14 sorry.
 15 **CHAIR DILLARD:** Yes sir, Dan?
 16 **MR. NORVILLE:** We've had in the
 17 past, and anecdotally there are times when we
 18 just really don't understand the accounting
 19 processes in SBS, and when it was in-house it was
 20 good oversight, there was good direction, and
 21 there was good accountability. And I don't
 22 believe we've had that personally when you look
 23 at the Shared Business Services we have had, I
 24 have not been real comfortable with that, so
 25 that's why I strongly recommend that we note

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1 that.
 2 **CHAIR DILLARD:** All right, thank
 3 you Dan. Any other comments? J. C. Bolling?
 4 **MR. BOLLING:** Mr. Chairman, I will
 5 just echo some of the comments I made to the
 6 Executive Committee, there seems to be a big
 7 disconnect with the Shared Business Services.
 8 Pooling all the efforts to handle similar tasks
 9 from every part of the Commonwealth under one
 10 umbrella on paper looks great, and it was an
 11 endeavor that probably needed to be tried. I
 12 think if we stop and we start looking at the
 13 history of how this has gone, it has been a
 14 disaster and an embarrassment to the
 15 Commonwealth. OEMS has a direct track record of
 16 being able to manage the finances in a timely
 17 fashion, and that is missing at this moment. And
 18 there are some horror stories, and it's not just
 19 problems that we have seen with OEMS on the,
 20 through the Shared Business Services, talking to
 21 some of the folks from prior programs, there's
 22 been some nightmares, I've heard some nightmares
 23 through the community college system. The SBS
 24 system is broke, and I think we need to bring
 25 back the services back under the Office of OEMS.



54	<p>1 CHAIR DILLARD: All right, thank 2 you J. C., any other comments? 3 ATTENDEES: (No audible response.) 4 CHAIR DILLARD: All right, hearing 5 none, we will go ahead and vote. All in favor of 6 the motion before you, signify by saying aye. 7 ATTENDEES: Aye. 8 CHAIR DILLARD: Any opposed, same 9 sign. 10 ATTENDEES: (No audible response.) 11 CHAIR DILLARD: The motion carries 12 unanimously. Thank you. The final item from the 13 Executive Committee, we did approve five CISM 14 teams for accreditation, I want to announce those 15 five: The Bradford Police Department Peer 16 Support, York Poquoson Sheriff CISM Team, 17 Poquoson Peer Support Team, Newport News Police & 18 Fire CISM Team, and the Prince William County 19 Sheriff's Office Peer Support Team. That 20 concludes the Executive Committee report, and 21 we'll move on to the Financial Assistance Review 22 Committee. That committee met yesterday, and we 23 reviewed application design, special initiatives, 24 and did a State EMS plan update. Also want to 25 remind everybody that the spring 2022 Rescue</p>	56	<p>1 essential service. So they are going to look at 2 that, the good, the bad, and everything like 3 that. We reviewed all of the current legislation 4 that was being followed by the office, as Scott 5 had discussed earlier. And I think that's all we 6 got time for today, it's been a pretty busy 7 morning. So thank you. 8 CHAIR DILLARD: All right, great. 9 Thank you Gary, and thank you Dan. 10 Infrastructure Committee Coordinator, Eddie 11 Ferguson. 12 MR. E. FERGUSON: Good morning, 13 sir, just a couple of things. The Transportation 14 Committee hasn't met since the last EMS 15 Governor's Budget Board meeting, we are due to 16 meet on April the 5th to review grants. And also 17 I had mentioned yesterday, and I just want to 18 mention it for the full Board, that I have been 19 contacted by stakeholders to possibly take a 20 fresh look/revisit the ambulance remount 21 standards, chassis standards, and see if there 22 was any possibility of bringing those into modern 23 day times from the standpoint of what we're faced 24 as an industry with the availability of vehicles 25 and the cost of inflation, and all the things it</p>
55	<p>1 Squad Assistance Fund grant cycle is currently 2 open, and that will close next week on March the 3 15th. And our next meeting will be on May the 4 5th here at the Embassy Suites. Administrator 5 Coordinator, Gary Samuels. 6 MR. SAMUELS: Yes, I'll refer to 7 Dan first, Dan Norville with the rules and regs. 8 MR. NORVILLE: With Covid and 9 everything we have had some issues trying to get 10 together. We are studying in the Project 5100, 11 we continue to review the proposed regulations, 12 and we are still waiting on a couple workgroups, 13 Medical, Air Medical, and Integrative Health to 14 get us some input back, so that we can 15 incorporate those in there. So we're working on 16 a product as quick as we can. Any Member of the 17 Committee can contact them to see what we have, 18 or what we're working on. 19 MR. SAMUELS: Okay. The 20 Legislative Planning Committee met this morning. 21 We worked on several items, we reviewed EMS as 22 essential service, and we have formed a workgroup 23 that will be chaired by Beth Adams of Roanoke, to 24 look at the model language, and talking points on 25 how we can codify in legislation EMS as an</p>	57	<p>1 takes to get an ambulance that's being remounted 2 up to the triple pick specs. Possibly we may be 3 found to follow that by regulations, and we'll 4 take a look at that when the Committee meets as 5 of April the 4th. If anyone has any thoughts on 6 that, I would be curious to know what they might 7 be. 8 In addition to that, I'd like to 9 welcome a couple of new Committee Members, Mr. 10 Sonny Saxton to the Communications Committee, and 11 Mr. Joseph Williams to the Emergency Management 12 Committee. So I realize that both of them have 13 just taken these committees over, but certainly 14 if they have any comments for the Board, this 15 would be a good time to do that. Thank you so 16 much. 17 CHAIR DILLARD: All right, thank 18 you, any comments from the two new Committee 19 Chairs? 20 MR. SAXTON: Sonny Saxton, I have 21 just joined the Communications Committee, we have 22 not yet had an opportunity to meet since our last 23 full Advisory Board meeting, but we will be 24 scheduling that. 25 CHAIR DILLARD: All right, thank</p>

<p style="text-align: right;">58</p> <p>1 you.</p> <p>2 MR. WILLIAMS: We'll be working on</p> <p>3 getting that Committee established and getting</p> <p>4 some work done, and some information to pass back</p> <p>5 on to you guys, further use this, so bear with me</p> <p>6 while I work through some bugs and try to figure</p> <p>7 things out, and come back with something positive</p> <p>8 and directive to you guys. Thank you.</p> <p>9 CHAIR DILLARD: All right, and</p> <p>10 well thank you both for stepping up and agreeing</p> <p>11 to serve. Professional Development Coordinator,</p> <p>12 Jason Ferguson.</p> <p>13 MR. R. J. FERGUSON: Thank you,</p> <p>14 Mr. Chair, I'm going to start from the bottom.</p> <p>15 So, Provider Health & Safety did not meet, but we</p> <p>16 do have a new coordinator there, Lisa Simba, so</p> <p>17 welcome to her. Do you have anything you would</p> <p>18 like to say, Lisa?</p> <p>19 MS. SIMBA: No, not yet.</p> <p>20 MR. R. J. FERGUSON: For Workforce</p> <p>21 Development, Valerie Quick.</p> <p>22 VICE CHAIR QUICK: Yes, we met</p> <p>23 yesterday, March 10th at 10:30 a.m. We had no</p> <p>24 actionable items. The Committee continues to</p> <p>25 support the EMS Officer 1 Programming standards</p>	<p style="text-align: right;">60</p> <p>1 assist those areas that may have limitations to</p> <p>2 clinical sites. And we kind of went off protocol</p> <p>3 for this meeting, we had twelve educators that</p> <p>4 attended in the public, we allowed them to</p> <p>5 provide comment during the meeting instead of</p> <p>6 waiting for public comment, and there was a</p> <p>7 consensus with that.</p> <p>8 Second belief we brought up the</p> <p>9 need with as national registry removes the</p> <p>10 psychomotor testing for ALS levels, and</p> <p>11 accredited programs in Virginia did not have to</p> <p>12 take the psychomotor exam for EMT levels, and no</p> <p>13 one has taken the psychomotor exam at the EMT</p> <p>14 level during Covid. The Committee voted to</p> <p>15 remove CTS testing requirements for EMT as well,</p> <p>16 and for the competency-based form that had been</p> <p>17 used formerly the TR-90-A was used, it was very</p> <p>18 cumbersome, and in response to Covid, the TR-999</p> <p>19 was introduced from the Office to ease this</p> <p>20 process. And the group voted to use the</p> <p>21 competency-based form to continue validation of</p> <p>22 these individuals in lieu of psychomotor testing.</p> <p>23 And that also, the motion passed. And with that,</p> <p>24 the discussion came up that as far as competency</p> <p>25 itself from the education programs, to insure</p>
<p style="text-align: right;">59</p> <p>1 of excellence, agency designation, and various</p> <p>2 recruitment and retention initiatives.</p> <p>3 Obviously, the results of the needs assessment</p> <p>4 survey will need to be analyzed when we look at</p> <p>5 really trying to promote future initiatives,</p> <p>6 especially in recruitment and retention, since</p> <p>7 that is a really high need. There was a very</p> <p>8 robust discussion from the Committee and the</p> <p>9 public participants about the needs for targeted</p> <p>10 marketing for recruitment and retention of new</p> <p>11 and really diverse people for both career and</p> <p>12 volunteer agencies. And we're going to be</p> <p>13 exploring that through a workgroup so that we can</p> <p>14 better target that and explore that kind of more</p> <p>15 centralized. That's it.</p> <p>16 MR. R. J. FERGUSON: Okay, for</p> <p>17 Training & Certification. We had a special</p> <p>18 meeting on Friday, November the 12th, and the</p> <p>19 purpose of that meeting was to look at the new</p> <p>20 education standards, and specifically to the EMT</p> <p>21 education programs. And during that meeting, in</p> <p>22 reference to the clinical requirements for EMT,</p> <p>23 the Committee voted to maintain the current ten</p> <p>24 patient contacts, five of which would have to be</p> <p>25 live patients, and five could be simulated, to</p>	<p style="text-align: right;">61</p> <p>1 that we promote good field readiness, so to</p> <p>2 bridge some of those gaps from when individuals</p> <p>3 leave a program and they are at entry level</p> <p>4 competency to the agencies, and make sure through</p> <p>5 the Medical Directors and through the agencies,</p> <p>6 that they are deemed field ready.</p> <p>7 That information was, and we also,</p> <p>8 by the way, established two workgroups, one to</p> <p>9 look at that competency-based form to insure that</p> <p>10 everything was there, and a second workgroup to</p> <p>11 look at, we had a workgroup that was looking at</p> <p>12 psychomotor testing revisions, so we decided to</p> <p>13 kind of take that group and use them to maybe</p> <p>14 incorporate some of those efforts in the use of</p> <p>15 simulated patients to satisfy some of those</p> <p>16 clinical requirements. And that information was</p> <p>17 sent up to Medical Direction for endorsement. I</p> <p>18 was unable to attend MDC that day due to illness,</p> <p>19 so it is my understanding that Medical Direction</p> <p>20 has sent that back to TCC for further work and</p> <p>21 further review.</p> <p>22 So the two workgroups are</p> <p>23 continuing to work on that and we hope to have</p> <p>24 something to present to them by the next meeting,</p> <p>25 and to present to this Board at our next meeting.</p>



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1 Our, we, our January meeting was cancelled, and
 2 the April 6th meeting has been moved to March the
 3 30th at 10:30 a.m. here at Embassy Suites, and
 4 that concludes my report.
 5 **CHAIR DILLARD:** All right, thank
 6 you Jason. Patient Care Coordinator, Dr. Yee?
 7 **DR. YEE:** I have no report as of
 8 the Care Coordinator, but for Medical Direction
 9 we have one action item, it's listed in Appendix
 10 E, it has the changes to the scope of practice,
 11 which consists of the red dots, which indicate
 12 that the agencies and the Medical Director have,
 13 should be providing additional training for those
 14 competencies.
 15 **CHAIR DILLARD:** Okay, so that's a
 16 recommendation from the Committee?
 17 **DR. YEE:** Yes sir.
 18 **CHAIR DILLARD:** Okay, so that does
 19 not require a second, so I will open the floor up
 20 for discussion on the motion to approve the
 21 changes to the scope of practice that have been
 22 submitted.
 23 **ATTENDEES:** (No audible response.)
 24 **CHAIR DILLARD:** All right, hearing
 25 no questions, all in favor of the changes to the

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1 scope of practice signify by saying aye.
 2 **ATTENDEES:** Aye.
 3 **CHAIR DILLARD:** Any opposed, same
 4 sign.
 5 **ATTENDEES:** (No audible response.)
 6 **CHAIR DILLARD:** The motion
 7 carries, thank you.
 8 **DR. YEE:** We have an informational
 9 item. We are committed to work with teachable,
 10 of the Training Certification Committee to work
 11 on the competencies and the testing. We have
 12 invited the Chair and other representatives to
 13 our next meeting so we can get some, build some
 14 consensus quicker. We're also committed, we also
 15 understand that we may be working with the
 16 Medevac Committee on a request for some
 17 discussion on crew configurations, so we will be
 18 working on those two in our next meeting. That's
 19 all I have as for Medical Direction.
 20 **CHAIR DILLARD:** All right, and
 21 now...
 22 **MS. ADAMS:** I have a question.
 23 Beth Adams, I have a question. Allen, when is
 24 that next meeting, in case people have a specific
 25 interest in those topics?

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1 **DR. YEE:** I believe it's April
 2 7th? April 7th.
 3 **MS. ADAMS:** April 7th, thank you.
 4 **DR. YEE:** At 10:30. 10:30?
 5 **BOARD MEMBER:** 10:30 here.
 6 **MS. ADAMS:** Okay, because I know
 7 some people who have expressed an interest in
 8 crew configurations and schedules, so, thank you.
 9 **CHAIR DILLARD:** Dr. Yee, what's
 10 Medevac or EMS For Children, want to report on
 11 anything?
 12 **DR. YEE:** Yes, I defer to those
 13 Committee Chairs.
 14 **CHAIR DILLARD:** Okay. All right,
 15 Medevac Committee, Victoria Smith?
 16 **MR. BROWN:** Kevin, I just got an
 17 email from Tory, and she is out due to sickness.
 18 They did meet yesterday but I don't have a
 19 report.
 20 **CHAIR DILLARD:** All right, thank
 21 you. EMS For Children, Dr. McLaughlin?
 22 **DR. MCLAUGHLIN:** Thanks. We have
 23 no action items today, but several things to
 24 report. We held a special meeting back on
 25 January 6th and we met again yesterday. First

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1 I'd like to thank Mr. Ron Passmore for bringing
 2 to our attention several proposals to the EMS
 3 regulations regarding wording, almost finding a
 4 needle in a haystack of stacks of paper, to
 5 identify what we can add from EMSC to insure the
 6 safe transport of children statewide. And so
 7 again, I want to thank Mr. Passmore for bringing
 8 that to our attention, that was the subject of
 9 our special meeting that we approved wording to
 10 pass through. Second, we are in our last push
 11 for the EMSC surveys, we have a pretty low
 12 percentage, I am told so far statewide of
 13 agencies, but most agencies I imagine are
 14 procrastinators in filling out the five to ten
 15 minute survey, so we're going to do a last push
 16 this month to try and get that completed by March
 17 31st. And then lastly, we have appointed our
 18 first representative from the EMSC Committee to
 19 serve on the TCC, the Training & Certification
 20 Committee, and that was Mike Watkins, so we're
 21 hoping he will be great addition to that
 22 committee. And that's all from us, thanks.
 23 **CHAIR DILLARD:** All right, thank
 24 you for that report. Trauma System Coordinators,
 25 Dr. Brothers is not here. Does anybody have any



66	<p>1 Trauma Committee reports? 2 ATTENDEES: (No audible response.) 3 CHAIR DILLARD: All right. Oh, 4 okay. 5 ATTENDEE: The TAG Committee met 6 on... 7 CHAIR DILLARD: Can you come up to 8 one of the microphones, please? 9 ATTENDEE: The TAG Committee met 10 one month ago, and basically gave the Trauma 11 Program Manager's group who met a month ago as 12 well. They continue to meet monthly, the Trauma 13 Program Manager's group, their major task at this 14 point is revising the trauma program designation 15 manual. We will resume TAG and all of the other 16 committees in May, and Prehospital met yesterday 17 as well. The other committees did not meet. 18 CHAIR DILLARD: All right, thank 19 you for that report. Okay, next will be the 20 regional EMS Council's Executive Director's 21 report, so Terry McLaurin? So Terry welcome, 22 Tracey, I'm sorry, Tracey, yes. So welcome. 23 MS. MCLAURIN: That's okay. 24 CHAIR DILLARD: We want to 25 congratulate you on the election and of course we</p>	68
67	<p>1 designation process. Site visits are slated to 2 happen within the next couple of months. 3 The Councils, along with staff 4 from the Office of EMS held a retreat this week 5 at their office to discuss the upcoming changes 6 to the MOU's, although lunch was delicious I have 7 to say, to discuss upcoming changes to the MOU's 8 from each of the eleven councils used to provide 9 deliverable items throughout the year and to 10 discuss future projects. This was also an 11 opportunity for the Directors to meet with all 12 the Division Directors of OEMS to ask questions 13 and clarify what they will be looking for within 14 their respective programs within the new MOU's. 15 We all feel as if the changes will be extremely 16 positive, and will better reflect the work being 17 done by each council. All councils have four 18 items that we all do within the MOU's, but then 19 within each region there are other items that are 20 provided outside the MOU's based on either our 21 local providers, agencies, and stakeholders. 22 In the next few weeks, the 23 Directors will be collaborating on a document 24 that we can all work from, so that each of us can 25 submit our regional work plans to the Office of</p>	69
66	<p>1 want to thank Greg Woods for his years of 2 service, serving in that position. 3 MS. MCLAURIN: Thank you, good 4 morning. So can everyone hear me if I don't use 5 the microphone? My husband usually says that I 6 don't need a microphone. Thank you for allowing 7 me the opportunity to provide you with an update 8 on behalf of the eleven regional EMS Councils. 9 I'm the current Chairman of the Regional Council 10 Director's Group, and also the Director for the 11 Lord Fairfax EMS Council. I was elected in 12 January, along with Michael Player from the 13 Peninsula's Region, Michael will be serving as 14 vice chairman this year. Heidi Hooker, from the 15 ODEMSA region will serve as our treasurer, and 16 Steve Simons from Western Virginia will serve as 17 our secretary. 18 The Council is gearing up for a 19 busy year moving past the pandemic, the Directors 20 have continued to meet online every two weeks to 21 maintain contact, and to collaborate on upcoming 22 events, and discuss current issues and evolving 23 projects. Some updates in the coming months for 24 us include site visits by OEMS, which are filed 25 every three years as part of our council</p>	<p>1 EMS in the next few months. Roughly two to three 2 years ago, the councils actually identified over 3 a hundred and fifty items that are being provided 4 collectively by the eleven regions, which is 5 actually going to give us a leg up during this 6 process. We look forward to not only clarifying 7 what each Council does with the new MOU, but also 8 planning future opportunities that may be open to 9 help enhance EMS within each of our respective 10 regions. 11 We will be meeting with OEMS on 12 Wednesday, May 4th, and we will hold our next 13 group meeting in conjunction with the May 14 Advisory Board meetings. The regional councils 15 continue to partner with and support OEMS on 16 various statewide initiatives, including ESO 17 rollout, Handtevy, and the EMS Symposium. And 18 with that, I will take any questions. 19 ATTENDEES: (No audible response.) 20 MS. MCLAURIN: Thank you. 21 CHAIR DILLARD: All right, thank 22 you Tracey. We look forward to working with you 23 and your team of officers. At this time we will 24 have the public comment period, do we have any 25 comments from the public for the Board?</p>

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1 **ATTENDEES:** (No audible response.)
 2 **CHAIR DILLARD:** All right, hearing
 3 none, do we have any unfinished business to be
 4 addressed today?
 5 **ATTENDEES:** (No audible response.)
 6 **CHAIR DILLARD:** All right, any new
 7 business?
 8 **MR. E. FERGUSON:** Mr. Chair, Eddie
 9 Ferguson, I have one thing for the Board, just a
 10 recognition actually, I would like to recognize
 11 the Office of EMS Division of Accreditation,
 12 Certification & Education for what they did at
 13 the Virginia Beach a few weeks ago at the
 14 Virginia Fire & Rescue Conference that is put on
 15 by the Virginia Fire Chiefs Association. Over
 16 four thousand, actually four thousand and twenty-
 17 five EMSC credits were awarded at that
 18 conference. I know I speak for the Virginia Fire
 19 Chiefs Association as well as VAGEMSA, who
 20 supports the conference with CE's, that the
 21 Office of EMS does all of the work with that and
 22 manages all those CE credits, with over four
 23 hundred entries in CE for Virginia EMS providers
 24 that attended, so thank you very much for doing a
 25 great job again, this is not the first time.

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1 **CHAIR DILLARD:** Any other new
 2 business?
 3 **ATTENDEES:** (No audible response.)
 4 **CHAIR DILLARD:** We do have a new
 5 Council that's joined as a regional office with
 6 the Office of EMS, and that's the Southwest EMS
 7 Council, they just recently signed their
 8 agreement to become the fourth regional office,
 9 so President J. C. Bolling is here and I didn't
 10 know if you wanted to make a comment or anything.
 11 **MR. BOLLING:** I just want to say
 12 that we're very excited to get to move forward
 13 hand in hand with OEMS. Everything positive, the
 14 main question would be why did you we not explore
 15 this decades ago?
 16 **CHAIR DILLARD:** All right, thank
 17 you. Anything you want to say about the
 18 orientation?
 19 **MR. BROWN:** Yes we've, I guess
 20 after we adjourn, we'll take a maybe ten to
 21 fifteen minutes, and then anybody that wants to
 22 come back in here and sit through the orientation
 23 for new Board Members, please do so, but we will
 24 do it about ten to fifteen minutes after we
 25 adjourn.

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1 **CHAIR DILLARD:** And then lunch
 2 available.
 3 **MR. BROWN:** And lunch will be
 4 available if we, I think that's at 12:00 noon, so
 5 we'll get started on the orientation and then we
 6 can certainly break and Members can go get their
 7 food and bring it back in here, and we'll
 8 continue so we can get through the orientation
 9 and you could hit the road pretty quickly.
 10 **CHAIR DILLARD:** All right, great.
 11 Any other new business?
 12 **ATTENDEES:** (No audible response.)
 13 **CHAIR DILLARD:** All right, hearing
 14 none, our next meeting is going to be on Friday,
 15 May the 6th, and at this time we will adjourn the
 16 meeting. Thank you for attending.
 17 **(WHEREUPON, the meeting of the Virginia**
 18 **Department of Health/State Emergency Medical**
 19 **Services Advisory Board was adjourned at 11:20**
 20 **a.m.)**
 21
 22
 23
 24
 25

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1 CAPTION
 2
 3 The foregoing matter was taken on the date, and at
 4 the time and place set out on the title page hereof.
 5
 6 It was requested that the matter be taken by the
 7 reporter and that the same be reduced to typewritten
 8 form.
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1 CERTIFICATE OF REPORTER AND SECURE
 ENCRYPTED

2 SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT

3 I, **RENEE M. CORDERO-LARKIN**, Notary Public, do

4 hereby certify that the forgoing matter was reported

5 by stenographic and/or mechanical means, that same

6 was reduced to written form, that the transcript

7 prepared by me or under my direction, is a true and

8 accurate record of same to the best of my knowledge

9 and ability; that there is no relation nor employment

10 by any attorney or counsel employed by the parties

11 hereto, nor financial or otherwise interest in the

12 action filed or its outcome.

13 This transcript and certificate have been

14 digitally signed and securely delivered through our

15 encryption server.

16 IN WITNESS HEREOF, I have here unto set my hand

17 this 18TH day of MARCH, 2022.

18

19

20

21

22 /s/ RENEE M. CORDERO-LARKIN

23 COURT REPORTER / NOTARY

24 NOTARY REGISTRATION NUMBER: 7902428

25 MY COMMISSION EXPIRES: 12/31/2024



<p style="text-align: center;"><u>1</u></p> <p>1 58:25</p> <p>10:30 58:23 62:3 64:4 64:4 64:5</p> <p>10th 47:10 58:23</p> <p>11 6:3</p> <p>11:20 72:19</p> <p>12.5 21:1 21:10</p> <p>12:00 72:4</p> <p>12th 6:21 59:18</p> <p>15th 55:3</p> <p>170 16:13</p> <p>18.2-270.01 22:12</p> <hr/> <p style="text-align: center;">2</p> <hr/> <p>2012 32:12 32:13 32:17 33:9 34:2 37:6 37:17 38:1 38:12 38:19 39:4 39:19 41:8 41:21 42:7</p> <p>2014 22:5</p> <p>2020 37:14</p> <p>2021 34:2 34:25 36:14 38:13 39:6 39:20 40:5 41:8 41:21</p>	<p style="text-align: center;">42:7</p> <p>2022 6:3 14:8 15:15 47:22 54:25</p> <p>2023 21:20</p> <p>24.9 34:23</p> <p>25 34:22</p> <p>25,000 37:12</p> <p>250 37:15</p> <p>26 35:5</p> <p>26and 35:6</p> <hr/> <p style="text-align: center;">3</p> <hr/> <p>30 35:25 45:2</p> <p>30th 62:3</p> <p>31st 47:24 65:17</p> <p>32 38:14</p> <p>34 44:25</p> <p>35 35:6</p> <p>37.5 37:18</p> <hr/> <p style="text-align: center;">4</p> <hr/> <p>40 36:23 44:23</p> <p>414 34:11</p> <p>436 17:5</p> <p>45 35:5</p> <p>48 40:23</p> <p>4th 8:9 13:23 20:6 57:5 69:12</p>	<hr/> <p style="text-align: center;">5</p> <hr/> <p>5100 55:10</p> <p>54 37:9</p> <p>56 41:15</p> <p>578 32:25</p> <p>59 38:12</p> <p>5th 55:4 56:16</p> <hr/> <p style="text-align: center;">6</p> <hr/> <p>60 40:25</p> <p>64 41:15</p> <p>663 18:24</p> <p>6th 62:2 64:25 72:15</p> <hr/> <p style="text-align: center;">7</p> <hr/> <p>7th 12:4 64:2 64:2 64:3</p> <hr/> <p style="text-align: center;">8</p> <hr/> <p>81 17:5</p> <p>84 40:24</p> <p>874 18:2</p> <p>8th 34:8</p> <hr/> <p style="text-align: center;">9</p> <hr/> <p>9:00 47:24</p> <p>9:59 6:4 6:8</p> <p>911 37:22</p> <p>97 35:8</p> <hr/> <p style="text-align: center;">A</p> <hr/>	<p>a.m 6:4 6:8 47:24 58:23 62:3 72:20</p> <p>Abbamin 23:11</p> <p>ability 35:23 39:8 39:11</p> <p>able 29:5 32:8 41:3 43:3 43:15 44:5 53:16</p> <p>absolutely 45:23</p> <p>accept 47:5 50:11 50:13</p> <p>accepted 12:4 17:20 19:12</p> <p>access 39:3 39:6 39:13 43:12</p> <p>accessibilit y 42:13</p> <p>accordance 16:20</p> <p>according 45:8</p> <p>accountabili ty 52:21</p> <p>accounting 52:18</p> <p>accreditatio n 54:14 70:11</p>
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