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VIRGINIA DEPARTMENT OF HEALTH ADVISORY BOARD
OFFICE OF EMERGENCY MEDICAL SERVICES

LEGISLATIVE AND PLANNING COMMITTEE

FRIDAY, FEBRUARY 3, 2023
8:30 A.M.

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

1 **APPEARANCES**

2 GARY SAMUELS, CHAIRPERSON

3 BETH ADAMS

4 DAVID LONG

5 ED RHODES

6 LARA TRAYLOR

7 GARY DALTON

8 JAKE O'SHEA

9 MICHAEL PLAYER

10 BRYAN RUSH

11 MICHAEL D. BERG

12 STEPHEN SIMON

13 DANIEL LINKINS

14 STEVE HIGGINS

15 DR. GEORGE LINDBECK

16 JEFF MEYER

17 SCOTT WINSTON

18 RON PASSMORE

19 GARY BROWN

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1 **VIRGINIA DEPARTMENT OF HEALTH ADVISORY BOARD**
2 **OFFICE OF EMERGENCY MEDICAL SERVICES**
3 **LEGISLATIVE AND PLANNING COMMITTEE**
4 **FRIDAY, FEBRUARY 3, 2023**

5 **8:30 A.M.**

6 **(WHEREUPON, the meeting of the Virginia**
7 **Department of Health Advisory Board Legislative**
8 **and Planning Committee meeting was called to**
9 **order at 8:30 a.m.)**

10 **CHAIR SAMUELS:** Okay, its 8:30.

11 For all those that are in the room, make sure you
12 sign the sign-in sheet for Scott so he has
13 everybody's name and information that are at the
14 meeting. Welcome to the February Governor's
15 Advisory Board Legislative and Planning meeting,
16 I'm Gary Samuels, I'm the Chair. We will go
17 around the room and everybody can introduce
18 themselves, I think everybody probably knows each
19 other but I will start with Gary Brown. He's
20 coming in.

21 **MR. BROWN:** Yes, Gray Brown,
22 Office of EMS.

23 **MR. RHODES:** Ed Rhodes, at-large
24 Member.

25 **MR. PLAYER:** Michael Player,

1 Virginia Fire Chiefs Association.

2 **MR. RUSH:** Bryan Rush, VML.

3 **MR. BERG:** Mike Berg, Office of
4 EMS.

5 **MR. SIMON:** Steve Simon, Western
6 Virginia EMS Council.

7 **DR. LINDBECK:** George Lindbeck,
8 meeting attendee.

9 **MR. LONG:** David Long, Tidewater
10 EMS Council.

11 **MR. LINKINS:** Daniel Linkins,
12 OEMS, CSGMS.

13 **MS. TRAYLOR:** Lara Traylor,
14 Rappahannock EMS Council.

15 **MR. DALTON:** Gary Dalton, Virginia
16 Association of Volunteer Rescue Squads.

17 **MR. O'SHEA:** Jake O'Shea,
18 representing the Virginia Healthcare and Hospital
19 Association.

20 **MR. MEYER:** Jeff Meyer, VAGEMSA.

21 **VICE CHAIR ADAMS:** Beth Adams,
22 Northern Virginia, and I'm Vice Chair of this
23 Committee.

24 **MR. WINSTON:** Scott Winston,
25 Office of EMS.

1 **CHAIR SAMUELS:** We have a proposed
2 agenda that Scott had laid on the back of the
3 table, and a motion that we accept the agenda for
4 today's meeting?

5 **MR. RHODES:** So moved.

6 **MEETING ATTENDEE:** Second.

7 **CHAIR SAMUELS:** Any discussion?

8 **MEETING ATTENDEES:** (No audible
9 response.)

10 **CHAIR SAMUELS:** All those in
11 favor, say aye.

12 **MEETING ATTENDEES:** Aye.

13 **CHAIR SAMUELS:** Any opposed?

14 **MEETING ATTENDEES:** (No audible
15 response.)

16 **CHAIR SAMUELS:** Okay, so the
17 agenda passed. We have the minutes from the
18 November 18th meeting that were out, were there
19 any adjustments, additions, changes that need to
20 happen to those minutes?

21 **MR. PLAYER:** Michael Player, here.
22 On the transcript there's a quote that's
23 inadvertently I think attributed to me, it's
24 actually Michael Berg, it's on Page 12.

25 **CHAIR SAMUELS:** On the transcript?

1 **MR. PLAYER:** Yeah, it doesn't
2 appear in the minutes, so I don't know how
3 significant it is but it was.

4 **CHAIR SAMUELS:** Was it
5 complementary?

6 **MR. PLAYER:** I spoke eloquently
7 about the RSAF program.

8 **DR. LINDBECK:** I think you need to
9 distance yourself as much as you can from Mike
10 Berg.

11 **CHAIR SAMUELS:** So Scott, can you
12 get them to fix that?

13 **MR. BERG:** Feel the love.

14 **CHAIR SAMUELS:** Not in these
15 minutes, so, the transcript.

16 **MR. WINSTON:** Right.

17 **CHAIR SAMUELS:** The transcript.

18 **MR. PLAYER:** I don't know if it's
19 a big deal.

20 **MR. WINSTON:** Yeah.

21 **CHAIR SAMUELS:** You should always
22 state your name before you speak.

23 **MR. PLAYER:** I didn't speak in
24 error.

25 **CHAIR SAMUELS:** Okay. So the

1 minutes that we have, are there any changes or
2 additions to those?

3 **VICE CHAIR ADAMS:** Motion to
4 approve the minutes.

5 **MR. RHODES:** Second.

6 **CHAIR SAMUELS:** So motion by Beth
7 Adams, second by Ed Rhodes. Any discussion on
8 the minutes?

9 **MR. RHODES:** Those are my two
10 motions for the day.

11 **MEETING ATTENDEES:** (No audible
12 response.)

13 **CHAIR SAMUELS:** Hearing none,
14 okay. All those in favor say aye?

15 **MEETING ATTENDEES:** Aye.

16 **CHAIR SAMUELS:** All those opposed?

17 **MEETING ATTENDEES:** (No audible
18 response.)

19 **CHAIR SAMUELS:** Thank you. That
20 passed. Office of EMS update. Gentlemen?

21 **MR. BROWN:** I yield to Scott,
22 since he's staff.

23 **MR. WINSTON:** Well, thank you,
24 thank you. Before every Advisory Board meeting
25 we meet, Gary and I and a few other folks to talk

1 about what should we talk about, and its really,
2 we really don't have to say much of anything
3 because we spend a great deal of time and effort
4 putting the quarterly report together that we
5 send out prior to each Advisory Board meeting, so
6 just like the commercial for Prego, its in there.
7 There are some things that happened a little more
8 fluid, and there was a little more fluid and
9 don't get into the quarterly report, but I can't
10 really think of anything that's not already
11 there.

12 I can tell you we are continuing to work
13 with the hybrid regional offices, there are now
14 four of those; we've got one in Southwest, one in
15 Rappahannock, one in BREMS, and the first one in
16 Central Shenandoah, and getting facilities
17 upgraded, staffing, approval of work plans. We
18 just recently approved a new contract with the
19 hybrid regional offices that will span a period
20 of five years, so as far as I know things are
21 going well, you know, we're working on finalizing
22 some administrative guidelines because we are,
23 this is a new process for us and we are learning
24 some things as we go, and overall I think its
25 working pretty well. And if not, please come

1 forward and let us know what your thoughts are.
2 Let's see, that's really all I have. Again, I
3 would encourage you to look at the report that's
4 posted on the OEMS website.

5 **CHAIR SAMUELS:** Thank you Scott.
6 Okay so the next thing on our list would be the
7 State EMS plan update. Before we do that can we
8 just go around real quick, and I see a couple of
9 staff members in the room, and if there's
10 anything you want to add that's not on the agenda
11 now is the time to share that, and I will start
12 with Mike Berg.

13 **MR. BERG:** Nothing comes to mind
14 at this point that wasn't already discussed and
15 is in the document. There is an agenda item on
16 the Advisory Board to approve a plan with regards
17 to the membership of the FARC and the term of
18 service. And I can go further than that if you
19 think that's appropriate.

20 **CHAIR SAMUELS:** Looking around the
21 room I think most everybody has been in some of
22 those meetings already. Does anybody have a wish
23 or desire to hear more?

24 **MEETING ATTENDEES:** (No audible
25 response.)

1 **CHAIR SAMUELS:** Okay.

2 **MEETING ATTENDEE:** It's not a
3 reflection on anybody here.

4 **MR. BERG:** All right, I'm feeling
5 the love pretty well this morning.

6 **MEETING ATTENDEE:** It's the
7 morning.

8 **MR. BERG:** Other than that I have
9 nothing, sir.

10 **CHAIR SAMUELS:** All right, staying
11 in the center section, I'll look at Daniel
12 Linkins.

13 **MR. LINKINS:** Nothing really to
14 add to the agenda, but I will just highlight the
15 Shenandoah Valley EMS Expo is March 9th through
16 the 11th in Weyers Cave, Blue Ridge Community
17 College, so registration is open for that to help
18 us share that information.

19 **CHAIR SAMUELS:** You want to reveal
20 your special guest that's coming?

21 **MR. LINKINS:** Yeah, author Tom
22 Dick will be our keynote speaker.

23 **CHAIR SAMUELS:** Dr. Lindbeck, do
24 you have anything you'd like to share with the
25 Legislative and Planning Committee?

1 **DR. LINDBERG:** Just I mean I think
2 we're going to discuss it under the legislative
3 agenda, maybe some of the background on a couple
4 of those bills.

5 **CHAIR SAMUELS:** Okay.

6 **DR. LINDBERG:** But I don't think
7 I've got anything else today.

8 **CHAIR SAMUELS:** All right, and Ron
9 is going to be on the agenda.

10 **DR. LINDBECK:** He's on the agenda.
11 And for the terms of the State EMS plan met the
12 last full Advisory Board meeting, it was
13 unanimously adopted. It is now going to be
14 placed on the agenda for the upcoming Board of
15 Health meeting, which is, I think the end of
16 March, is it the 23rd?

17 **CHAIR SAMUELS:** March 23rd.

18 **DR. LINDBECK:** Yes. And at that
19 point, we hope that the Board will favorably
20 receive and unanimously approve the updated State
21 EMS plan for the period 2023 through 2025.

22 **CHAIR SAMUELS:** Okay, so the next
23 thing on the agenda is regulatory update from Mr.
24 Passmore.

25 **MR. PASSMORE:** 732, I think most

1 of you are aware is, the Rules and Regulation
2 Committee has adopted, or passed the final draft,
3 and that final draft is being reviewed by a
4 couple other committees that asked to see it, not
5 for the purpose of edits but just to see what the
6 final language ended up being. So the plan is
7 for the next Advisory Board in May it will go
8 from Rules and Regs to the Advisory Board for
9 final approval. When that is approved then it's
10 slated to go before the Board of Health in
11 September's Board of Health meeting. Once it is
12 approved there, then it will officially enter the
13 stage two of the regulatory process and begin the
14 Executive Branch review. Upon completion of
15 that, it will be publically posted and open for
16 public comment for 60 days.

17 **CHAIR SAMUELS:** Thank you, Ron.
18 Any questions for Ron, anybody?

19 **MEETING ATTENDEES:** (No audible
20 response.)

21 **CHAIR SAMUELS:** Okay.

22 **MEETING ATTENDEE:** Ron, did you
23 want to mention some of the recent meetings
24 you've had with the Board of Pharmacy
25 representatives, and extend an invitation for

1 other regions to participate?

2 **MR. PASSMORE:** Tentatively yes.

3 The last three, few weeks I have held a couple of
4 group meetings with stakeholders and typically
5 counties or regional EMS councils that the Board
6 of Pharmacy has participated, to give the
7 agencies an opportunity to have a Q&A session
8 with the Board of Pharmacy folks. But I do have
9 a call, the Director of the Board of Pharmacy is
10 calling me back and I'm supposed to meet with her
11 on Monday again to kind of go over how many more
12 of these may happen, since she thinks there might
13 be a more efficient way to do this. But they are
14 trying to be available for Q&A sessions to help
15 answer questions for the agencies that are
16 seeking CSR registration.

17 **DR. LINDBECK:** I got to sit in on
18 one of those, I couldn't make the other one
19 personally but it was reassuring that I think
20 what we've been saying over the years has been
21 pretty consistent with what VOP is saying now,
22 so.

23 **MR. PASSMORE:** Just seems to sink
24 in more when they say it.

25 **DR. LINDBECK:** Or not. We'll see.

1 **CHAIR SAMUELS:** Okay. And then
2 the next thing on the agenda would be
3 legislative, the first thing that comes up is
4 House Bill 1472 and Senate Bill 1246, that's EMS
5 as an essential service. Scott shared yesterday
6 or the day before that those bills are pretty
7 much the same bill now, they were pretty much,
8 they are mirrored, so the House adopted some of
9 the wording from the Senate bill, so they look
10 exactly the same. Both have been voted on and
11 engrossed, I guess is what they said.

12 **MR. RHODES:** They passed out of
13 both houses.

14 **CHAIR SAMUELS:** So that means they
15 will cross over, they cross over and there will
16 probably be no changes other than that. The
17 wording seek to assure was left in it, so seek to
18 insure, but the word essential is in there in two
19 places, so that covers, you know, we kind of, we
20 have what we wanted there, so is there anything
21 else with that one Scott that?

22 **MR. WINSTON:** I don't really have
23 anything. I want to publically recognize and
24 thank Ed for his hard work in identifying
25 patrons, and resurrecting one that was laid on

1 the table the first day in Committee, so. It
2 replaced, would have liked to have seen the
3 language remain as we suggested, but it was very
4 apparent from the beginning that the Virginia
5 Association of Counties was strongly opposed to
6 the language. The rationale was that if a,
7 a scenario that was shared with us was if a
8 volunteer rescue squad closes its doors, and in
9 the interim before the locality can make other
10 arrangements to provide coverage in that area,
11 something happens that results in a untoward
12 effect on the patient, what's their liability?
13 The localities inherently have liability in
14 everything they do, and they have sovereign
15 immunity on many things as well.

16 So we shared that information with them
17 and you know, the fact that there has to be a
18 DERO that the locality recognizes the DERO
19 through an ordinance or a resolution that the
20 locality has to have an emergency medical
21 response plan that should recognize situations
22 that could occur where a service may be
23 interrupted. There is also language that allows
24 locality volunteer rescue squads who are
25 providing service in the locality to be

1 recognized as an instrumentality of local
2 government. But in spite of all that, they
3 still are pretty hard and fast in not wanting to
4 use the words shall insure. Ed, do you have
5 anything that you would like to add?

6 **MR. RHODES:** No, I know VACO was
7 about the only one that was opposed to it. I
8 want to thank Bryan for his help in working with
9 his Delegate from VML to get it through, you
10 know, so we didn't have to battle, make that
11 battle twice.

12 **CHAIR SAMUELS:** Right. That's
13 Bryan Rush he's talking about.

14 **MR. RHODES:** Yes. Um hmm
15 (indicating affirmatively.)

16 **CHAIR SAMUELS:** And thank you for
17 those extra work you put into fulfill it as well.

18 **MR. RUSH:** It was something that
19 needed to be done. I was sad to hear that VACO
20 was being such opposed to it because we have, we
21 had some questions on VML in the beginning but
22 got that rope straightened out and hopefully we
23 will see some positive action next week.

24 **CHAIR SAMUELS:** And last...

25 **MR. RHODES:** You know I mean...

1 **CHAIR SAMUELS:** Go ahead.

2 **MR. RHODES:** My concern is, and
3 this is aimed strictly at VACO is when this came
4 before the Advisory Board for a vote before we
5 even really started doing it in the Legislature
6 it was unanimous, including VACO, and then they
7 oppose it, you know, that one little piece, and I
8 would think that they would be on the same, the
9 people that do the lobbying for VACO and the
10 representative here would at least be on the same
11 page. But we did have a couple of good patrons.
12 One thing I will say about the Senate patron,
13 Senator Mark Obenshain from Harrisonburg, when
14 VAVRS visited him about two weeks ago, we found
15 out and didn't even know it, he's been the pro
16 bono legal advisor to Harrisonburg Rescue Squad
17 for over 25 years. So he took this one and ran
18 with it.

19 **CHAIR SAMUELS:** Next item, House
20 Bill 1447, Senate Bill 14.6, that's the bill of
21 administration of drugs and devices by EMS
22 providers and medical facilities. Where is that
23 one sitting now, that bill?

24 **MR. RHODES:** They both...

25 **CHAIR SAMUELS:** The House is on...

1 **MR. RHODES:** ... 1447 has been
2 referred to the Senate Committee on Education and
3 Health. The Senate version came out of that
4 committee...

5 **CHAIR SAMUELS:** Yesterday.

6 **MR. RHODES:** ... yesterday morning,
7 had a committee substitute, it passed by they
8 haven't updated the system, all it says is
9 committee substitute, printed, so but I think it
10 was unanimous yesterday in the committee.

11 **MEETING ATTENDEE:** I thought the
12 background on that was kind of interesting, so
13 there's just, you know, increasing interest in
14 some circles because of, you know, critical
15 staffing shortages and hospital, particular
16 emergency departments, to look for other sources
17 of manpower and you know, paramedics have even
18 discussed for decades for working in the
19 emergency department. I don't think it's unfair
20 to say that there's always been a certain amount
21 of tension in some areas, between administration
22 and paramedics, and having paramedics really get
23 a foothold in the hospital. So we had always
24 thought that current regulation and law would
25 permit them to do this, but there have been a lot

1 of differing opinions at different institutions
2 from their council.

3 So I think somebody got to the
4 Legislature, Legislator and asked them to put
5 something in there that seemed to clarify this.
6 It will be interesting over the next few months
7 and years to see how this whole idea goes. We've
8 had a lot of discussions locally about workforce
9 issues in our Fire and Rescue community and then
10 the police start calling paramedics out and give
11 them higher paying jobs in the hospital and how
12 that's going to effect our workforce for out of
13 hospital care, we don't have answers for that,
14 but its going to, I think its going to happen as
15 the committee and paramedicine and those sorts of
16 things grow well.

17 **MEETING ATTENDEE:** George, I can
18 tell you on the hospital side, many of the
19 paramedics are already putting in hours in the
20 hospital and its just about allowing the doctor
21 to top a license in that setting...

22 **DR. LINDBECK:** Yes.

23 **MEETING ATTENDEE:** ...you know, for
24 the hospitals want paramedics in the ambulances
25 too, so there's no way we are not seeking to try

1 to pull people away from their day job...

2 **MEETING ATTENDEE:** Oh no.

3 **MEETING ATTENDEE:**... it's one of
4 the people that work an extra 12 hour shift in
5 the hospital will spend, you know, three days in
6 the ambulance and.

7 **MEETING ATTENDEE:** Yeah. No I
8 mean, nobody thinks that they're looking to
9 actively depopulate that but yeah if it's a job
10 that is indoors and pays a little better, and is
11 interesting and builds your scales, yeah it's
12 going to be attractive to people, that's all.

13 **MEETING ATTENDEE:** And I also will
14 agree that there has been varying practice across
15 the State with some places believing that its
16 allowed under Code, and others believing that its
17 not allowed under Code, and mixed opinions
18 depending on which attorney you speak with.

19 **CHAIR SAMUELS:** Okay.

20 **MR. DALTON:** Okay so we'll, that
21 bill has, both of the bills have very broad
22 support. We heard from HCA, Scott Johnson
23 representing HCA, supports the bill. The
24 Virginia Nurses Association of Virginia, College
25 of Emergency Physicians all had lobbyists that

1 spoke to the committee indicating that they
2 support the bill. Those two bills are in
3 different forms right now, the House version we,
4 which is carried by Delegate Orrock, specifies,
5 both bills start off with using a specific term
6 paramedic, which would eliminate...

7 **MR. RHODES:** I may have mentioned
8 that.

9 **MR. DALTON:** ... only individuals
10 certified as paramedics. So we brought that to
11 the attention of Brent Rawlings at VHHA, and this
12 thing will probably go through a couple of
13 different revisions, but the way the House
14 version sits right now, it identifies
15 individually each certification level that is
16 recognized in the Commonwealth, and even one of
17 those certification levels is one, is a level
18 that doesn't even exist. It should have said
19 advanced and it came out as enhanced, so there's
20 going to have to be some further edits to that
21 bill. On the Senate side in Senator
22 Suetterlein's bill, we proposed substitute
23 language and suggested using the term, any
24 persons who hold a valid emergency medical
25 services provider certification issued by the

1 Board of Health, which would take into account
2 any certification level that currently exists
3 today and any one that would be recognized in the
4 future.

5 So we are all, we don't like
6 prescriptive legislation because it has to be
7 changed, because things do change. So I hope
8 that, I have communicated with Brent Rawlings
9 about that and he indicates that he is in support
10 of using the more broad, generic term, and I
11 think that will take care of itself as those
12 bills go to the crossover and have it further
13 amended, and then finally come back together at
14 the end.

15 **CHAIR SAMUELS:** Okay. So we'll
16 follow those and continue to see where that goes.
17 House Bill 1904, Senate Bill 926, that's
18 Emergency Department Care Management Grant
19 Program and Fund. So anything on, Gary you have
20 been in those committee meetings.

21 **MR. BROWN:** Sure. Yes,
22 absolutely. Well 1904 as Gary said, the other
23 Gary said, establishes an emergency department
24 care management grant program. And anyway this
25 was, the 1904 has been laid on the table, so that

1 is no longer an active bill. The Senate Bill 926
2 was an identical to House Bill 1904 word for
3 word, that has actually been read the third time
4 in the Senate and has passed 40 to nothing, so
5 that bill will now come over to the House. So
6 the fact that the House defeated, that the same
7 bill on the House side, its anybody's guess as to
8 what they will do when it gets to the House,
9 because it did pass the Senate on a unanimous 40
10 to nothing vote.

11 **CHAIR SAMUELS:** Okay.

12 **MR. RHODES:** I think that's out of
13 the Commission on Healthcare, too.

14 **CHAIR SAMUELS:** Pardon me?

15 **MR. RHODES:** I think that bill is,
16 both those bills are out of the Commission on
17 Healthcare.

18 **CHAIR SAMUELS:** Yes.

19 **MR. BROWN:** They are.

20 **CHAIR SAMUELS:** This is Gary. Did
21 you want to, Gary Brown, did you want to provide
22 any additional background in terms of how EMS has
23 gotten involved in this bill?

24 **MR. BROWN:** Well, the Joint
25 Commission on Healthcare did a study in 2021 of

1 the overutilization of emergency departments, and
2 so they requested data from our office, which we
3 provided, and in our actions with them, they
4 became more interested in the data that we have
5 available that that could assist them. And then
6 discussions led, when they were talking about
7 establishing a grant program and funds to support
8 that grant program for basically a four year
9 pilot in looking at reducing patient usage of
10 emergency departments, routine, non-routine
11 primary medical care, support, emergency
12 department case management staff, and its listed
13 in the bill, and if you guys have been reading a
14 grid and report each week, this information was
15 there. But during our discussions, they learned
16 of us having a Rescue Squad Assistance Fund grant
17 program, and of course, it's an e-gift program
18 that was developed in-house, and it's a very
19 robust program, and it does everything that they
20 wanted to see in a grant program, and so we
21 agreed to have them use our platform for the
22 grant program itself.

23 So it, when these two bills got
24 introduced, the Health Department actually
25 assigned it to us and we said no, this should not

1 be ours, this is the emergency department grant
2 program, this should go to the Office of
3 Licensure and Certification, who licenses
4 hospitals. We just agreed that we would allow,
5 and we would do the work to have their program be
6 able to use our platform, but nevertheless we
7 still got stuck with it because its going to
8 require, you know, the development of
9 application, a review process, an evaluation
10 process, the granting of awards and things of
11 that nature, and we said this is not our
12 responsibility, but we still got stuck with it,
13 so.

14 **CHAIR SAMUELS:** Thank you. It's
15 good background. Other duties as...

16 **MR. BROWN:** Yep.

17 **CHAIR SAMUELS:** Okay, so I guess
18 we'll keep an eye on that. House Bill 1449, EMS
19 providers to administer prescription medications
20 with patients under certain circumstances. That
21 was the bill, correct me if I'm wrong, that
22 wanted the Department of Health or one of the
23 docs or whatever, to come up with a plan for how
24 that an agency could, or an EMS provider could
25 administer medicine the patient has at home

1 that's unique to them, correct?

2 **MR. BROWN:** Yeah.

3 **CHAIR SAMUELS:** So similarly, the
4 Glucagon that we, yeah, right.

5 **(WHEREUPON, simultaneous speaking.)**

6 **MEETING ATTENDEE:** ... unique to,
7 unique...

8 **MR. WINSTON:** This is something we
9 discussed for years and we haven't really
10 generated a specific policy for it because we
11 really didn't think that there was a problem with
12 it. We started discussing it at MDC before the
13 Legislative session started, so we actually
14 developed a policy through MDC that was approved
15 at the last meeting and I think we'll have it on
16 the website next week to, that kind of explains
17 that. But basically if patient or family can get
18 in touch with their local agency, the agency can
19 then work with their medical director to come up
20 with a policy on, not necessarily a policy, but
21 instructions on how to administer the
22 medications, because its usually not going to be
23 something that we carry in the drug box, and
24 examples might be hydrocortisone. That was our
25 response to the adrenal hyperplasia group was

1 that rather than trying to put hydrocortisone in
2 every single drug box in the State, that would
3 probably never get used, keep it at home and have
4 an arrangement with your first OEMS agency to
5 administer it. And the only caveat was that it
6 did need to be within the scope of practice
7 though for that provider, so we wouldn't have
8 BMT's given Factor 8 but.

9 **CHAIR SAMUELS:** Right.

10 **MR. BROWN:** And Scott, this is the
11 Section One deal, right?

12 **MR. WINSTON:** Yes.

13 **MR. BROWN:** Yeah. And what
14 Delegate Orrock actually amended the bill and he
15 originally had that the Secretary of Health and
16 Human Resources in collaboration with the State
17 Emergency Medical Services Advisory Board shall
18 adopt a process to allow EMS providers to
19 administer prescription medication, you got it,
20 you got it. And he amended it to say that the
21 Health and Human Resources in collaboration with
22 the Advisory Board shall consider adopting, not
23 shall adopt, shall consider adopting, because...

24 **MR. WINSTON:** But if you think
25 those through, I think we may have already

1 satisfied that.

2 **MR. BROWN:** Yeah. That's what I'm
3 thinking too, so.

4 **MR. WINSTON:** Yeah.

5 **MR. BROWN:** And he did not want to
6 put that kind of like as a mandate. that just to
7 consider it.

8 **CHAIR SAMUELS:** Great.

9 **MR. WINSTON:** And it's good that
10 he lessened the impact...

11 **MR. BROWN:** Yeah.

12 **MR. WINSTON:**... but we've been,
13 like you said we've been looking at it for quite
14 a few years, but I mean we have dealt with it in
15 different regions and different medical directors
16 had to deal it with certain things so.

17 **MR. BROWN:** Yeah.

18 **MR. WINSTON:** I think it's good
19 that we, that MDC was already ahead of the curve
20 and has a policy that's going to...

21 **MR. BROWN:** And with a Section One
22 bill, it's not codified.

23 **MR. WINSTON:** It's not codified,
24 so this, it kind of is passed, but it sits there.

25 **MR. BROWN:** Yeah.

1 **MR. RHODES:** It's kind of sort of
2 codified, but you got to remember also they are
3 redoing, recodifying Title 32, and they're going
4 to go into the Section One bills that are all in
5 there and possibly take some of them and move
6 them into actual Code.

7 **CHAIR SAMUELS:** Okay.

8 **MR. RHODES:** But that's stalled
9 right now because the lead attorney for
10 legislative services doing that left and she went
11 to another state agency. So I don't know when
12 it's going to start back up.

13 **MEETING ATTENDEE:** Seems to be a
14 thing.

15 **CHAIR SAMUELS:** Really.

16 **MEETING ATTENDEE:** This way if
17 they, the adrenal hyperplasia group surfaces
18 again, which they do periodically, we have
19 something we can point to. We have responded to
20 them in writing before but this way we will have
21 a policy on the website that we can point to and
22 say who is covering it.

23 **CHAIR SAMUELS:** Right, thank you.
24 Were there any other bills that we needed to look
25 at today, does anybody have anything else that

1 they want to talk about or?

2 **MEETING ATTENDEES:** Um hmm

3 (indicating affirmatively.)

4 **CHAIR SAMUELS:** Okay. Man I like
5 it. Is there any unfinished business of the
6 Committee?

7 **MEETING ATTENDEES:** (No audible
8 response.)

9 **CHAIR SAMUELS:** Scott did you have
10 anything, Gary, any unfinished business?

11 **MR. BROWN:** I don't think so.

12 **CHAIR SAMUELS:** Okay, any new
13 business?

14 **MEETING ATTENDEES:** (No audible
15 response.)

16 **CHAIR SAMUELS:** Okay. So is there
17 any public comment? This is moving right along.

18 **MEETING ATTENDEES:** (No audible
19 response.)

20 **CHAIR SAMUELS:** I won't know what
21 to do, I will have extra time tonight. Okay, so
22 our next meeting will be May 5th here at 8:30, in
23 conjunction with the GAB meetings, and we will
24 report out to them on, what happens is we'll have
25 a complete, you know, what passed within, as

1 always if you have questions, the legislative
2 grid is on the State site, Gary sends that out on
3 Fridays, and it keeps us in tune. You can go to
4 the LIS system and get anything you need there,
5 that seems to be my favorite spot because I can
6 pull it up in real time and you know, its crazy
7 but its there, so and they are pretty quick to
8 get the new stuff up within, you know, a day or
9 two. If we don't have anything else, I will
10 entertain a motion to adjourn.

11 **MR. RHODES:** So moved.

12 **MEETING ATTENDEE:** So moved.

13 **(WHEREUPON, the meeting was adjourned at 9:05**
14 **a.m.)**

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CAPTION

The foregoing matter was taken on the date, and at the time and place set out on the title page hereof.

It was requested that the matter be taken by the reporter and that the same be reduced to typewritten form.

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**CERTIFICATE OF REPORTER AND SECURE ENCRYPTED
SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT**

I, **CHERYL RENEE LANE**, Notary Public, do hereby certify that the foregoing matter was reported by stenographic and/or mechanical means, that same was reduced to written form, that the transcript prepared by me or under my direction, is a true and accurate record of same to the best of my knowledge and ability; that there is no relation nor employment by any attorney or counsel employed by the parties hereto, nor financial or otherwise interest in the action filed or its outcome.

This transcript and certificate have been digitally signed and securely delivered through our encryption server.

IN WITNESS WHEREOF, I have here unto set my hand
this 13TH day of FEBRUARY, 2023.

TECHNOLOGY COURT REPORTER
AND INFORMATION MANAGER
CHERYL RENEE LANE, CTR
REPORTER@VETERANREPORTERS.COM
SPOUSE OF A UNITED STATES NAVY VETERAN




COUNTY
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CHERYL RENEE LANE

Court Reporter / Notary

Notary Registration Number: 7864242

My Commission Expires: 05/31/2024

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