



## Peninsulas Emergency Medical Services Council, Inc.

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### Board of Directors Meeting Minutes

**Meeting Date:** 12-18-2021

**Meeting Location:** Virtual – MS  
Teams

**Chaired By:** Julia Glover

**Begin Time:** 6:32 p.m.

**End Time:** 8:05 p.m.

**Minutes Submitted By:** Steve Pincus

**Draft:** Approved Date: 03-19-2025

<b>Members Present:</b>	<b>Members Absent:</b>	<b>Staff:</b>	<b>Others:</b>
Anderson, Pamela (TC)	Beasley, Jeff	Ashe, Amy (TC)	Baxter, Courtney (Wells Coleman) (TC)
Barrick, Dave (TC)	Dent, Pat	Brophy, Kevin	Gardner, Ben (Wells Coleman) (TC)
Doak, Melissa (TC)	Hunter, Greg	King, Joann (TC)	Woods, Greg (OEMS) (TC)
Dodd, Lisa (TC)	Kennedy, Shannon	Pincus, Steve (TC)	
Glover, Julia (TC)	Louka, Amir	Thomas, Debbie (TC)	
Gupta, Sudershan (TC)	Massignan, Jason		
Kopczynski, Steve (TC)	St. George, Dustin		
Lang, Betsy (TC)	Thurman, Sadie		
Northstein, Johanna (TC)	Ward, Gary		
Paulette, Mitch (TC)	Wenner, Jane		
Player, Michael			
Powell, Cornelius (TC)			
Samuels, Gary (TC)			
Sink, Betsy (TC)			
Smith, Matt (TC)			
Vanhoozier, Adria (TC)			

Item	Discussion	Action Required	By Whom/When
1. Call to Order and Introductions	Julia Glover called the meeting to order at 6:32 p.m. Steve Pincus called the role and attendees introduced themselves.		
2. FY 2024 Audit Presentation*	<p>Courtney Baxter and Ben Gardner from Wells Coleman provided the board a presentation of the financial audit for FY24. They went over various aspects of the council’s finances and stated that the council remains in a good financial position. They also stated that there were not any discrepancies noted thereby allowing Wells Coleman to provide a “Clean Audit.”</p> <p>Dr. Cornelius Powell made a motion that the Board accept the audit as presented. Adria Vanhoosier provided a second to the motion. Motion was approved unanimously.</p>		
3. Consent Calendar*	All documents for the consent calendar were posted in the MS Teams Board of Directors folder prior to the board meeting so that members had the opportunity to review them. Steve Kopczynski made a motion to accept the consent calendar. Dr. Gupta provided a second to the motion. The motion carried.		
4. President’s Report	Julia Glover reported that there were not any expiring terms or resignation of board members. There is a vacancy for a representative of a Virginia Peninsula business. Julia asked members to contact the PEMS office if they have recommendations for someone to fill that position.		
5. Vice President’s Report	Pat Dent was not present.		
6. Secretary/Ex Director’s Report	<p>Chief Player reported that a lot has taken place in the past three months. He said that VDH Chief Operating Officer Christopher Lindsey said that the EMS system has challenges and need changes, and he wants the Advisory Board to assist. Mr. Lindsey also told the Advisory Board that he knew several groups had concerns with the Fitch Report and he wasn’t going to rely heavily on the report. There were six areas of concern:</p> <ol style="list-style-type: none"> <li>a. What were the requirements, duties, and responsibilities of the State Medical Director? What is the relationship of the State Medical Director to the Governor's Advisory Board Medical Direction Committee and what is the vision of what it should be, what it could be, as well as programmatic expectations?</li> <li>b. Should OEMS continue to be the inspection and oversight element of the trauma system? What is appropriate role within the trauma system? Should the state adopt the American College of Surgeons’ Model?</li> <li>c. For Education and Training – Should the model stay centralized or decentralized? What is the appropriate role for OEMS and the regional councils?</li> <li>d. Placement of OEMS – Should it continue to be under VDH or moved to something such as under Public Safety?</li> <li>e. Is the structure of the Governor’s Advisory Board the correct one or should it be streamlined? Are the committees the correct ones?</li> <li>f. For the regional councils is the current structure the right one? What should be their number, borders, structure and funding?</li> </ol> <p>The Advisory Board agreed that the Executive Committee of the GAB would make assignments to address the aforementioned areas of concern.</p>		

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	<p>Chief Player then stated that the regional council directors are working with a lobbyist to develop responses to any legislative initiatives. The directors are also trying to obtain two legislative patrons to draft language to address the necessity of the eleven councils and to address funding of the councils. There was also another section which introduced a letter of support to move OEMS out from under VDH. The drafts of the documents were placed in the document sections in the Teams folder.</p>		
7. Treasurer's Report	<p>Chief Barrick stated that he met with Kevin Brophy to go over the financials and that they also discussed the annual audit. Documents related to the end of FY24 were placed on the Teams folder.</p>		
8. RMD Report	<p>Dr. Louka was not at the meeting. His quarterly report was submitted and included in the meeting documents.</p>		
9. Staff Reports	<p><u>Amy Ashe</u> reported that she continues to meet with the MIH workgroup every other month. The MAC met in December and there were not many changes. The few that were made will come out with the protocol update. The MAC is working to see how to best do protocols working with the PPP Committee since a lot of agencies will be using their own protocols when they begin purchasing their own medication kits.</p> <p>The Behavioral Health Committee met and have had good collaboration. Riverside's Mental Health and Recovery Center has begun accepting ambulances.</p> <p><u>Kevin Brophy</u> reported that the audit was finished, and he has been working with the Executive Committee to approve the mid-year FY2025 budget. There were not any major changes to the budget. Kevin also stated that has been working on the redesignation process with Chief Player and Steve Pincus. The package will be submitted by the end of the calendar year.</p> <p><u>Joann King</u> report that she taught several classes during the quarter. A lot of them were in conjunction with VPCC which helped her keep her instructor credentials up. She also facilitated a "RACE" Train the Trainer course.</p> <p><u>Steve Pincus</u> reported that he has been involved in many functional exercises in which people had requested moulage. There will be another basic moulage artistry class held at PEMS in early 2025. This class is being funded by EVHCC so there will not be any charge for students.</p> <p>Steve Pincus reported that he was asked by Chief Player to look for additional funding sources and that he prepared a grant application for Dominion Energy and was successful in obtaining \$5,000 to be used toward the medication formulary.</p> <p>Steve Pincus stated that he was currently working on the FY24 Annual Report and assisting Kevin and Chief Player with the redesignation process.</p> <p><u>Debbie Thomas</u> reported that she was able to work with Joann to facilitate additional stroke training and the RACE Train the Trainer. She stated that both Riverside and Sentara's stroke coordinators are working together to put on a program that will benefit all hospitals. This is necessary because they noticed that there were several providers who were not using the RACE tool for evaluating stroke patients and they want to make certain that the hospitals were receiving accurate information with respect to the severity scores. Debbie stated that they are planning to do another RACE Training session that would be held on the weekend so that more of</p>		

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	<p>the volunteer agencies could attend.</p> <p>Debbie also said that she worked with the Virginia Heart Attack Coalition on getting more people to use 12-lead EKGs.</p> <p><u>Travis Veach</u> – Kevin Brophy stated that Travis was working and was not able to attend the meeting. Chief Player stated that Travis was acting as the point person on the medication kit transition. He is assisting agencies with obtaining their CSR and DEA licenses.</p>		
10. Office of EMS Report	<p>Greg Woods from OEMS reported that a new director of OEMS, Dr. Maria Foote has been hired with an anticipated start date of January 25<sup>th</sup>. Scott Winston announced his retirement for the end of January.</p> <p>Greg Woods stated that OEMS is working on the development of a dashboard to track the readiness of agencies with the medication kit transition. He went on to say that Mike Berg will oversee a RSAF Grant initiative for the medication kits and electronic patient care reports. This special initiative application period is closing on January 3, 2025. The initiative is to provide a stop gap measure for a period of one year until agencies can establish funding.</p> <p>Greg Woods then stated that all councils are going through the redesignation process. The administrative paperwork is due to OEMS on December 31<sup>st</sup>. There will be site visits in the spring of 2025.</p>		
11. Old Business	<p>Chief Player stated that on October 9, 2024, the FDA issued an exemption from the enhanced drug distribution security requirements of section 582 of the FD&amp;C Act for eligible trading partners extending the compliance date for one year to November 27, 2025.</p> <p>On October 28, 2024, at the Virginia Regional EMS Medication Kit Transition Workgroup Update Meeting yesterday afternoon, representatives of the Virginia Society of Health System Pharmacists reported on their recommendation to extend the date of Regional EMS Medication Kit Transition to April 15, 2025.</p> <p>On October 31, 2024, the VSHP and VHHA published a joint statement extending the Transition Date to April 15, 2025, with the following considerations.</p> <ol style="list-style-type: none"> <li>1. If the DEA publishes the final rule for Protection Patient Access to Emergency Medications Act with an enforcement date prior to April 15, 2025, the transition date will be the earlier of the two dates.</li> <li>2. Agencies ready for transition, are encouraged to work with their council and local hospitals to transition earlier than April 15, 2025. This will allow agencies to have a “soft” launch to ensure all processes work as designed prior to transition.</li> <li>3. Agencies that are challenged with meeting the April 15, 2025, date, will work with regional EMS council leadership to address any obstacles and determine solutions</li> </ol> <p>Readiness Updates and Ongoing Actions to Take</p> <ol style="list-style-type: none"> <li>1. Progress reports: EMS Agencies and Regional EMS Councils provide a monthly update on status for each agency CSR, DEA, and transition readiness to hospital leadership for hospitals to understand progress. Toward transition readiness and implementation.</li> <li>2. CSR is Established: EMS Agencies should continue to work toward readiness. For those who have received their CSR and are awaiting DEA, it is recommended to move forward with</li> </ol>		

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	<p>establishing Group Purchasing Organization (GPO) and Wholesaler accounts to the extent possible to reduce the overall time for implementation.</p> <p>3. DEA License Registration is Established: While the DEA Controlled Substance Ordering System (CSOS) is the preferred method of ordering CII Medications, it is not required for transition. Agencies should request DEA222 forms when obtaining their DEA License Registration as a bridge. EMS Agencies/Councils provide a monthly update on status of each agency</p> <p>The PEMS Transition Plan was approved by the PEMS Pharmacy and PICO Committees on November 13, 2024. The plan has been circulated to EMS Agencies.</p> <p>PEMS Continues to stand by and assist any agency with applying for the Virginia Board of Pharmacy Controlled Substance Registration and US Drug Enforcement Administration License for Schedule II-V Controlled Substances and the processes required to resupply its own medications.</p> <p>Peninsulas EMS Council</p> <ul style="list-style-type: none"> <li>• CSR II-VI obtained; DEA application denied because we are not a provider. We met with VBOP and DEA this morning and PEMS would have to become a DEA Licensed Distributor to provide CII-V medications because while regional councils are written into the VBOP regulations, they do not meet the federal definition of an EMS agency.</li> <li>• 3 Grants to support Regional Transition (CHKD - \$5,000, RH - \$100,000, Dominion Energy - \$5,000</li> <li>• Applied for Sentara Grant</li> <li>• GPO Vizient Member</li> <li>• Wholesaler Contract with McKesson</li> <li>• McKesson Inventory and Purchasing Software</li> </ul> <p>At the last combined PEMS Pharmacy and PICO committee meeting, it was announced that DEA compliance mandates that agencies with DEA licenses are responsible to manage their own CII-V waste, and as a result, could no longer waste CII-V in the hospital. This was the result of the comments that were made at a Sentara question and answer meeting with a DEA representative. Cindy Williams had a discussion with the DEA and obtained the following information:</p> <p>For EMS Agencies transporting patients to an emergency department with a partial dose of CII-V medication, once the EMS agency is operating under their own DEA license for medications in the kit, from a DEA perspective, it is acceptable to waste the partial dose of CII-V in the RXDestroyer or other method that makes the product non-recoverable in the hospital ED. Regulations are not currently specific on the topic area of DEA and partial dose waste. Recommendation – Make sure waste is adequately documented with dual signatures. Based on current regulations, this could be in ED disposal device or in disposal device on the vehicle.</p>		

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	<p><u>Mitch Paulette</u> stated that there was a letter circulated from the Virginia Fire Chiefs Association. He stated that his Board of Supervisors was asking why there was a mandate from OEMS about changing the current Medication Kit Exchange process since the FDA stated in an exchange that the changes should not have affected the current hospital and EMS exchange.</p> <p>Chief Player stated that the Hospital Association keeps on bringing up the exact language in the compliance document. The next statement of the FDA’s letter states that if and administrator or an EMS agency requires the documents, then they must be produced within 72 hours. The hospital association has never been able to get a response from the FDA on that specific question. Chief Player then went on to say that it wasn’t OEMS making the determination, but the hospital association and they are the ones who don’t want to take the risk because the FDA has not addressed the issue specifically.</p> <p>Mitch Paulette said he is wondering what can be done because his Board is wondering why they had to move forward.</p> <p>Chief Player responded that perhaps they could get something between VACO and VHHA to get the legal issues addressed.</p> <p>There was further discussion related to PEMS being able to purchase Schedule 6 drugs in the larger quantities and then be able to break the large quantity into smaller quantities for agencies who may not use as much of a particular medication.</p>		
12. New Business	<p><u>State EMS Advisory Board Regional Council Workgroup</u></p> <p>Chief Player stated that at the November Advisory Board meeting, the Presidents and Executive Directors of the 11 councils were tasked with addressing the following:</p> <ol style="list-style-type: none"> <li>a. To determine the possible future structure of the regional EMS delivery system</li> <li>b. To determine what core services or roles the Regional EMS Councils should provide to support system needs.</li> <li>c. To determine what criteria are or should be used to determine the appropriate number of regional EMS councils and five, to determine what recommended funding model should be utilized for the Regional Council EMS offices</li> </ol> <p>Chief Player stated that he would report on what takes place in the workgroup meetings.</p>		
13. Good of the Order	No one brought up any issues in this section.		
14. Next Meeting and Important Dates	<ol style="list-style-type: none"> <li>a. Next Board of Directors Meeting, March 19, 2025, 6:30 pm</li> <li>b. Important Dates <ol style="list-style-type: none"> <li>i. December 19, 2024, Peninsulas Instructor Network Meeting</li> <li>ii. December 24-25, 2024, Christmas, PEMS Office Closed</li> <li>iii. January 1, 2025, New Years Day, PEMS Office Closed</li> </ol> </li> </ol>		

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	<ul style="list-style-type: none"> <li>iv. January 31, 2025, EVHC Advisory Committee Meeting</li> <li>v. January 11, 2025, Pharmacy Committee Meeting</li> <li>vi. January 15, 2025, Executive Committee Meeting</li> <li>vii. January 15, 2025, Pediatric Care Committee Meeting</li> <li>viii. January 16, 2025, State Medical Direction Committee Meeting</li> <li>ix. January 20, 2025, Martin Luther King, Jr. Day, PEMS Office Closed</li> <li>x. January 23, 2025, Performance Improvement Committee Meeting</li> <li>xi. February 6-7, 2024, EMS Advisory Board Meetings</li> <li>xii. February 17-22, 2025, Virginia Fire &amp; Rescue Conference</li> <li>xiii. February 28-March 2, 2025, Central Virginia EMS Expo</li> </ul>		
15. Verify Attendance	The meeting attendance role was verified by Steve Pincus		
16. Adjournment	David Barrick made a motion to adjourn. Johanna Northstein provided the second. Motion carried. Meeting adjourned 8:05 p.m.		