EMS ADVISORY COUNCIL MEETING
MINUTES
July 15, 2021
In Person / Virtual Via Lifesize

Members Present: RJ Benth, Tim Blasl, Curt Halmrast, Tim Meyer, Kylie Nissen, Adam Parker, PJ Ringdahl

Members Not Present: Bert Anderson, Kelly Dollinger, Kari Enget, Karin Mongeon, Theo Stoller

DoH Representation: Deb Dutchuk, Christine Greff, Sam Harrison, Kerry Krikava,

Others Present: Corrie Geurts, Lindsey Narloch**,** Cheryl Flick, Dr. Kadon Hintz, Lynn Hartman, Ken Rensch, Joe Lies, Melissa Hauer

Welcome and Introductions
Welcome and introductions were made for all present in the room and via Lifesize.

Approval of Minutes: April 15, 2021
Motion was made: Approve minutes from April 15, 2021, as written.
Motion made by Tim Meyer, Jeff Sather second.
No further discussion: Motion carried.

Council Membership
Discussion/Update: Chris Price distributed the membership list including 'end of term' dates to council members prior to this meeting.

Dr Kadon Hintz is considering filling one of the open positions.

Kylie Nissen, Program Director at the UND Center for Rural Health has filled one of the previously vacated positions.

Dr Hintz introduced himself to the council. He has been an emergency physician at Sanford for the past 11 years. He is also active with medical direction for Air Med and Billings County EMS.

Governance Document
Discussion/Update: This document has been voted on and approved by council members. Chris sent this document out prior to this meeting for information purposes for new members. The governance document states the rules for membership including attendance of regular meetings. Missing two consecutive regular meetings can result in dismissal from the council.

With the current council of 12 members, seven constitutes a quorum.

Once the Department of health and Human Services is developed, it will no longer be the state health officer to appoint council members, it will become a duty of the executive director of the new DoHHS. Historically the state health officer has endorsed the members selected by the council, the assumption is this will continue with the new Executive Director, but that remains to be seen.

Tim Meyer asked about the process for recommending new members. It is recommended begin looking for new members early and to have them attend at least one meeting prior to their assuming a position on the council.

NDEMSA Legislative Initiatives
Discussion/Update: Adam provided an update of legislative initiatives.
HB 1146 added groups to the lights and sirens law that were previously not included.

HB 1186 reduces the burden to establish and modify taxing districts. Taxing districts can now place themselves on the ballot for a vote of the people for modification of taxing districts as well as mill levies. This also makes it legal to pay the secretary/treasurer of a taxing district. Districts can now divide into regions allowing for equal representation.
HB 1206 was sponsored by the 911 Association. It adds clarification of 'quickest ambulance' being dispatched and to the definitions of response areas being determined with the approval of the Department.
HB 1493 is regarding the funding formula which is largely unchanged from the previous formula. The biggest changes include changing averages to medians as well as making the county auditor responsible for determining the taxable valuation of the service area.
SB 2133 is largely related to expanding the scope of services for community paramedic No fiscal note was added as they do not expect changes to happen during this biennium.
HB 1463 regarding concealed carry, subject to individual department regulations. This bill did not include liability exemption for instructors (as exists with teachers, etc.), therefore they may have trouble getting instructors. This will probably be refined further during the next session.
HB 1073 was intended to provide authorization for several entities to seek biometric background checks (fingerprints). As a member of the EMS compact the Department must provide biometric background checks. This was intended as the avenue for obtaining the appropriate permission to do this. There was resistance found to allowing this 'breech of privacy'. The Department of Justice denied the watered-down final version of this bill to act as our necessary permission. The Attorney General's office suggested waiting until the next legislative session, but Chris explained this would be too late as our compact requirements go into effect 2022. DEMS is currently seeking information from other states that may have had this issue. He is also looking at a possible extension from the Compact as well as possibly working with DOJ on their interpretation of HB 1073 and to change their decision.

Other Legislative Updates
Discussion/Update: Chris gave a legislative update:
DoH budget is $180 million, with the vast majority coming from federal and special funds. The Division had a reduction in budget specifically with cardiac and stroke, however, grant budgets were not reduced. No additional FTEs within DEMS. The HRR Section was awarded one FTE for the operation center. Department wide FTEs went from 204 to 210. Many temporary COVID positions remain with funding decreasing by the end of the year.

DoH and DHS will become the Department of Health and Human Services effective September 1, 2022. Some transition of leadership will take place prior to the final transition. DHS has about 2500 employees making the DoH a small portion of the overall department. DHS is intending to work on rules the second year of the biennium whereas DoH we will begin working on rules immediately.

The state health council step has been eliminated in the rule making process. The department develops and presents rules for public comment with review from the AGs office. After 9/1/2022, the state health officer position will still be in existence, but many administrative duties of this position will be changing to the Executive Director of DoHHS.

Tim Meyer asked about the existence of the state health council. Chris was not positive of the direction, but believes the council will still exist, just not be included in the rules process.

Changes are unknown and remain to be seen. Duties and organization may change, but no change in specific programs within the Division are seen.

HB 1435 regarding line of duty death for public safety personnel was a step in the right direction.

Rules
In Progress – There has been no movement on the rules that were previously submitted to the AGs office. Chris is checking in weekly.

Discussion/Update:
The Division is beginning the process of looking at the requested updates from the AGs office on previously submitted 33-36 regarding changing the language that creates the appearance of developing law from policy such as “as determined by the department”.

Chris is looking for feedback from EMSAC on the consolidating those rules already being submitting along with community paramedic rules, or if they feel this would dilute the CP rules. CP rules need to be established to clarify the definition as well as training requirements and scope of practice.
Chris stated that significant changes have been made in previous revisions such as elimination of EVOC. Changes to verbiage issues brought forth by the AGs office to be completed. This may also require input from EMSAC.
Tim Meyer asked if the verbiage issues such as ‘as determined by the department’ needs to be addressed in other rules that are not presently open such as SOP. Chris does not believe this is an issue currently.
Tim Meyer feels wrapping them together is a valid possibility. Curt Halmrast agreed if it does not slow the process of moving ahead.
Curt asked if there are still CP programs in ND. If so, those CP experts out there may need inclusion in the rule writing. Lindsey Narloch suggested including Ken Reed, the former DEMS CP coordinator.
Tim Meyer suggested formation of a sub-committee to draft the rule writing and bring back to EMSAC for approval to move ahead.
Adam Parker suggested that the biggest reason for moving ahead with CP rules is for credibility and reimbursement purposes. He suggested the looking at Minnesota rules.
Christine Greff stated that Minnesota’s rules regarding CP are quite short; who oversees, what training is required, etc.

Adam will work with Chris to form a subcommittee. It was also suggested that Ron Lawler would be a good resource.

Addition to 33-36 regarding medical director:
Chris explained that most medical directors are very absent, and we do not know much about them. A draft version has been written to start the conversation. He is looking at this to be an avenue to create a more engaged medical director community. The draft was researched and pulled from other states, etc.
Dr Sather feels there is an unknown level of engagement between medical directors and services. Some are only utilized for signing paperwork annually, some have regular meetings. He feels some of the concepts of the draft are good, but we need to be careful that we do not damage relationships that already exist.
Tim Meyer suggested the possibility of having different standards for BLS vs ALS agencies.
Mary suggested having a caveat that if a doc is not currently practicing in emergency medicine, they must be ATLS trained.
Engagement is hard to measure, and we do not want to exclude anybody that is engaged.
Dr Hintz feels this draft is every exclusive. He suggests going to ACEP.org and search medical direction of emergency services. See this link for further details.
Curt also suggested offering virtual options at medical director meetings and stated that some responsibility must lie on the EMS agency to get involved with their medical director involved with their service. He also made the comment that it must be communicated to the medical director just what their duties are. He suggested the possibility of doing a video at the HRR studio that can be used as a ‘medical director course’.
Chris will go back and do some research and come back with another draft at the next meeting..

Rural EMS Counts – Lindsey Narloch
Rural EMS Counts is a three-year supplement program from the flex program. The grant was given to NDEMSA from Center for Rural Health.

All agencies that submit data to ND can log in to ESO to view these performance measures: cardiac, stroke, vital signs, pain, safety and run reports to see information from their agency.

They have held Rural EMS Counts Townhall meetings and Minutes with a Medical Director. June was Dr Inglish. This even received very good reviews. They also have continued education available on a monthly basis and there are 12 subject matter experts on all things EMS. They are looking at piggy backing off the Mission lifeline stroke grant started a data exchange between the EMS agencies and tertiary facilities.

The third and final year of the grant begins September 1, 2021.

Responder Mental Health – Curt Halmrast
Curt clarified the difference between CISM and responder mental health training saying that CISM deals with the aftermath of an event(s), whereas responder mental health deals with building people up and teaching them to be resilient and prepared for when the difficult calls come.

Supplemental funding / flex funding has been secured through the Center for Rural health to provide responder mental training including peer to peer support training statewide. Training will also possibly include de-escalation of possibly violent patients.

Twenty-seven people attended a resiliency session with John Becknell. This session was very well received, and John may come back for more. His discussion stressed focusing on 'the middle'. 10% of EMS providers are thriving and 10% of EMS providers are on the opposite end. Focusing on 'the middle' and making sure they stay on the upward swing and do not start falling towards the bottom.

Webinars and tool kits are also being designed.

The mental health summit on July 26 will feature a suicide expert to discuss the high rate of responder suicide.

Lindsey stated they are working on creating a list of 'EMS friendly' counselors. Those that have some understanding of the profession and are empathetic to what responders go through.

HRR/DEMS Update
EMS Update:
Kerry Krikava: Work continues on tying up the recertification period for QRUs and personnel. Currently there are 587 paramedics, 94 AEMTs, 1651 EMTs, 1406 EMRs, 2 FAAs.

NREMT is continuing distributive education allowances for the 2022 cycle.

The portfolio program kicked off July 1 and all new EMT courses must be portfolio. The last old version of testing will be conducted 12/31/2021.

Those providers licensed as provisional during the pandemic expire 12/31/2021. Prior to that date they must complete their testing, or they will go back to student status.

Stroke and Cardiac Task Force Update*:*
Christine Greff: The cardiac task force is in process of approving designation criteria. Designation will not be required but strongly recommended.

Get With the Guidelines CAD has been selected as the as the cardiac system of care registry. Hoping to provide some supplemental funding.

They are also working on reviewing and revising the cardiac guidelines.

Cardiac ready community committee has selected a chair and vice-chair and is revising guidelines and hoping to make them more attainable and more objectively measured. Communities continue to apply.

Helmsley funds have distributed 428 AEDs with 38 AEDs left to distribute. We have begun receiving statistics regarding response utilizing the AEDs.

Stroke program is ready to begin distributing BFAST. Filming of educational videos begins this month for continuing education. There has been a recommendation from the stroke task force to allow advanced practice providers to be their stroke medical directors.

Stroke/cardiac conference coming up October 20 – 21. This will be a virtual conference with *Systems of Care* as the theme.

EMS for Children:
Samantha Harrison: Feds have extended the grant cycle for another year so there will not be a need to reapply this year.

The National Pediatric Readiness assessment for all EDs has been extended to 8/31/2021. Presently there has been a 68% response rate.

The Volunteer Hospital Recognition program is beginning and will be moving into pilot phase.

Heartland EMSC Symposium is scheduled for August 12. The topic will be peds and poison. The October topic will be pediatric burns.

A scenario book has been developed and sent to pediatric care coordinators and those participating in Volunteering Hospital Recognition program.

Trauma*:*
Mary Waldo : Site visits for trauma designation were suspended last year due to COVID. Hopefully, these will resume in September. To do some catching up on designations they will start with a virtual format.

Trauma rules are at the AGs office for clarification.

There was some budget room in the last biennium due to lack of designation visits / grants. This funding allowed mannequins to be provided to level IV and V trauma centers in North Dakota.

Trauma conference will be held in person, October 6 – 7 in Minot.

DEMS:
Chris Price:
Construction continues in the Burlington Building. The bathrooms by the front door are complete and available with no secure access through the building needed. TVs will be used for informational purposes and replace signage. We are hoping it will be completed this month.

Grant Update
There were no changes in funding available for grants: $846,000 for training grants and $6.3 million for REMSA.

Year 3 of the REMSA data collection process has started. This will be used to produce statewide median for reimbursement and expenses for use in the formula. The grant will look a lot like the last couple years except we will be counting on auditors to be active participants this year. DEMS is anticipating more timely distribution this year.

The unobligated outstanding amounts as of 5/31: Training grant $313,647; REMSA $1,619,391
In the past we have given an estimated running total. DEMS has been directed by fiscal services that an unofficial estimate cannot be given out anymore. Only numbers substantiated by fiscal services can be distributed. Grants that have been distributed since May 31: 133 agency training grants, 26 paramedic grants, 84 EMR grants, 91 EMT grants and 149 continuing ed grants.

We are turning back more than the last biennium. The suspicion is that agencies were flush with COVID funding from multiple sources and were reporting that they did not need any more money. On top of this there was a lot of education that was virtual and not charging. All left over funding is turned back to general funds.

Curt explained that he asked for this information to be released regarding the training grant. 2 ½ years ago because when Corrie asked for funding for resiliency training she was told there were not funds and that per policy funding distribution cannot exceed the NCCR requirements.
Should there be limits if we are turning back funds?

Chris stated that policies need to be addressed. He does not believe there has been attempted abuse of the funds, however, he also does not believe people have been turned away. Chris will be asking EMSAC to assist with review of the grant policies.

Other Business
Discussion/Update:

Action: The council's next meeting is October 21, 2021, at 10:00 – 3:00 pm.

Adjourn
Motion was made: to adjourn the meeting at 12:53 PM.