



Ohio Department of Public Safety
John Born, Director

Division of Emergency Medical Services
Melvin R. House, Executive Director



Division of Emergency Medical Services
1970 West Broad Street
P.O. Box 182073
Columbus, Ohio 43218-2073
(614) 466-9447 • (800) 233-0785
www.ems.ohio.gov



State Board of Emergency Medical, Fire,
and Transportation Services
Daryl McNutt, Chair
Rebecca Baute, Vice-Chair
Dr. Carol Cunningham, State Medical Director

**STATE BOARD OF EMERGENCY MEDICAL, FIRE, AND TRANSPORTATION SERVICES
DIVISION OF EMERGENCY MEDICAL SERVICES
OHIO DEPARTMENT OF PUBLIC SAFETY
MEETING MINUTES
April 16, 2014
~ FINAL ~**

Board Meeting Date and Location: Wednesday, April 16, 2014 (9:00 a.m.) at the Ohio Department of Public Safety, 1970 West Broad Street, Conference Room 134, Columbus, Ohio.

Board Members Present: Thomas Allenstein, Kent Appelhans, Rebecca Baute, Karen Beavers, Pamela Bradshaw, James Davis (arrived @ 10:05 a.m), Geoff Dutton, Deanna Harris, Daryl McNutt, Mark Resanovich, Julie Rose (arrived @ 9:15 a.m.), Diane Simon, Steven Steinberg, Thomas Wappner, and Dudley Wright II

Board Members Absent: Ernest Hatmaker and Thomas Tallman

DPS and EMS Staff Members Present: Jean Booze, Dr. Carol Cunningham, Tim Erskine, Rhonda Evans, Anna Firestone, Ryan Frick, Sherry Harkness, Melvin House, Julie McQuade, Rick Miller, Linda Mirarchi, Sue Morris, Doug Orahoad, Ellen Owens, Carol Palantekin, Robert Ruetenik, John Sands, Andy Spencer, Joe Stack, Diane Walton, and Connie White

Assistant Attorney General: Brandon Duck

Public Present: Marisa Maxey (Air Evac Lifeteam), Tim Pickering (Air Evac Lifeteam), Bradley Troy (Air Evac Lifeteam), and Mark Marchetta (Aultman Hospital)

OPEN FORUM

Chair Daryl McNutt called the meeting to order at 9:04 a.m.

Roll Call

Mr. Daryl McNutt (Chair)	Present	Mr. Ernest Hatmaker	Absent
Mr. Thomas Allenstein	Present	Mr. Mark Resanovich	Present
Mr. Kent Appelhans	Present	Ms. Julie Rose	Absent
Ms. Rebecca Baute (Vice Chair)	Present	Ms. Diane Simon	Present
Ms. Karen Beavers	Present	Dr. Steven Steinberg	Present
Ms. Pamela Bradshaw	Present	Dr. Thomas Tallman	Absent
Mr. James Davis	Absent	Mr. Thomas Wappner	Present
Mr. Geoff Dutton	Present	Mr. Dudley Wright II	Present
Ms. Deanna Harris	Present		

Welcome and Introductions

Mr. McNutt welcomed all in attendance and began the Public Hearing on EMS Rules, OAC Chapters 4765-1 "Definitions" and Chapters 4765-6 "EMT Services."

EMS Rules Hearing

Mr. McNutt called the public hearing of the Ohio State Board of Emergency Medical, Fire, and Transportation Board (hereinafter referred to as "the Board").

Roll call of the board members who were present.

Roll Call

Mr. Daryl McNutt (Chair)	Present	Mr. Ernest Hatmaker	Absent
Mr. Thomas Allenstein	Present	Mr. Mark Resanovich	Present
Mr. Kent Appelhans	Present	Ms. Julie Rose	Absent
Ms. Rebecca Baute (Vice Chair)	Present	Ms. Diane Simon	Present
Ms. Karen Beavers	Present	Dr. Steven Steinberg	Present
Ms. Pamela Bradshaw	Present	Dr. Thomas Tallman	Absent
Mr. James Davis	Absent	Mr. Thomas Wappner	Present
Mr. Geoff Dutton	Present	Mr. Dudley Wright II	Present
Ms. Deanna Harris	Present		

It was noted for the record that a quorum was present to conduct business.

The hearing was held on April 16, 2014 at the Ohio Department of Public Safety, Room 134, 1970 West Broad Street, Columbus, Ohio 43223.

Mr. McNutt recognized ODPS Associate Legal Counsel, Anna Firestone. Ms. Firestone called the hearing to order at 9:05 a.m. Ms. Firestone was acting on behalf of the Board, and served as the hearing officer.

The purpose of the hearing was to receive comments and/or testimony regarding the proposed actions to Chapters 4765-1, entitled "Definitions," and 4765-6, entitled "EMT Services," of the Ohio Administrative Code. The actions were proposed in response to a completed R.C. 119.032 five-year rule review. Notice of the public hearing was published in the Register of Ohio in accordance with section 119.03 of the Ohio Revised Code.

Rule 4765-1-03 (Incorporated by reference) was proposed as a new rule to comply with sections 121.71 to 121.74 of the Revised Code. The rule addresses all materials incorporated by reference in Chapters 4765-1 to 4765-10 and Chapters 4765-12 to 4765-19 of the Administrative Code by providing understandable citations, the dates/versions of the materials as applicable, and where the materials may be accessed or obtained.

Rule 4765-6-02 (General provisions) is being proposed as a new rule while simultaneously proposed for rescission due to the Legislative Service Commission's fifty percent rule formatting guideline. This rule sets forth the conditions under which an EMS training program and EMS continuing education program will be offered. This rule has been reorganized for consistency, updated to reflect statutory changes to EMS provider titles, and revised to address availability of materials incorporated by reference.

Rule 4765-6-04 (Research study impacting scope of practice) sets forth the conditions under which EMS providers may take part in a research study that includes performing services beyond their scopes of practice. The rule was proposed for amendment to reflect statutory changes to EMS provider titles.

Rule 4765-6-06 (Withdrawing of blood for evidence collection) sets forth the conditions under which an advanced emergency medical technician or a paramedic may withdraw blood for the

purpose of evidence collection. The rule was proposed for amendment to reflect statutory changes to EMS provider titles.

The proposed rules were filed with the Common Sense Initiative Office, the Joint Committee on Agency Rule Review, the Secretary of the State, and the Legislative Service Commission in compliance with the requirements of Chapter 119 of the Revised Code.

Paragraph C of section 119.03 of the Revised Code governs the procedures to be followed at a public hearing of this nature. This agency is required to conduct a hearing to permit any person affected by the proposed action to appear and be heard in person or by an attorney or both. The person may present arguments, positions, and contentions either orally or in writing and may present evidence that the proposed actions will be unreasonable or unlawful if enacted.

At this hearing, the agency may administer oaths or affirmations and will pass on the admissibility of evidence. The person affected may make objections to any of the rulings. The testimony and rulings on the admissibility of evidence will be recorded by stenographic means.

No written comments were received regarding the proposed rule amendment.

Ms. Firestone asked for anyone wishing to offer any testimony regarding these rules to step forward, complete and submit a witness slip. No witnesses were present.

Mr. McNutt thanked everyone for taking the time to come to the hearing and sharing information regarding these proposed rules. It was noted that there was no testimony given.

Mr. McNutt requested a motion to accept the rules as written for final finagling with JCARR:

ACTION: Motion to accept Chapter 4765-1 package for final filing with the Joint Commission on Agency Rule Review. Ms. Harris – First. Ms. Bradshaw - Second. None opposed. None abstained. Motion approved.

ACTION: Motion to accept Chapter 4765-6 package for final filing with the Joint Commission on Agency Rule Review. Ms. Harris – First. Ms. Bradshaw - Second. None opposed. None abstained. Motion approved.

The rules will be presented to the Joint Committee on Agency Rule Review for its consideration. The presentation is tentatively scheduled to occur on Monday, April 28, 2014 at 1:30 p.m. at the Ohio Statehouse.

As there was nothing further to consider, the hearing was adjourned and record show will show that the hearing was concluded at 9:13 a.m.

EMFTS Board Meeting

The meeting was paused due to the posted meeting announcements and notifications having conflicting times (9:00 a.m. and 10:00 a.m.). The meeting will resume at 10:00 a.m.

EMFTS Board Meeting ~ Resumed at 10:01 a.m.

Roll Call

Mr. Daryl McNutt (Chair)	Present	Mr. Ernest Hatmaker	Absent
Mr. Thomas Allenstein	Present	Mr. Mark Resanovich	Present
Mr. Kent Appelhans	Present	Ms. Julie Rose	Present
Ms. Rebecca Baute (Vice Chair)	Present	Ms. Diane Simon	Present
Ms. Karen Beavers	Present	Dr. Steven Steinberg	Present
Ms. Pamela Bradshaw	Present	Dr. Thomas Tallman	Absent
Mr. James Davis	Absent	Mr. Thomas Wappner	Present
Mr. Geoff Dutton	Present	Mr. Dudley Wright II	Present
Ms. Deanna Harris	Present		

Open Forum ~ None

Consent Agenda

Mr. McNutt requested a motion to approve the Consent Agenda items that were distributed prior to the meeting, including the February 19, 2014 EMFTS retreat minutes and February 20, 2014 and March 20, 2014 EMFTS meeting minutes, the certifications, accreditations, and CE site requests for period February 19, 2014 through April 15, 2014.

ACTION: Motion to approve the Consent Agenda items including the February 19, 2014 EMFTS retreat minutes and February 20, 2014 and March 20, 2014 EMFTS meeting minutes, the certifications, accreditations, and CE site requests for period February 19, 2014 through April 15, 2014. Ms. Harris – First. Ms. Beavers – Second. Mr. McNutt abstained from the Renewal Certificate of Approval for the Whitehouse Fire Department in Lucas County. None opposed. Motion approved.

Report and Recommendation

Mr. McNutt introduced himself as the Chair of the State Board of Emergency Medical, Fire, and Transportation Services. The Board deliberated on three Report and Recommendations in the matter of:

- *EMS Case #2011-1080-E100 Albert G. Christian, EMS Certification #121365*
- *EMS Case #2012-203-BE100 John D. Johnson, EMS Certification #24045*
- *EMS Case #2012-524-E100 Kenneth L. Simpson, II, EMS Certification #153716*

The respondents did not file objections to the Report and Recommendation in the cases. Mr. McNutt recognized Assistant Attorney General Brandon Duck for the purpose of providing a brief synopsis of the case and a recommendation for disciplinary action.

Mr. Duck presented the cases:

Albert Christian's case was heard on January 14, 2014. Mr. Christian submitted his renewal application as an EMT-Paramedic and Instructor. He failed to indicate on his renewal application that he had prior convictions. Mr. Christian has two third degree felonies convictions from 1993 for corruption of a minor. Based on the evidence the hearing officer recommended that his renewal application be denied. In addition, Mr. Duck also recommended that Mr. Christian's current certificates also be revoked. The rule violations of the felony convictions serve as the bases to both deny his application and revoke his current certifications

Kenneth Simpson's case was heard on January 14, 2014. Mr. Simpson applied for his initial certification as an EMT Paramedic. He indicated a prior conviction in 2005 for "attempted disseminating matter harmful to juveniles". Due to a misdemeanor conviction for a crime involving moral turpitude, the recommendation is that his application be denied.

John Johnson's case was heard on January 14, 2014. Mr. Johnson submitted his renewal application for his EMT Intermediate certificate. He failed to indicate on his renewal application

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that he had prior convictions. Mr. Johnson was convicted in 1995 for indecent exposure and in 2008 for public indecency, both involving crimes of moral turpitude. The recommendation is that his certificate be revoked and his application denied.

The Board received material containing more detail for each case to take into consideration prior to the meeting.

Having heard Mr. Duck's synopses and recommendations for each case, Mr. McNutt requested a motion to adjourn and go into private session at 10:08 a.m.

ACTION: Motion to adjourn and go into private session for the purpose of quasi- judicial deliberation on these matters that are required to be kept confidential under R.C. 4765.102 (B).
Ms. Beavers – First. Mr. Wappner – Second. None opposed. None abstained. Motion approved.

Roll Call

Mr. Daryl McNutt (Chair)	Present	Mr. Ernest Hatmaker	Absent
Mr. Thomas Allenstein	Present	Mr. Mark Resanovich	Present
Mr. Kent Appelhans	Present	Ms. Julie Rose	Present
Ms. Rebecca Baute (Vice Chair)	Present	Ms. Diane Simon	Present
Ms. Karen Beavers	Present	Dr. Steven Steinberg	Present
Ms. Pamela Bradshaw	Present	Dr. Thomas Tallman	Absent
Mr. James Davis	Present	Mr. Thomas Wappner	Present
Mr. Geoff Dutton	Present	Mr. Dudley Wright II	Present
Ms. Deanna Harris	Present		

The Board returned from private session at 10:08 a.m.

ACTION In the matter of EMS Case Number 2012-203-BE100, John D. Johnson, EMS Certificate Number 24045, the Board moves to confirm and approve the findings of fact, conclusions of law, and the recommendation issued by the hearing examiner to deny Mr. Johnson's application for renewal and revoke his certificates to practice. Ms. Harris – First. Mr. Wright – Second. None opposed. Mr. Allenstein, Ms. Bradshaw, and Mr. Resanovich – abstained. Motion approved.

ACTION In the matter of EMS Case Number 2012-524-E100, Kenneth L. Simpson, EMS Certificate Number 153716, the Board moves to confirm and approve the findings of fact, conclusions of law, and the recommendation issued by the hearing examiner to deny Mr. Simpson's initial application to be certified and practice as an EMT-Paramedic. Ms. Harris – First. Mr. Appelhans – Second. None opposed. Mr. Allenstein, Ms. Bradshaw, and Mr. Resanovich – abstained. Motion approved.

ACTION In the matter of EMS Case Number 2011-1080-E100, Albert G. Christian, EMS Certificate Number 121365, the Board moves to confirm and approve the findings of fact, conclusions of law. The Board furthermore moves to modify the hearing examiners recommendation for discipline to deny Mr. Christian's application for renewal and revoke his current certificate to practice as an EMT- Paramedic due to convictions involving moral turpitude. Ms. Harris – First. Mr. Wright – Second. None opposed. Mr. Allenstein, Ms. Bradshaw, and Mr. Resanovich – abstained. Motion approved.

GOLDMAN PROCEEDINGS

Mr. McNutt, Chair of the State Board of Emergency Medical, Fire, and Transportation Services called the proceeding to order at 10:36 a.m. on April 16, 2014 at the Ohio Department of Public Safety, Room 134, 1970 West Broad Street, Columbus, Ohio 43223. Members of the Board present for the proceedings were:

Roll Call

Mr. Daryl McNutt (Chair)	Present	Mr. Ernest Hatmaker	Absent
Mr. Thomas Allenstein	Present	Mr. Mark Resanovich	Present
Mr. Kent Appelhans	Present	Ms. Julie Rose	Present
Ms. Rebecca Baute (Vice Chair)	Present	Ms. Diane Simon	Present
Ms. Karen Beavers	Present	Dr. Steven Steinberg	Present
Ms. Pamela Bradshaw	Present	Dr. Thomas Tallman	Absent
Mr. James Davis	Present	Mr. Thomas Wappner	Present
Mr. Geoff Dutton	Present	Mr. Dudley Wright II	Present
Ms. Deanna Harris	Present		

It was noted for the record that a majority of members of the Board were present. There were two adjudication proceedings. The proceedings were in the matter of:

- *EMS Case Number 2012-438-E100, Tiya M. Hudson, EMS Certificate Number 192054*
- *EMS Case Number 2013-117-E100, Brent S. Parker, EMS Certificate Number 145258*

The proceedings shall be an affidavit-based adjudication relative to the Notice of Opportunity for Hearing mailed to the respondent in the aforementioned case and believed to have been properly served according to the Administrative Procedures Act (Chapter 119 of the Ohio Revised Code).

As the respondent did not properly request a hearing in the cases, this proceeding will be held before the Board pursuant to *Goldman v. State Medical Board of Ohio*. The individuals named do not have the ability to present written or oral testimony today, but may be present to hear the proceeding and outcome.

All received the sworn affidavit from the EMS investigators and accompanying exhibits for the Goldman Proceeding in the board packet. The affidavit contained the evidence and testimony upon which was deliberated. All had the opportunity to review the affidavit and accompanying exhibits. However, time was allowed to review if needed. No additional time was required.

In lieu of a stenographic record being made, the minutes reflect that the original sworn affidavit and exhibits shall be kept as the official record of the proceeding in the aforementioned matter in the Office of the Division of EMS.

Mr. McNutt recognized Assistant Attorney General, Brandon Duck for the purpose of providing a brief synopsis of the case and a recommendation for disciplinary action.

Mr. Duck presented the cases:

Two cases to be presented neither requested a hearing. Both will be an affidavit-based. The Board received the affidavits to review prior to the meeting.

Tiya M. Hudson was convicted of "Receiving Stolen Property". Recommendation is to deny Ms. Hudson's application

Brent Parker was convicted of "Cruelty Against Animals" and "Pointing and Discharging a Firearm". Recommendation is to revoke Mr. Parker's certificate to practice.

Mr. Duck stated that the affidavit's contained detailed synopses therefore there was no reason to discuss further detail. The Board was referred to the affidavits for detailed information.

There was a third case that the Board needed to address. It is a correction to an adjudication from the February 20, 2014 Board meeting; EMS Case #2011-652-BE100, Aaron Cook. The

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motion that was presented and approved by the Board in February was to revoke Mr. Cook's certificate to practice. It was intended to be a revocation and as well a denial of his renewal application. As the Board had already discussed, deliberated, and adjudicated the case during the February meeting, the idea is to correct the original motion via another motion to also deny is renewal application.

Having heard Mr. Duck's synopses and recommended disciplinary actions for the cases, Mr. McNutt requested a motion to admit the sworn affidavit and the accompanying exhibits in the aforementioned cases into evidence.

ACTION: Motion to admit the sworn affidavit and accompanying exhibits in the aforementioned cases into evidence. Beavers – First. Ms. Simon – Second. None opposed. None abstained. Motion approved.

There being no further evidence to come before the board, these proceedings are now closed at 10:42 a.m.

The procedural and jurisdictional matters having been satisfied, the proceeding will continue by deliberation on the sworn affidavit and exhibits. A written copy of the Board's decision will be mailed to the respondent.

Mr. McNutt requested a motion to recess the meeting for the purpose of entering into quasi-judicial deliberations on the following matters pursuant to Ohio Revised Code Chapter 119 and that are required to be kept confidential under R.C. 4765.102(B). The Board will reconvene following deliberations.

ACTION: Motion to recess and go into Private Session for the purpose of quasi-judicial deliberation on these matters. None opposed. None abstained. Motion approved.

Roll Call

Mr. Daryl McNutt (Chair)	Present	Mr. Ernest Hatmaker	Absent
Mr. Thomas Allenstein	Present	Mr. Mark Resanovich	Present
Mr. Kent Appelhans	Present	Ms. Julie Rose	Present
Ms. Rebecca Baute (Vice Chair)	Present	Ms. Diane Simon	Present
Ms. Karen Beavers	Present	Dr. Steven Steinberg	Present
Ms. Pamela Bradshaw	Present	Dr. Thomas Tallman	Absent
Mr. James Davis	Present	Mr. Thomas Wappner	Present
Mr. Geoff Dutton	Present	Mr. Dudley Wright II	Present
Ms. Deanna Harris	Present		

The Board returned from private session at 10:49 a.m.

ACTION: In the matter of EMS Case #2011-652-BE100, Aaron J. Cook, EMS Certification #133370, the Board finds that Mr. Cook has applied for renewal of his EMT-Basic certificate. Mr. Cook was convicted of Theft, a fourth-degree felony; and Theft in Office, a fifth-degree felony; both in violation of Ohio Administrative Code Section 4765-10-03(B)(2)(a). Therefore, the Board moves to deny Mr. Cook's renewal application. The Board revoked Mr. Cook's certificate to practice as an EMT at the February 20, 2014 meeting. Ms. Harris – First. Mr. Wright – Second. None opposed. Mr. Allenstein, Ms. Bradshaw, and Mr. Resanovich – abstained. Motion approved.

ACTION: In the matter of EMS Case #2012-438-E100, Tiya M. Hudson, EMS Applicant #192054, the Board finds that Ms. Hudson was convicted of Receiving Stolen Property a first-degree misdemeanor in violation of Ohio Administrative Code Section 4765-10-03(B)(2)(c). Therefore, the Board moves to deny Ms. Hudson's application to practice as an EMT. Ms. Harris – First. Mr. Wappner – Second. None opposed. Mr. Allenstein, Ms. Bradshaw, and Mr. Resanovich – abstained. Motion approved.

ACTION: *In the matter of EMS Case #2013-117-E100, Brent S. Parker, EMS Certification #145258, the Board finds that Mr. Parker was convicted of Cruelty Against Companion Animal, a first-degree misdemeanor; and Pointing and Discharging a Firearm and other Weapons, a fourth-degree misdemeanor; both in violation of Ohio Administrative Code Section 4765-10-03(B)(2)(c). Therefore, the Board moves to revoke Mr. Parker's certificate to practice as an EMT.* Ms. Harris – First. Mr. Appelhans – Second. None opposed. Mr. Allenstein, Ms. Bradshaw, and Mr. Resanovich – abstained. Motion approved.

EMS Investigations, Robert Ruetenik and Staff

ACTION: *Motion to adjourn and enter executive session for the purpose of discussing proposed disciplinary action against certificate holders pursuant to O.R.C. Section 121.22(G)(1) and pursuant to 121.22(G)(5) that involve matters required to be kept confidential under O.R.C. Sections 149.43(A)(2) and 4765.102(B) at 10:53 AM.* None Abstain. None opposed. Motion approved.

Roll Call

Mr. Daryl McNutt (Chair)	Present	Mr. Ernest Hatmaker	Absent
Mr. Thomas Allenstein	Present	Mr. Mark Resanovich	Present
Mr. Kent Appelhans	Present	Ms. Julie Rose	Present
Ms. Rebecca Baute (Vice Chair)	Present	Ms. Diane Simon	Present
Ms. Karen Beavers	Present	Dr. Steven Steinberg	Present
Ms. Pamela Bradshaw	Present	Dr. Thomas Tallman	Absent
Mr. James Davis	Present	Mr. Thomas Wappner	Present
Mr. Geoff Dutton	Present	Mr. Dudley Wright II	Present
Ms. Deanna Harris	Present		

The Board reconvened from executive session at 11:15 AM.

ACTION: *Motion to close the following cases:* Ms. Harris – First. Ms. Beavers – Second. Abstain – Mr. Allenstein, Ms. Bradshaw, and Mr. Resanovich. None opposed. Motion approved.

2013-420-E500 (<i>Refer to department and medical director</i>)	2013-568-E500
2013-438-E500 (<i>Rescind NOH; Close; Reopen if reapplies</i>)	2014-22-E400

ACTION: *Motion to accept the following Consent Agreements:* Ms. Harris – First. Mr. Wright – Second. Abstain – Mr. Allenstein, Ms. Bradshaw, and Mr. Resanovich. None opposed. Motion approved.

2013-33-E100	2013-610-E100	2013-645-E300	2014-52-E300
2013-233-E400	2013-617-E300	2014-17-E100	2014-60-E300
2013-498-E100	2013-632-E300	2014-39-E300	2014-61-E300
2013-581-BE100	2013-636-E100	2014-43-E300	2014-105-E300
2013-595-E100	2013-640-E300	2014-45-E300	2014-117-E300

ACTION: *Motion to close the following cases:* Ms. Harris – First. Mr. Wappner – Second. Abstain – Mr. Allenstein, Ms. Bradshaw, and Mr. Resanovich. None opposed. Motion approved.

2012-549-E100	2013-641-E300	2013-671-E300	2014-19-E500
2013-358-BE100	2013-657-E300	2013-676-E300	2014-27-E500 – Non-violation
2013-522-E200	2013-659-E300	2013-682-E300	2014-57-E300
2013-612-E500	2013-660-E300	2013-683-E300	2014-79-BE100
2013-628-BE300	2013-669-E300	2013-693-E300	

ACTION: *Motion to close the following cases and refer to the Medical Director:* Ms. Harris – First. Mr. Wright – Second. Abstain – Mr. Allenstein, Ms. Bradshaw, and Mr. Resanovich. None opposed. Motion approved.

2013-367-BE500	2013-506-E400	2014-35-E100
2013-368-E400	2013-528-E500	2014-38-E500
2013-375-E400	2013-594-E400	

ACTION: Motion to close the following cases due to lack of jurisdiction or as a local issue: Ms. Harris – First. Mr. Wappner – Second. Abstain – Mr. Allenstein, Ms. Bradshaw, and Mr. Resanovich. None opposed. Motion approved.

2014-25-BE500 – No jurisdiction 2014-62-BE100 – No jurisdiction	2014-63-E100 – No jurisdiction 2014-77-E500 – No jurisdiction	2014-112-E300 – No jurisdiction
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ACTION: Motion to close the following cases; reopen if subject re-applies: Ms. Harris – First. Ms. Beavers – Second. Abstain – Mr. Allenstein, Ms. Bradshaw, and Mr. Resanovich. None opposed. Motion approved.

2012-580-E500	2013-733-E100	2013-555-BE100
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ACTION: Motion to close the following cases, individuals have met the stipulations of their Consent Agreements Ms. Harris – First. Mr. Wappner – Second. Abstain – Mr. Allenstein, Ms. Bradshaw, and Mr. Resanovich. None opposed. Motion approved.

2010-226-BE100	2010-466-BE100	2011-1018-E300
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ACTION: Motion to issue Notices of Opportunity for Hearings for the following cases: Ms. Harris – First. Ms. Beavers – Second. Abstain – Mr. Allenstein, Ms. Bradshaw, and Mr. Resanovich. None opposed. Motion approved.

2013-232-E400	2013-397-E400	2013-710-E300	2014-46-E300
2013-234-E400	2013-601-E300	2014-42-E300	2014-48-E300
2013-235-BE100	2013-619-E300	2014-44-E300	2014-49-E300

ACTION: Motion to close the following cases due to one of the following reasons: inadvertently marked yes to conviction question, misdemeanor convictions which the Board has previously deemed “not involving moral turpitude,” continuing education cases which now meet the requirements, local non-patient care issues, and grandfathering issues of certification/conviction. Ms. Harris – First. Ms. Beavers – Second. Abstain – Mr. Allenstein, Ms. Bradshaw, and Mr. Resanovich. None opposed. Motion approved.

2011-92-E100	2013-697-E300	2014-21-E100	2014-109-E100
2013-547-E100	2013-714-E100	2014-41-E300	2014-111-E300
2013-614-E300	2013-721-BE100	2014-47-E300	2014-115-BE100
2013-629-E300	2013-723-BE100	2014-80-E500	2014-124-BE100
2013-648-BE100	2013-741-E500	2014-86-BE100	2014-127-E300
2013-674-E300	2014-7-E100	2014-91-E100	2014-130-E300
2013-677-E300	2014-10-E100	2014-94-BE500	2014-155-BE100
2013-681-E300	2014-16-E100	2014-106-E300	2014-161-BE100
2013-694-E300			

REPORTS:

EMS Board Chair Report, Rebecca Baute (Vice-Chair)

Mr. McNutt thanked the committees and all the work they do.

State EMS Medical Director Report, Dr. Carol Cunningham

State EMS Medical Director Report, Dr. Carol Cunningham

Dr. Cunningham presented the applications for the appointments from Dr. J Franklin Oaks (Region III) and from Dr. Jeffrey H. Luk (Region IX) for the Regional Physician Advisory Board membership for the EMFTS Board approval.

ACTION: Motion to approve the RPAB appointment from Dr. J Franklin Oaks (Region III). Mr. Resanovich. Ms. Beavers – Second. None Abstained. None Opposed. Motion approved.

ACTION: Motion to approve the RPAB appointment from Dr. Jeffrey H. Luk (Region IX). Mr. Resanovich. Ms. Bradshaw – Second. None Abstained. None Opposed. Motion approved.

RPAB Chair Meeting. The RPAB chair meeting was held on March 12, 2014. Topics discussed included:

- The Board's consideration of mandatory waveform capnography for intubated patients. The RPAB Chairs gave their support and is going to take it back to their organization for further discussion and report back any dissension. None received as of yet.
- Provided updates on the naloxone legislation, mobile integrated healthcare, initiatives IED/active shooter incident response, NHTSA's Evidence Based Guidelines, NASEMSO Model EMS Clinical Guidelines public comment period. The Board is encouraged to comment. The deadline is April 30, 2014.
- Realignment of RPAB regions to the Ohio Homeland Security regions. And reviewed the association regulations that will accompany the change.
- Dr. Brian Barhorst, the current chair of RPAB Region V stepping down because he is moving out of state. Dr. Cunningham thanked Dr. Barhorst for his service to the Board as well as for his service to RPAB Region V.
- RPAB Regions IV, V, VI, VIII, IX are all lacking a chair.
- Next meeting is scheduled in May.
- The meeting originally scheduled for September 9, 2014, has been rescheduled to September 11, 2014 due to a conflict with the NEMSAC meeting.

National EMS Advisory Council meeting. The NEMSAC meeting is scheduled for April 23-24, 2014 at the FHI Conference Center in Washington, D.C. All Board members are welcome to attend.

The Board discussed the next step in changing the rules mandating waveform capnography. The Medical Oversight Committee has discussed the topic. All members of the MOC are in support of the concept. Would like additional time to explore avenues of implementation. In preparation of the MOC meeting, Dr. Cunningham extended a survey to the NASEMSO Medical Director's Council to gather information from other states. If it is mandated, must be aware of the cost. Some states mandated it and left the EMS agencies on their own to find funding. This may prove to be difficult as the price of the equipment can range from \$900 to \$3,000. MOC discussed allowing for a phase in process of three to five years to make the change. Due to the technology there are also digital units available as well as waveform which are less expensive. Must find ways to not only mandate it, but to facilitate avenues for funding, i.e. grant opportunities. However, must use caution when talking grant opportunities as there is no additional EMS grant funding available. But there may be ways to create grant opportunities and prioritizing some of the current grant funding within the current grant application process. Much more discussion is needed. Although it may be expensive, it must be done. All are in agreement. MOC will continue exploring ways to move forward with making it mandated and feasible. Roll out will take time to develop.

Assistant Attorney General Report

Mr. Duck asked for a change in the agenda order to allow for EMS Legislative Report prior to moving into Executive Session to discuss the pending case of Andrew Seal.

EMS Legislative Liaison, Andy Spencer

Mr. Spencer reviewed the Legislative Tracker which was provided to the Board as a handout prior to the meeting. Currently Legislation has on a three week break. The following legislation was discussed:

Ohio House of Representatives:

- H.B. 44 (*Representative McClain, Sponsor*) – Signed by Governor 3/11/14
Bill http://www.legislature.state.oh.us/BillText130/130_HB_44_PH_Y.pdf
- H.B. 51 (*Representatives McGregor & Patmon, Sponsors*) – Signed by Governor 4/1/13
Bill http://www.legislature.state.oh.us/BillText130/130_HB_51_EN_N.pdf

- H.B. 98 (*Representatives Gonzales & Retherford, Sponsors*) – Signed by Governor 11/15/13
Bill http://www.legislature.state.oh.us/BillText130/130_HB_98_EN_N.pdf
- H.B. 163 (*Representatives McGregor & Antonio, Sponsors*)
Bill http://www.legislature.state.oh.us/BillText130/130_HB_163_I_Y.pdf
- H.B. 170 (*Representatives Johnson & Stinziano, Sponsors*) – Signed by Governor 3/11/14
Bill http://www.legislature.state.oh.us/BillText130/130_HB_170_PH_Y.pdf
- H.B. 176 (*Representative Sears, Sponsor*)
Bill http://www.legislature.state.oh.us/BillText130/130_HB_176_RH_Y.pdf
- H.B. 235 (*Representative Willaims, Sponsor*)
Bill http://www.legislature.state.oh.us/BillText130/130_HB_235_I_Y.pdf
- H.B. 271 (*Representative Becker, Sponsor*)
Bill http://www.legislature.state.oh.us/BillText130/130_HB_271_I_Y.pdf
- H.B. 273 (*Representative Pillich, Sponsor*)
Bill http://www.legislature.state.oh.us/BillText130/130_HB_273_I_Y.pdf

Ohio Senate:

- S.B. 3 (*Senator LaRose, Sponsor*)
Bill http://www.legislature.state.oh.us/BillText130/130_SB_3_PS_Y.pdf
- S.B. 57 (*Senator Manning, Sponsor*) – Signed by Governor 7/11/13
Bill http://www.legislature.state.oh.us/BillText130/130_SB_57_EN_N.pdf
- S.B. 97 (*Senator Hughes, Sponsor*)
Bill http://www.legislature.state.oh.us/BillText130/130_SB_97_RS_Y.pdf
- S.B. 105 (*Senator Kearney, Sponsor*)
Bill http://www.legislature.state.oh.us/BillText130/130_SB_105_I_Y.pdf
- S.B. 111 (*Senator Tavares, Sponsor*)
Bill http://www.legislature.state.oh.us/BillText130/130_SB_111_I_Y.pdf
- S.B. 117 (*Senator Smith, Sponsor*)
Bill http://www.legislature.state.oh.us/BillText130/130_SB_117_I_Y.pdf
- S.B. 125 (*Senators LaRose & Skindell, Sponsors*)
Bill http://www.legislature.state.oh.us/BillText130/130_SB_125_I_Y.pdf
- S.B. 132 (*Senator Tavares, Sponsor*)
Bill http://www.legislature.state.oh.us/BillText130/130_SB_132_I_Y.pdf
- S.B. 221 (*Senator Gardner, Sponsor*)
Bill http://www.legislature.state.oh.us/BillText130/130_SB_221_I_Y.pdf
Reintroduced original Bill 427

Assistant Attorney General, Brandon Duck

Mr. Duck requested a Board member to motion to adjourn and enter executive session for the purpose of discussing Andrew Seal (Case #13CV-08-3956).

ACTION: Motion to adjourn and enter executive session for the purpose of discussing the Andrew Seal Case #13CV-08-3956. Dr. Steinberg – First. Ms. Bradshaw – Second. None Abstain. None opposed. Motion approved.

Roll Call

Mr. Daryl McNutt (Chair)	Present	Mr. Ernest Hatmaker	Absent
Mr. Thomas Allenstein	Present	Mr. Mark Resanovich	Present
Mr. Kent Appelhans	Present	Ms. Julie Rose	Present
Ms. Rebecca Baute (Vice Chair)	Present	Ms. Diane Simon	Present
Ms. Karen Beavers	Present	Dr. Steven Steinberg	Present
Ms. Pamela Bradshaw	Present	Dr. Thomas Tallman	Absent
Mr. James Davis	Present	Mr. Thomas Wappner	Present
Mr. Geoff Dutton	Present	Mr. Dudley Wright II	Present
Ms. Deanna Harris	Present		

The Board reconvened from executive session at 11:56 PM.

EMS Staff Legal Counsel, Anna Firestone

No Report

Executive Director, Melvin House

Executive Director House stated that he has always been extremely active with United Way, Salvation Army, etc. He is also a big supporter of Operation Feed. With this in mind, he agreed for donations to wear a pink shirt with a picture of a cat stating "Real Men Love Cats" and for an additional donation from Dr. Cunningham, had also agreed to wear "Hello Kitty" barrettes. He wore t-shirt for the remainder of the Board meeting and to the ODPS Senior Staff meeting. All donations collected benefit the 2014 Operation Feed Campaign.

UPDATE: Total donations raised - \$800.00.

EMFTS Board Seats Status – three vacant seats:

- **Seat 3:** ER Pediatrician – Dr. Wendy Pomerantz submitted her resignation on March 17, 2013. Requested nominations from the American Academy of Pediatrics and the Ohio Osteopathic Association. One nomination was received on 4/15/2014.
- **Seat 4:** Hospital Administrator – Requested nominations from the Ohio Hospital Association, Ohio Children's Hospital Association, and the Ohio Osteopathic Association have been mailed. Nominations were requested by March 17, 2014. No response to date.
- **Seat 10:** EMS Provider – Additional names were requested from the Governor's office. Nominations were received from the Northern Ohio Fire Fighters and from the Ohio Association of Professional Firefighters and forwarded to the Director's office on March 3, 2014. Waiting for appointment from the Governor's office.

Staff Vacancies

- Administrative Professional 1 – Certification Section. Robbie Stevens to start on April 28, 2014.
- Administrative Professional 2 – Fire Section. Position description under review. Request-to-Fill being drafted.
- Program Administrator 3 – Medical Transportation Section. Interviews complete. Thanks to Becky Baute and Geoff Dutton for their assistance with the interviews. Recommendation sent to HR. Hopefully will have the position filled within the next couple of weeks.
- Program Administrator 2 – Education Section. Interviews complete. Hiring recommendation sent to HR; background checks underway.
- Program Administrator 2 – Business Operations Coordinator. Will coordinate Ohio Administrative Code review process, public records requests, forms management, and records retention.
- Melissa Vermillion, Investigations Section Chief remains on long-term leave. ODPS continues to offer the services of Rick Miller, Investigations Supervisor. With Rudy Ruetenik's and Rick Miller's assistance, and the support of the Investigations staff we continue to manage all cases.

EMS Star of Life Awards

There will be no May Board meeting due to the EMS Star of Life Awards not being held this year.

2013 Financial Disclosure Filing

The 2013 Financial disclosure filing is due May 15, 2014. The Board is reminded to file their financial disclosure statements by the deadline.

NASEMSO Conference

The NASEMSO Conference is from October 5 – 8, 2014 in Cleveland at the Public Hall.

Action Items

The EMFTS Action items list was distributed. Any questions please see a staff member.

Teleconferencing

Geoff Dutton reported on teleconferencing as it pertains to EMFTS Board and Committee meetings. As the Board has stated numerous times their desire to meet via teleconferencing, Mr. Dutton researched the possibility and how it may or may not be allowable.

As stated previously by Legal Council and the AAG's office; under current law, neither the EMFTS Board nor the Committees may meet any other way besides via face to face. Teleconferencing is not permitted. Currently only the Boards of Regents has been granted an exception. The exception is used very little and with very rigid guidelines. The Boards of Regents was granted the exception in 2000 when it was approved and inserted into legislation.

Mr. Dutton reached out to several organizations to gather information to see if there may be any opposition. He was told as long as the meeting details were advertised and the location easy access to the public, in general all were in favor. However, some were not supportive due to the fear that it could be abused. There may also be some technical issues.

The Board must decide if they would like to push for a complete legislative change in regards to the Open Meetings Act or a legislative change to benefit only the EMFTS Board and Committees (similar to the Boards of Regents).

The Board continued to discuss if the law needs to be changed, they must first decide; who must take the lead, exactly what they want accomplished, and how it must be done. It was suggested to perhaps begin with the Board and Commission and the Boards of Regents to gather information on how the change (if at all) can be done. The Board must decide how they want to move forward. Once the decision is made, ODPS can move forward with the research of how it may or may not be accomplished.

All agreed that if allowed it would: increase productivity of the Committees; allow for cost savings; and increase access not only to the public but to the Committee members as well.

The Board discussed that they do not want all Board/Committee meetings to meet via teleconferencing. Perhaps allow a limited amount of workgroups to meet via teleconferencing. This will allow work to progress without the inconvenience and cost of a face-to-face meeting. The Board will however, continue to hold regularly scheduled meetings where the detail of the work that was accomplished can be discussed in an open public meeting.

A concern was discussed that trust has grown considerably from the outside agencies/organizations/public in regards to the EMFTS Board and the openness of the meetings, that the Board must move slowly and openly in regards to holding meetings via teleconference. The public may view it as a closed or "back room" meeting where things are accomplished without their input. There must be strict guidelines as to how and when the teleconference can be used.

As of now there is no grey area in regards to allowing meetings to occur via teleconferencing, skype, etc., only face-to-face meetings are permitted. No agency without a law change can grant the Board permission to go against the Sunshine Law/Open Meetings Act.

Before Mr. Dutton can move forward it must be decided if he is to move forward as a Board member or an ODPS staff member. Mr. Dutton was asked to take the Board's concern to the ODPS Director and then decide how to move forward. Mr. Dutton agreed to do so.

FINAL

PUBLIC RECORD

The item was tabled and will be added as an Old Business agenda item to be discussed at a future meeting once additional information is gathered. .

EMS Certification, Extensions & Exemption Requests, Jean Booze

Jean Booze reported, during February 10, 2014 through April 9, 2014 there were 121 EMS extension requests. The staff recommends approval and requests a motion to ratify the extensions:

ACTION: Motion to approve EMS extension requests. Mr. Davis – First. Mr. Appelhans – Second. None opposed. None abstained. Motion approved.

Jean Booze reported CE exemptions requests for the period of February 10, 2014 through April 15, 2014. There were a total of three exemptions; two dual-certified, one EMS only; two are due to military deployment and one is due to medical hardship. The staff recommends approval and requests a motion to ratify the exemptions requests:

ACTION: Motion to approve exemptions. Mr. Davis – First. Ms. Bradshaw – Second. None opposed. None abstained. Motion approved.

Jean Booze reported during February 10, 2014 through April 9, 2014 there were 2,402 new EMS certifications, and 2,617 new fire certifications. The staff recommends approval and requests a motion to ratify new certifications:

ACTION: Motion to approve new certifications. Mr. Davis – First. Ms. Bradshaw – Second. None opposed. None abstained. Motion approved.

Education, John Sands

John Sands presented the EMT Paramedic Program at Fortis College-Centerville currently accredited is requesting to add an additional level (EMR) of training which will extend the expiration date to July 31, 2017. Staff is requesting motion and approval.

ACTION: Motion to approve the program's additional level of training and extend the expiration date to July 31, 2017. Ms. Bradshaw – First. Mr. Resanovich – Second. None opposed. None abstained. Motion approved.

John Sands reported that included in the February Consent Agenda on the Certificates of Approval document, #2 under Reinstatement was a CE approval site training program that was approved by the Board. However the program should not have been included as the program had not met their reinstatement requirements and will withdraw their request. Staff is requesting a motion to rescind the Board's approval granted February 20, 2014.

ACTION: Motion to rescind the Board's February 20, 2014 approval of the program's reinstatement. Mr. Resanovich – First. Ms. Bradshaw – Second. None opposed. None abstained. Motion approved.

Medical Transportation – Connie White

Connie White presented the list of Medical Transportation renewal applications for February - May 2014. Staff is requesting a motion and approval.

ACTION: Motion to approve the Medical Transportation renewals for February - May 2014. Ms. Bradshaw – First. Mr. Resanovich – Second. None abstain. None opposed. Motion approved.

Connie White presented the list of Medical Transportation new service applications, fourteen ambulettes, three ambulances and add one air medical ~ Air Med International LLC, dba Air Med International, Service Code 184193, expiration date March 30, 2015. Staff is requesting a motion and approval.

ACTION: Motion to approve the Medical Transportation new service applications with the additional of Air Med International. Mr. Wappner – First. Ms. Beavers – Second. None opposed. None abstain. Motion approved.

Connie White presented the list of Medical Transportation for new headquarters (two ambulettes and one ambulance) location applications. Staff is requesting a motion and approval.

ACTION: Motion to approve the Medical Transportation new headquarters applications. Ms. Bradshaw – First. Ms. Beavers – Second. None abstain. None opposed. Motion approved.

Connie White presented the list of Medical Transportation for new satellite locations (two ambulettes and four ambulances) location applications. Staff is requesting a motion and approval.

ACTION: Motion to approve the Medical Transportation new satellite applications. Ms. Bradshaw – First. Ms. Beavers – Second. None abstain. None opposed. Motion approved.

EMFTS BOARD COMMITTEE REPORTS

Community Paramedicine Ad-Hoc Committee, Deanne Harris

The Committee met on April 15, 2014.

The Committee discussed the “Meeting on the Hill”. March 25, 2014 in Washington, D.C., topic of discussion was Federal Initiative H.R.809. It was reported that the meeting was very energizing and that all were supportive of it.

The Fire Alliance is hosted a small stakeholders meeting on April 14th.

The Committee reviewed and discussed the community paramedicine piece that was created by ODPS Legal Services, and distributed to the Board prior to the meeting (Attachment 1). The document was created to assist the general public/stakeholders in understanding where community paramedicine is in Ohio and that it is not a scope of practice issue but a law issue. There was some concern with the language. Although the Committee reviewed the piece and made some suggestions, it was not given an opportunity to review the final version. At this time the Board and Committee would like additional revisions. Ms. Firestone stated that before making any changes that she would like the opportunity to review the drafts previously revised by the Committee and others to ensure that the changes are indeed correct. Ms. Firestone stated that the community paramedicine piece that was distributed was a representation of the Division of EMS and not purported by the Board. The Board stated that although the piece does not represent the Board, there are additional changes needed. Ms. Firestone stated that if there are indeed additional changes to be made that they will be made after further review. She must first ensure that the changes are legally correct. The Board requests that before posting to the website that the piece be reviewed and additional changes made as needed. All agreed. Once received, changes are to be forwarded to Sherry Harkness.

The Board discussed the handout/whitepaper “Mobile Integrated Healthcare: A Viable Model for the Partnership of Ohio’s Healthcare System with the Ohio EMS” (Attachment 2). The document was created by Dr. Cunningham, reviewed and revised by the Committee and Legal Services. The Committee would like to create and add an Executive Summary. The Executive Summary will include that community paramedicine is not mandatory (enabling), highlight that it is in collaboration and gap filling, identify the need due to changes in health care, improved access

to health care, etc. It will explain what issue will be solved, current challenges, and what needs to be done.

Action Item: Community Paramedicine Ad-Hoc Committee to create the Executive Summary to be presented to the Board for review and approval possibly at the June 18, 2014 meeting.

The Board is asked to review the handout and forward any changes to Deanna Harris.

EMS-Children Committee, Joe Stack

The EMS for Children Committee met on April 15, 2014.

The EMS for Children survey of EMS agencies concluded February 28, and we received responses from 52.3% of the agencies selected. The survey measured availability of medical direction and pediatric equipment at the scene of an emergency. Data from the survey is being analyzed for the June EMSC Committee meeting.

In an effort to recruit site reviewers, Joe Stack will present information about the *Emergency Departments: Pediatric Prepared* program to Ohio pediatric hospitals.

The Interfacility Transfer Toolkit for Pediatric Patients is available on the Ohio EMS for Children website. This document, provided by the EMS for Children National Resource Center, includes materials designed to help hospitals make critical decisions about transferring pediatric patients to their appropriate destination.

Preliminary data from the pediatric version of the Ohio Trauma Registry Annual Report to the EMS for Children Committee was presented. The completed report is expected to be ready by the June Committee meeting.

EMS for Children provided an educational session for the 2014 International Trauma Life Support Emergency Care Conference on the topic of pediatric pain management. The topic for 2015 will be on current recommendations for spinal precautions in pediatric trauma transport, and will be presented by Dr. Julie Leonard of Nationwide Children's Hospital.

EMS for Children co-hosted the second Ohio Pediatric Emergency Medicine Fellows Conference on April 7, 2014, at the American Academy of Pediatrics offices in Columbus. Twenty-four pediatric emergency medicine fellows attended the session, led by Dr. Deanna Dahl-Grove of the EMS for Children Committee and Rainbow Babies' and Children's Hospital. The conference focused on pediatric disaster preparedness.

Dr. Bill Cotton and Vickie Broadway resigned from the EMS for Children Committee, and two other members were removed due to attendance requirements. There are currently ten members on the Committee.

EMS System Development, Jim Davis

The Committee met April 15, 2014.

The Committee discussed background checks as requested by the Board. Additional research and information is needed before making any recommendations to the Board. May be prepared to present to the Board at the next

The Trauma Band Review Final Report was distributed to the Board for review prior to the meeting. At this time the Trauma Band will be a requirement in the proposed Trauma Legislation. The Board discussed the need to either move forward or wait on the proposed

Trauma Legislation. It was agreed that the Committee should continue working forward in developing a single identifier. It will be added to the next Committee meeting agenda.

Homeland Security Subcommittee, Mark Resanovich

The Committee did not meeting – no report

Education, Pam Bradshaw

The Committee has not met since last Board meeting.

Ms. Bradshaw requested a motion to appoint the Mary Ahlers to the Education Committee

ACTION: Motion to appoint Mary Ahlers as a member to the Education Committee: Ms. Bradshaw – First. Ms. Harris – Second. None opposed. None abstain. Motion approved.

Specialty Care Subcommittee

No report.

Medical Oversight Committee (MOC), Geoff Dutton

Committee met on April 15, 2014. Although Dr. Tallman has agreed to be Chair, he was unable to attend the Committee meeting.

Bill Longworth as a new member attended the meeting for the first time.

Mr. Dutton requested a motion to appoint Dr. Mark Gebhart as a member of the Medical Oversight Committee.

ACTION: Motion to appoint Dr. Mark Gebhart as a member to the Medical Oversight Committee.
Mr. Dutton – First. Mr. Resanovich – Second. None opposed. None abstain. Motion approved.

The Committee is in need of nurses and physicians, if anyone is interested in serving on the Committee, please pass on the information.

The FDA approved the use of auto injectors for naloxone. The Committee discussed and agreed that it should be added to the scope of practice in Ohio.

Mr. Dutton requested a motion to add the auto injector delivery method for naloxone to the scope of practice for all levels EMR, EMT, Basic EMT, Paramedics upon training approval of the Medical Director.

ACTION: Motion to add the auto injector delivery method for naloxone to the scope of practice for all levels EMR, EMT, Basic EMT, Paramedics upon training approval of the Medical Director..
Mr. Dutton – First. Mr. Davis – Second. None opposed. None abstain. Motion approved.

Dr. Cunningham will update the Education Module to support the above motion.

The Committee also discussed and supports making waveform capnography for intubated patients mandatory. The Committee will gather additional information to support the idea, how to phase it in, feasibility, use of grants, etc. Ideas, please forward to Mr. Dutton.

Medical Transportation Committee – Tom Allenstein

The Committee did not meet – no report.

Critical Care Subcommittee, Julie Rose:

The Committee did not meet – no report.

Resource Management, Mark Resanovich

The Committee did not meet – no report.

Time-Critical Diagnosis Ad Hoc Committee, Geoff Dutton

The Committee discussed the Trauma Bill Legislation and the Stroke Bill.

The Committee's is still interested in a statewide stakeholders meeting. Trying to bring in as many stakeholders as possible beyond EMS. Continue to look for sponsorships, organization and or institution that may be willing to host the meeting. It is very difficult to justify spending state funds for such a meeting. The Board is asked to go back to their respective organization and gather ideas for such sponsors.

The Committee discussed the need to identify the core principles which better represent EMS, establish the issues that are specifically important to EMS to make TCD successful. The Committee will develop a document to summarize how TCD is important to EMS and establish the core principles of the TCD Committee.

Trauma Committee, Dr. Steinberg/Tim Erskine.

No quorum at meeting – no report.

OLD BUSINESS –

Ethics Training

During Board retreat in February it was discussed the need for all Board and Committee members including RPAB members to complete Ethics training.

Ms. Firestone stated that the Board can indeed require all Committee members to complete Ethics training.

The Board discussed the need for Ethics training and the possibility of developing its own Ethics Training. Ms. Firestone agreed take to take back to Legal Services (Ethic Specialist) for further review and report back to the Board with their recommendations.

Could possibility create a document regarding Ethics that the Committee members must signed with Committee application.

The Board asked for the topic to be tabled to allow Legal Services time to explore the options available to replace an actual "training" for Committee members.

ACTION: Motion to table until Legal services can explore the options available. Mr. Davis – First.
Ms. Bradshaw – Second. None Abstained. None Opposed. Motion approved.

NEW BUSINESS ~ None

ADJOURNMENT

ACTION: Motion to adjourn. Ms. Bradshaw – First. None Abstained. None Opposed. Motion approved.

The meeting adjourned at 1:08 p.m.

NEXT MEETING

Wednesday, June 18, 2014 at 10:00 a.m at the Ohio Department of Public Safety, 1970 West Broad Street, Conference Room 134, Columbus, Ohio.

Community paramedicine in Ohio

Community paramedicine can be described as: an organized system of services based on local needs, which are provided by Paramedics who are members of the local or regional mobile integrated health care system and overseen by emergency or primary care physicians. The purpose is to address gaps in primary care services and allow for the presence of EMS personnel for medical response in low call volume geographical areas. This could include, but is not limited to: wellness checks, medical and surgical follow up home visits, medication maintenance checks, and other community health care needs.

It has come to the attention of the Division of EMS, and the Emergency Medical, Fire, and Transportation Services Board, hereinafter referred to as “the Board,” that some versions of community paramedicine are allegedly being practiced throughout the state of Ohio.

Ohio certified EMS providers, hereinafter referred to as “EMS providers,” should be aware of several issues relating to community paramedicine or any form of non-emergent services being practiced in the state of Ohio.

Prohibitions Relating to Community Paramedicine in Ohio:

Currently Ohio law allows EMS providers to perform only emergency medical services. Ohio law prohibits an EMS provider from performing non-emergency services if the provider is holding him or herself out as an EMS provider, or otherwise representing themselves as a certified EMS provider.

EMS providers should be aware that immunity from civil liability applies only if they are administering “emergency” medical services. Therefore, EMS providers who engage in the practice of community paramedicine and act in non-emergent circumstances will not have the immunity from civil liability afforded under ORC 4765.49. Additionally, if such a provider is working for a political subdivision, joint ambulance district, joint emergency medical services district, or other public agency, these entities will not have the immunity protections from civil liability under ORC 4765.49. Further, EMS providers and EMS agencies may be subject to disciplinary action by the Board.

It appears that Community paramedicine training programs are being offered within the state of Ohio. While the completion of community paramedicine coursework is not prohibited, EMS providers must understand that without a statutory change, they simply cannot provide non-emergent services while holding themselves out as, or otherwise representing themselves as an EMS provider.

Statutory changes are required before EMS providers would be permitted to render non-emergency care, transport patients to non-emergency facilities, and to engage in preventative or ongoing patient care. This could include, but is not limited to: wellness checks, medical and surgical follow up home visits, medication maintenance checks and other health care related community needs.

EMS providers seeking to practice in a non-emergent circumstance should seek legal advice from their employer and independent counsel. Neither the Division of EMS, nor the Board can provide legal advice to EMS providers.

Mobile Integrated Healthcare: A Viable Model for the Partnership of Ohio's Healthcare System with Ohio EMS

The concept of mobile integrated healthcare was fostered by the realization that the utilization of the current scopes of practice of healthcare practitioners in non-traditional settings is a valuable resource for promoting patient-centered health care delivery. Many states and healthcare systems in our nation have created mobile integrated healthcare systems that have demonstrated improved patient outcomes, patient care delivery, resource utilization, and significant cost savings. These successful programs have incorporated avenues that facilitate and encourage the inclusion of emergency medical services (EMS) personnel within their mobile integrated healthcare workforce.

Background:

Community paramedicine, which preceded the concept of mobile integrated healthcare, has previously demonstrated its utility in rural and metropolitan healthcare systems. The U.S. Department of Health and Human Services defines community paramedicine as “an organized system of services, based on local need, provided by emergency medicine technicians and paramedics that is integrated into the local or regional health care system and overseen by emergency and primary care physicians. This not only addresses gaps in primary care services, but enables the presence of EMS personnel for emergency response in low call-volume areas by providing routine use of their clinical skills and additional financial support from these non-EMS activities.”¹ In late 2010, a National Association of State EMS Officials (NASEMSO)/National Organization of State Offices of Rural Health (NOSORH) Joint Committee on Rural Emergency Care (JCREC) discussion paper described challenges and opportunities for EMS to fill unmet or unrealized community needs in primary care and community health.² By utilizing EMS providers in an expanded role, community paramedicine increases patient-centered access to primary and preventative care, provides wellness interventions, decreases emergency department utilization, saves healthcare dollars, and improves patient outcomes.

In recent years, leaders in our nation's healthcare systems have recognized that community paramedicine, with its meritorious track record, was limited in its design. A broader discussion about the opportunity for EMS providers, functioning within their scope of practice, to become more closely merged into the healthcare system led to a more encompassing concept of mobile integrated

healthcare. This concept was supported by the release of the *National Consensus Conference on Community Paramedicine: Summary of an Expert Meeting*, a document written by the NASEMSO/NOSORH JCREC in 2013.³ Mobile integrated healthcare, as defined by the National Association of Emergency Medical Technicians (NAEMT), is the provision of healthcare using patient-centered, mobile resources in the out-of-hospital environment. It may include, but is not limited to, mobile integrated healthcare component services such as providing telephone advice to 9-1-1 callers instead of resource dispatch; providing community paramedicine, primary care, or post-discharge follow-up visits; or transport or referral to appropriate care.⁴

The Historic Directive to EMS:

In August 1996, the National Highway Transportation Safety Administration, the agency that oversees EMS at the federal level, published a pinnacle report, *Emergency Medical Services: Agenda for the Future (Agenda for the Future)*. At the beginning of this document, there is a statement titled “The Vision” that has embraced as the overarching quest and purpose of EMS. “The Vision” states “Emergency medical services (EMS) of the future will be community-based health management that is fully integrated with the overall health care system. It will have the ability to identify and modify illness and injury risks, provide acute illness and injury care and follow-up, and contribute to treatment of chronic conditions and community health monitoring. This new entity will be developed from redistribution of existing health care resources and will be integrated with other health care providers and public health and public safety agencies. It will improve community health and result in more appropriate use of acute health care resources. EMS will remain the public’s emergency medical safety net.”⁵ With respect to the integration of health services, the *Agenda for the Future* provided the following recommendations for EMS:

- Expand the role of EMS in public health
- Involve EMS in community health monitoring activities
- Integrate EMS with other health care providers and provider networks
- Incorporate EMS within health care networks’ structure to deliver quality care
- Be cognizant of the special needs of the entire population
- Incorporate health systems within EMS that address the special needs of all segments of the population

Emergency Medical Services at the Crossroads, a report published by the Institute of Medicine of the National Academies in June 2006, noted that the EMS systems remain fragmented. The report, like the *Agenda for the Future*, continued to support the evolution and incorporation of EMS as an integral component of the overall healthcare system. One of the recommendations was for the Department of Health and Human Services, the Department of Transportation, and the Department of Homeland Security to jointly undertake a detailed assessment of the emergency and trauma workforce capacity, trends, and future needs, and develop strategies to meet these needs in the future. The report describes a vision of a 21st century emergency care and trauma system where 9-1-1 dispatchers, EMS personnel, medical providers, public safety officers, and public health officials are interconnected and united to ensure that each patient receives the most appropriate care, at the optimal location, with minimal delay.⁶

Identified Challenges:

The Center for Disease Control and Prevention (CDC) has stated that, due to longer life spans and aging baby boomers, the growth in the number and proportion of older adults in our nation is unprecedented. The population of Americans aged 65 years or older is expected to double during the next 25 years to 72 million people. By the year 2030, the CDC estimates that older adults will account for approximately 20% of the population of the United States. The state-by-state report card in *The State of Aging & Health in America 2013* identifies several categories where Ohio is currently in the lower 50th percentile in preventative health measures.⁷ These current cited gaps of deficiency will surely increase the future demand for medical care as our population ages.

The American College of Emergency Physicians' National Report Card for 2014, an assessment of America's emergency care environment, also highlights state-specific gaps for Ohio. Although a grade of B- was earned for access to emergency care, Ohio received a grade of C- for public health and injury prevention. Within this report's recommendations, this report states that "the proportion of adults with no health insurance has increased, further limiting access to primary, mental, and behavioral health care. While Medicaid coverage increased for adults, Medicaid fee levels decreased compared to the national average, posing an additional challenge to accessing primary and behavioral health care for this population".⁸

Identified Needs:

The Patient Protection and Affordable Care Act (PPACA) has initiated significant modifications in the structure, administration, and operational status of our healthcare system with additional dynamic changes awaiting in the future. Within the PPACA, there are nine titles, and each of them addresses an essential component of reform. They are:

Title I: Quality, affordable health care for all Americans

Title II: The role of public programs

Title III: Improving the quality and efficiency of health care

Title IV: Prevention of chronic disease and improving public health

Title V: Health care workforce

Title VI: Transparency and program integrity

Title VII: Improving access to innovative medical therapies

Title VIII: Community living assistance services and supports

Title IX: Revenue provisions

Within Title III, the traditional fee-for-service reimbursement of hospitals will transition to a value-based purchasing program for Medicare payments. Physicians will receive incentives to report Medicare quality data. In the near future, long-term patient hospitals, inpatient rehabilitation facilities, and hospice providers will be asked to do the same and may be penalized if non-compliant. In addition, hospital payments will be adjusted based upon the dollar value of each hospital's percentage of potentially preventable Medicare readmissions.

The creation and implementation of measures to help increase the supply of health care workers is one the goals within Title V. There may inherently be a lag time between the time that the proposed training and education infrastructure can realistically generate an increase in the health care workforce.⁹ This period of time heightens the need for the available health care workforce to apply the medical skills within their respective scopes of practice beyond the traditional work environments to fill the gap and meet the needs of their communities.

The Evolution of Mobile Integrated Health Care:

The first successful formally structured community paramedicine program in the United States was fostered by Gary Wingrove, a paramedic in Minnesota. There were and still are rural regions in Minnesota where there are no physicians within close vicinity to serve the population. Without community paramedicine, the

residents of these areas would have no readily available access to health care. Since this program was launched, Mr. Wingrove created and currently oversees the North Central EMS Institute that provides a standardized education curriculum to EMS providers being trained to function in a mobile integrated health care system.¹⁰

Although originally touted as a resource to support rural areas, Dr. Jim Dunford was one of the first individuals to take Mr. Wingrove's community paramedicine model and mold it into a resource for a major metropolitan environment. He analyzed the EMS transport data for the city of San Diego and discovered that 6% of the EMS dispatch calls were for non-emergent complaints or chronic illnesses. He also noted that there was a segment of the population (17.2%) who used EMS frequently to access health care by requesting transport to the emergency department. Specifically, he found that the most frequent users of EMS, who comprised 0.04% of the population of San Diego, generated 5.4% of the 911 calls. In one of several studies conducted within San Diego's community paramedicine system, Dr. Dunford tracked the reduction in emergency department visits, hospital admissions, and hospital lengths of stay for 51 patients over a 31-month period. He found that the overall cost savings for the management of these patients by community paramedics who provided outpatient assessment, medical care, and engagement with existing public health and social service resources was nearly \$315,000.¹¹ Since the initiation of this program, San Diego has developed several mobile integrated healthcare networks that vary in configuration and purpose, one of which resulted in a net cost savings of \$700,000 per year.¹²

Mobile integrated health care, a concept sown by community paramedicine, is well-established in many countries including the United States. As the role of EMS has become more dynamic, states, such as Missouri and Minnesota, regional, and local health care systems have created paths legislatively to facilitate the creation of mobile integrated health care to better serve the needs of their communities.⁴¹³

The Current Landscape in Ohio:

The access to health care remains a challenge in Ohio. Multiple hospitals with full-service emergency departments have closed during the past decade. Ohio currently has 34 critical access hospitals (CAH) with one CAH closure within the past five years. Distance to travel remains a challenge for many Ohio residents and visitors to access care. There are nine counties in Ohio that do not have a hospital within its boundaries (see Figure 1).

According to the Health Resources and Services Administration (HRSA) within the U.S. Department of Health and Human Services at the time of this report, 74 of Ohio's 88 counties are designated as Health Professional Shortage Areas (HPSA) in the primary medical care discipline. In addition to our rural areas, the HRSA's HPSA data indicates that there are medically underserved areas and populations in all of Ohio's major metropolitan areas despite a higher density of hospitals and medical centers in these regions.¹⁴ Insufficient or lack of primary medical care resources is a substantial causative contributor to emergency department overcrowding, preventable hospital admissions, and overall dysfunctional utilization of available medical assets.

In the event of a gubernatorial declaration of emergency that affects the public's health, EMS providers may perform immunizations and administer medications within the parameters cited in the Ohio Administrative Code 4765-6-03. A prime example of the value of the EMS workforce was evident during the H1N1 influenza pandemic in 2009 when public health agency resources were overwhelmed by the demand for mass vaccination of the general public. With the declaration of emergency by the governor during this health crisis, Ohio EMS providers while functioning within their respective scopes of practice partnered with public health agencies in the administration of influenza immunizations. In fact, Ohio was one of the states in our nation highlighted by the Institute of Medicine where EMS providers, a previously untapped resource, played a significant role in the mass vaccination campaign and administered immunizations to a large segment of Ohio's population.¹⁵

Currently, Ohio law allows certified EMS providers to perform only emergency services, per Ohio Revised Code (ORC) 4765.01. Ohio law prohibits a certified EMS provider from performing non-emergency services if the provider is holding him or herself out as an EMS provider, or otherwise representing him or herself as a certified EMS provider, per ORC 4765.50. Immunity from civil liability applies only if a certified EMS provider is administering "emergency" medical services. Therefore, certified Ohio EMS providers who act in non-emergency circumstances will not have the immunity from civil liability afforded under ORC 4765.49. Additionally, if such a provider is working for a political subdivision, joint ambulance district, joint emergency medical services district, or other public agency, these entities will not have the immunity protections from civil liability under ORC 4765.49. Further, certified Ohio EMS providers and EMS agencies may be subject to disciplinary action by the State Board of Emergency Medical, Fire, and Transportation Services.

Statutory changes are required before Ohio certified EMS providers would be permitted to render non-emergency care. Ohio Revised Code 4765.01 was legislated on September 17, 2002. Despite the recommendations with the *Agenda for the Future* which was written in 1996, current Ohio law inherently restricts the ability of the EMS provider to become fully integrated into the health care system, a shared goal of the *Agenda for the Future* and *Emergency Medical Services at the Crossroads*.

Conclusion:

Our healthcare system is rapidly approaching a critical brink, and the need to maximize and appropriately utilize our available resources has become an imperative directive. As our population ages over the upcoming decades, the delivery of primary care and preventative care must have an alternative avenue to be provided at sites outside of emergency departments and hospitals. Failure to create these paths of opportunity will needlessly push our healthcare system towards collapse.

Hospitals will soon be expected to meet performance measures to be eligible for reimbursement. The anticipated financial losses borne by hospitals for patient readmissions have not yet been projected for Ohio. However, if one translates the cost savings gleaned in San Diego for 51 patients served by their municipal community paramedicine program, the losses will surely be in the range of millions of dollars for healthcare systems that lack a mobile integrated health care resource. The widespread lack of primary care resources in the vast majority of Ohio counties underscores the need for mobile integrated health care in both our rural and metropolitan communities. A proactive home visitation that results in the avoidance of a 9-1-1 transport, an emergency department visit, or a hospital admission provides benefit to the patient and to the healthcare system. The skilled Ohio EMS providers can support the existing outpatient healthcare providers, reduce the fiscal burden of Ohio's hospitals, and help close the gaps the needs identified by a community.

Mobile integrated health care must be transitioned from a viable option to a purposeful reality for Ohio. In order for EMS to participate in this model, Ohio law must be changed to allow EMS providers to perform the services for which they are currently trained in non-emergency situations. This law must be amended to reflect the vision of EMS that is described in the *Agenda for the Future*. Once this task is completed, the State Board of Emergency Medical, Fire, and Transportation Services and the Ohio Department of Public Safety, Division of EMS can create

the foundation that will allow local, regional, and state health care systems to incorporate Ohio EMS providers into their workforce and the mobile integrated health care networks they wish to build.

The State Board of Emergency Medical, Fire, and Transportation Services and the Ohio Department of Public Safety, Division of EMS support the inclusion of Ohio EMS providers as vital participants in mobile integrated health care systems. We will partner with hospitals, public health agencies, and other healthcare organizations in our ongoing commitment to ensure appropriate and quality care to the residents and citizens of Ohio.

Figure 1: Ohio Counties without a Hospital within its Boundaries*



*Based upon information provided by the Ohio Hospital Association on June 19, 2014

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