

BOARD OF DIRECTORS MEETING
Radisson Hotel
Sacramento, Ca.
June 21, 2005

MINUTES

1. Welcome and Introductions

Darlene Isbell-Gidley convened the meeting at 10:12 with round table introductions.

2. Approval of Agenda

The Agenda was approved as presented. M-Baucom/S-LaPolla/Carried

3. Approval of Minutes – Michael Frenn

Minutes were approved as presented. M-Baucom/S-LaPolla/Carried

4. Budget Report – Art Lathrop

- a. Financial statement and proposed budget went out to membership, incorporated herein. M-Baucom/S-Pletz/Carried

- b. Proposed budget – forward last year's budget, but income projected substantially less to restructuring of organization. Use as tentative budget, and then revisit with new membership. Once the new membership structure takes place (July 1, 2005), we can revisit the dues schedule. The minutes of the September 2004 meeting indicated that a vote of the membership decided the dues to be \$250, effective July 1, 2005. Art will thus issue a supplemental bill in the amount of \$100 after July 1, 2005, to the membership.
Approve the budget M-Lapolla/S-Baucom/Carried

5. New Members

None

(Taken out of order)

6. New Business

Disaster Report – Jeff Rubin

HRSA Yr 4, due out 9/1/05, but HRSA 3 will run concurrent with year 4, thus two years simultaneously 9/1/05 – 8/31/6. Waiting for State to get their application so locals can get the guidance. DHS is better staffed now. HRSA yr 4 is a different application, major changes, a focus on true regional planning, exercises, training,

gathering of data. Intent is to pull people together in a system, integrate, standardized data set, training and exercise.

High points: 0.5 FTE local coordinator, 6 regional coordinators, flex locally for tasks and funding priorities, intense data collection requirements, starts to look like a statewide system,

Joint Advisory Committee looking at HRSA with a vision for statewide system. Fed priorities may actually help us get there. This could result in a better product than we have obtained previously, i.e., an integrated system statewide.

In LA, HRSA through EMS, and CDCBT through PH, has worked well. LEMSAs are encouraged to pursue the HRSA funds.

Another concept of interest at the state is a 24-7 Medical Health Warning, real time monitoring – current system overwhelmed.

DHS Strategic Plan For Emergency Preparedness (Murrin, Rubin); Health v Medical.

A lot of discussion about regional coordination, funding, integration, etc. Direction from the State really is needed. Also, data needs to be valuable, not made up.

Requirement for next year's Homeland Security money to be coordinated with HRSA.

RDMHC Legislation – AB586: system v no system, 2 yr bill v compromise and move now,

Motion: Direct leg committee to continue to work with the author and get other stakeholders together to work out differences and develop a better understanding. This will likely make the bill a 2-year bill. M-LaPolla/S-Pletz/Carried.

Trauma and Burn Cache: 16 separate contracts in process, thanks for the help, covers all Level I and II centers.

ESARVHP: Working on the issue of personnel, establish as list in advance of licensed, certified, qualified personnel willing to work in disaster.

Money from HS for PPE, PPE for public and privates, Kim Martin working with us to meet the needs

Emergency Managers Mutual Aid (EMMA), develop EMS Admin mutual aid to help in long events. Admin personnel can help staff/relieve in EOCs, etc.

Terrorism early warning group. Carol Meyer has some involvement here, Laura Vanegas at the Authority is hiring some staff to bring medical perspective into this area.

The Annual Conferences are upcoming again in October.

Joe Barger has a very good book on medical surge capacity.

RDMHS is experiencing turnover/change in Regions I, V. We will be short RDMHC in some regions.

OES establishing subcommittees for NIMS SIMS Interface, need representatives from EMSAAC. Nancy LaPolla, Doug Buchanon, Michael Frenn, Patti Murrin

Watson Report

Dr. Koenig under contract with DHS/EPO.

No certainty as to the appointment date of the EMSA Medical Director.

Sean Trask: EMT-II Task Force has met 8 times since November, Imperial County trial study model for Basic, Optional scope. Primarily for use in NorCal; proposing 80 hours, developing curriculum, certification recertification provisions. Where will this practitioner fit in California? Rural only? Augment urban? National EMT-Advanced is very similar to EMT-II Basic; National has nitrous however. We have added Mark I kits. Bonny, Larry, Debbie, John Pritting are participating. EMT-II regs could be a convenient vehicle for expanding EMT-I scope which is maxed out minus a statutory change. This allows updating the EMT-II, creating a practitioner similar to national, and meeting a niche of care above the current EMT-I.

EMT-I regs out for 45 day comment starting July 1, 2005, for cleanup language. Planning to have the finished product to Commission in September, out of OAL in December.

With Maureen leaving there will be restructuring at the Authority involving Personnel Enforcement and Licensing, and Systems.

Licensing Task Force. Concepts in criminal background checks: Lifetime bans (sexual predators, for example) and automatic clearances for others such as misdemeanor arrests > 5 yrs with no violence (reckless driving, disturbing the

peace, etc., DUI). FBI fingerprints of all applicants? One or two year ban for license revoke, or lie on applications?

National Scope of Practice Model (Dan Smiley). First responder, EMT Basic and Paramedic all remain relatively unchanged and there is wide agreement. The EMT-Intermediate issue is less clear. Nitrous, Intraosseous to be considered. Where to go from here?

AB260, reporting of FD response times to State, opposed by EMSA.

Federal bill to reduce current 131 mill of CDC prevention block to 100 million. Could survive, but this is 30% cut and grants may be hit hard.

EMS System Standards and Guidelines. Done, under internal review, prepublic comment to EMDAC and EMSAAC, perhaps as early as August.

EMSC: 114K in the State budget. We'll be ok if the federal budget is passed.

Commission Report

Radio frequencies. Insufficient frequency for public safety. We're all over the board and can't talk to each other. State plan was to migrate everyone to 700 MHz for interoperability. The price tag for Cal was 8 billion (with a "b"). Goal remains but there is no definitive plan; regional interoperability is occurring sporadically. But we need to be in the que now to get frequencies.

Doug: Northern Cal (Larry Masterman), Southern Cal (Joe Batance and Britta), Central Cal , Capital Area (Doug and Art).

600000 available for PPE for EMS personnel from the State.

Legislation – LaPolla

Carol and Barbara are following Maddy, Leonard and Virginia following trauma, Nancy handling the rest.

AB1559 Now a strategic plan instead of a bond.

SB57 Work with author's staff to get the admin level to 10%; ass. Health 6/28/05

SB266/267 Trauma

266 establishes State committee to formalize statewide trauma plan, EMSA put a cost of 200K, moved to suspense, negotiations between EMSA and Romero's office.

267 Re-establish the trauma fund, Margolan leading the issue on this in the Senate; currently attached to budget, trailer bill deals with distribution of money, money distributed by LEMSA via competitive process, some carryover provisions. Send letters of thanks to supporters.

SB941 ACEP, originally wanting to make all legislation around Maddy consistent, go after 17% Maddy due to state audit, create State Commission. Finally, just cleanup and consistency. Great discussion between CSAC, CHEAC, EMSAAC and ACEP on Maddy. New language last week regarding the Committee; problematic in some respect, complicated; but with discussion and negotiation we're very close,

Motion to support now. Inch/Meyer, Discussion, Amend to authorize Barbara and Carol (leg committee contacts on this) to take a support position at the point it seem appropriate.

Planning Meeting – Carol Meyer

Meyer.

Planning meeting August 3 one day, 9 AM to 4 PM, voting members only, talk about new organization, bylaws issues, committees, using Renee Tokalien, written report, in LA specific location TBA from Art Embassy Suites

Clinical Internship Standards - Carol Meyer, Debbie Becker

Work to a standardized process for notification of LEMSAs of paramedic clinical and hospital internship. Also standardized approach of auditing training programs (Debbie leading this). Integration/orientation of students coming into LEMSAs for internship. Currency of EMT cards, background checks,

Committee Reports:

CCLHO LaPolla – discussions around BT/HRSA, integrating public health with LEMSAs,

Hospital Closure (Lee) Task Force established due to closures, downgrades, diversion, E.D. turnaround. Bruce represents CSAC, Carol EMSAAC to the access task force. (Handout)

CAA Report – Frenn Consider better coordination of legislation; worked with CAA on PPE Guidelines for EMS Personnel. Motion to sponsor CAA annual conference M-Frenn/S-Pletz. Discussion on long range issue of sponsoring, in-kind match of services, etc. Hand vote 6:2, motion carried.

ESARVHP no further

EMSAAC Policy Development

Steve and Darlene working on this, perhaps introduce at the planning meeting.

Statewide Communications. No additional information (covered earlier).

Prevention/Public Information: No report

Firescope: No report

EMSAAC Website: Steve Andriese will make changes but after planning meeting

System Evaluation: Steve Andriese,

Bold, complete, grey italic not yet complete, data set compares vision and NHTSA, ready to go to State. Mirrors NHTSA, project should be done and out within 2 months, will bring to the September meeting.

Receiving Center Legislation Presentation

AB717, AB1050 Gordon

Motion: Active support Inch/Lee, a lot of discussion, unanimous

12. Other

13. Adjourn