



Minutes			
MEETING TYPE	Kentucky Board of Emergency Medical Services - Board of Directors Meeting		
DATE	August 8, 2024	TIME	1:30 PM EST
LOCATION	In-Person/Zoom	ROOM	500 Mero Street/MUB547CE

Members						
P	John Holder - Chair	P	Harry Clark	P	Brandon Edmiston	P Ex-Officio – Walt Lubbers
P	Keith Smith - Vice Chair	P	Tim Webster			P Ex-Officio – Eddie Slone
P	Ronald Crafton	P	Ben Neal			
P	Donovan Blackburn	P	Chris Lokits			
P	David Webb	P	Tricia Steward			11 Total: 6= Quorum
#	Item	Discussion / Issue			Action / Responsible Party	
1	Call to Order	Officially call meeting to order			Meeting called to order by Board Chair Mr. Holder at 13:30 EST.	
2	Roll Call	Roll call and ensure quorum			Quorum was established with eleven (11) present.	
3	Public Comment				<p>Ashlea Christianson, American Heart Association re: CARES registry, concerned about availability and want to keep it for data purposes in Kentucky.</p> <p>Chris Hale – clarifications needed. Reservist, taking a hit to the roster. Chair Holder will look to see if it should be a future agenda item.</p> <p>Jim Duke: KAPA to give relief for more paramedics in KY. Problem hasn't gone away. Begging for relief. Keep our requests on your mind. We are waiting for an answer.</p>	

4	Approval of Minutes	Review for Approval: 1. July 11, 2024	Motion to approve minutes made by Tim Webster and seconded by Chris Lokits. Motion carries.
5	Financial Report		Update provided by Executive Director Slone. Motion to approve the financial report made by Dr. Ron Crafton and seconded by Judge Harry Clark. Motion carries.
6	Medical Oversight Committee	<p>Committee met on July 10th, 2024. Multiple projects ongoing.</p> <ul style="list-style-type: none"> • Florence Community Paramedicine Pilot • Covington Community Paramedicine Pilot <p>MIH-CP Regulation Amendment Scope of Practice (not to include Advanced Paramedic)</p>	<p>Motion to approve pilots by both agencies made by Chris Lokits and seconded by Tim Webster. Motion carries. At this time, we are under the number of allowable pilot programs.</p> <p>Scope of Practice Document – Along with the committee and Dr. Lubbers work was done to clean up and a few items were added. Motion to approve scope of practice guidance document as presented made by Chris Lokits and seconded by Tim Webster. Motion Carries. Revision date will be added to the document.</p> <p>Mobile Integrated Healthcare Regulations Sub-Committee spent a lot of time crafting the document by subject matter experts. Moved to the full Board for approval. Motion to approve the MIH regulations as presented today made by Chris Lokits and seconded by Dr. Ron Crafton. John Wood: This incorporates Mr. Slone’s changes on page 10. Equipment and medication list is decided by policy and protocol by the MIH agency. Master list is provided by the agency (referenced on page 11). Motion carries with 10 voting yes. 1 person abstaining.</p> <p>Committee continues to work on medical</p>

			<p>director requirements, fatigue, and advanced scope for the Board at the September meeting.</p> <p>Dr. Crafton inquired about airway data. Chris Lokits reported that Dr. Thurman, Dr. Lubbers and others are continuing to evaluate that project. Dr. Lubbers shared it taking time to figure out the measures and how to benchmark. It's moving slowly.</p>
7	Data Collection Committee	Data Committee Report	<p>Doug Taylor reported that we are solving lingering issues with 3.5 with those agencies having difficulty launching it. We are over 80% at this time.</p> <p>Updated queries presented to the data committee. Validation scores may drop until the run form is revised and people are answering 3.5. Sunset date recommended by the Data Collection team of October 31, 2024.</p> <p>Keith Smith made a motion that all services be converted to 3.5 from 3.4 version and use a sunset date of October 31, 2024, with a second by Tim Webster. 3.5 is in the current regulation. Motion Carries.</p> <p>If a service is not compliant, they could get a small fine and potentially not get their grant eligibility funding.</p>
8	Education Committee	<p>Committee last met on July 9th, 2024.</p> <ul style="list-style-type: none"> • Instructor Course Approval – Madison County EMS • State EMS Office Approved Educator Course Approval • Wilderness Paramedic Course Approval <ul style="list-style-type: none"> ○ Adventure Med National Outdoor Leadership School ○ RedSTAR Wilderness Medical Society ○ Stonehearth Open Learning Opportunities ○ University of Utah 	<p>Jimmy VanCleve reported for the Education Committee. Three actions to bring to the Board.</p> <ol style="list-style-type: none"> 1. Instructor Course for Madison County. Motion to approve the instructor course for Madison County made by Dr. Ron Crafton and seconded by David Webb. <p>Concern by Chris Lokits that we continue to have different courses approved. Motion carries.</p>

			<p>2. State EMS Office Approve Educator Course Approval</p> <p>Chair Holder asks how it meet standard. Reciprocity currently where we accept another state's education. We already accept from another state and their requirements. So, the same standards apply across the nation. This will allow people to enter in as an educator from another approved educator course. Bob Andrew believes it would be better for the system.</p> <p>John Wood: Does it require general approval of the Board or individually?</p> <p>Mr. Andrew: Not a change in the process we currently use. We need the Board to approve if we can accept.</p> <p>Ben Neal: No proposed language in the regulation.</p> <p>John Wood: To clarify, the only action is for the Board to approve the program. It wouldn't conflict with the existing regulation.</p> <p>Chair Holder: it's open Board approval.</p> <p>Mr. Andrew clarifies it's approving the course not each individual class.</p> <p>Dr. Crafton inquired about the video/presentation part of the process.</p> <p>Mr. Andrew confirmed that Mr. Fifer brought that up in the committee. Instructor course that didn't work in the past. Staff is looking to do a PDF manual of how to for the student.</p> <p>Chris Lokits: orientation course while well intended is a barrier. Should be on the TEI to orient them on the operations and education of that TEI. The toolbox idea is good just challenging.</p> <p>Chair Holder: people outside of KY will say they've had the course and will contact Bob Andrew. Must be from another approved EMS office.</p>
--	--	--	---

John Wood- what course are we asking to be approved?

Bob Andrew – other EMS state approved courses that have approval. No one is getting through without that 40-hour requirement.

John Wood- not approval of a particular course, but if it's approved by another state EMS, we will accept it. Cleaner to put in the regulation or bring to the Board for individual approval.

Chris Lokits – Of the bordering states, what is their requirement and how does it compare to ours?

Ben Neal: doesn't think it's ready for action.

Chair Holder – education committee would say "we vetted West VA and are now seeking approval".

Chris Lokits- just because another state approves, he doesn't want to just say we do.

Bob Andrew – we will bring each one individually by state.

No action taken on state EMS office approved education course approval.

3. Wilderness Paramedic Course Approval brought to the Board for approval 410 regulation.

Vetted by Wilderness and Education for clarification.

No standard right now.

David Fifer leading the charge on Wilderness.

Ben Neal – are any of them in person courses?

Yes, according to Bob Andrew but also hybrid for some.

Dr. Crafton recalled the in-person component that Mr. Fifer discussed.

RedStar notified they need to be a TEI (per Bob Andrew).

Chris Lokits – what level would they be?

Bob Andrew – still being developed so next meeting for education committee will decide

			<p>if we need to create another level. Ben Neal makes a motion to table the Wilderness Paramedic Course Approval until we have more information. Seconded by Keith Smith. Roll Call vote Motion carries with 9 yes and 2 No votes.</p> <p>Ben Neal – approving a wilderness course but we don’t know the TEI. A lot more questions than we have answers before blank approval. Bob Andrew- Any level can teach a critical care. Using that model until we discuss expanding another level. Certification courses that any level could do. CETI’s that teach it and it’s fine. Process in place but until we explore the new realm and then discuss. People would have to be turned away if this is tabled.</p> <p>David Webb – how are we issuing now? Bob Andrew – showing state certificates for community paramedic. They have to have IBSC.</p> <p>Chair Holder – not sure where it goes from here.</p> <p>Dr. Crafton ask that we recognize Mr. Fifer online.</p> <p>Mr. Fifer – one of the challenges in Wilderness is very little structure in the training space. Trying to improve that. Tension between what we are trying to achieve and what Wilderness exist in. There are some not necessarily taught in KY. Like what’s being done in New Mexico. Internationally recognized; but if they have to be a TEI that can create challenges for us.</p> <p>Wilderness first responder – designed to teach healthcare professionals how to treat in the wilderness. UK does a course each spring. A good course. Credible, evidence based and heavy participation with subject matter experts, but would they (UK) have to be a TEI?</p>
--	--	--	--

			<p>Ben Neal – that’s not what we are talking about specifically.</p> <p>Mr. Fifer – just talking about the two-prong qualification standard. That was approved all the way up to the Board. It is possible to pass the exam and use that approach with recognition that without fitness, skills, readiness to the wilderness environment. Asked the Board to consider that pathway, NON-TEI educational curriculum still be considered acceptable for the wilderness qualification. Courses are not necessarily taught and delivered traditionally.</p> <p>Ben Neal – is there is another wilderness course out there? What about MIH?</p> <p>Chris Lokits – opinion is we can endorse courses but if IBSC is the certifying agency and has requirements to sit for the exam and present their card in whatever specialty then the agency is responsible for credentialing to function in that capacity. They show up to Bob and present what they have then they get their card.</p> <p>If you can meet the requirements to pass that exam, then you have some level of knowledge doesn’t mean you can practice. You can at least meet the knowledge threshold. The it’s back to the agency, just like with regular EMS.</p> <p>Mr. VanCleve – what information is needed? Other courses out there, is there going to be a moratorium on these now?</p> <p>Ben Neal – what is MIH? Setting a precedent.</p> <p>David Webb – we already set the precedent. Used the flight example.</p> <p>Dr. Crafton – so less and less oversight? Leave it to the certifying agencies to give the exam? What is the philosophy we want to take? This will come up in other areas.</p>
--	--	--	--

			<p>Chair Holder – are we going to require prep courses?</p> <p>Nothing for Education to do it's a regulatory discussion for the Board.</p>
9	Emergency Medical Services for Children (EMSC)	Update	<p>Morgan Skaggs - thank you for recruiting agencies. Special thanks to Executive Director Slone and our Inspectors for the final push to get our agencies to complete the survey. 91.4% completion; 13 did not participate. We ranked 15% in highest percentage against other states. 46% of the nation completed the survey. Thanks to everyone in the state for participating.</p>
10	State Medical Advisor Updates		<p>Dr. Lubbers reviewed and presented. Review of EMS agencies requesting Medical Director changes. One added and meets requirements for Medical Director: Dr. Kenneth Golden, Allen County, License #1414, TEI# 099. Motion to approve Medical Director submissions made by David Webb and seconded by Brandon Edmiston. Motion carries.</p> <p>Protocol revisions presented by Dr. Lubbers. Motion to ratify by Keith Smith and seconded by Tim Webster. 10 voting yes. 1 person abstains. Motion carries.</p> <p>Chris Lokits – Boyle Co. listed ECMO as new protocol. Transport of not for ECMO. Can't find a protocol for it.</p> <p>Dr. Lubbers: Should be in their cardiac arrest (page 64) possible viable for ECMO not using ECMO in transport. More rapid transport for viability.</p> <p>Leave Behind Naloxone Protocol - nothing we can do about general people giving it but as</p>

			<p>EMS there are protocols. Request that we have a protocol to understand it's an action being done as an EMS provider. Keeps people from having to write a protocol.</p> <p>Chris Lokits- isn't there a law that says that any health care can administer? Motion to approve Leave Behind Naloxone Protocol made by Chris Lokits and second by Keith Smith. Motion Carries.</p>
<p>11</p>	<p>Staffing Regulation</p>	<p>Emergency Amendment to 560</p>	<p>Emergency Amendment to 560 opened up by Chair Holder and turned over to John Wood for explanation. John Wood: It was approved in July at the special meeting. Approved as written without the statement of emergency. Logic from waiver and convert that logic to this regulation. In doing so, the language wasn't so sound. This version isn't necessary for public health threat. Some class one agencies will have to downgrade. This version let's all class one agencies perform w/out paramedic. If approved, it will be signed and sent to the Governor.</p> <p>Second Option – waiver gets rid of percentage requirements. Only applies to agencies that are struggling to meet the paramedic requirement. Good faith effort etc.. they'll get a wavier and operate with AEMT and operate until Jan 2027.</p> <p>Third version – approved at last meeting as ordinary. One change in this version: struck on page 5 subsection 14 – ordinary amendment added a provision on page 4.</p> <p>Chair Holder- Option one (ready to go but with questions), option two (waiver), option three</p>

			<p>file as ordinary regulation. Same Sunset date.</p> <p>Chair Holder asked that we decide. If there is one that better fits our needs, we need to act.</p> <p>Judge Clark – likes option 2. Allows agencies and information to give to legislatures. Provides more information and control. Chair Holder if we go the waiver route it should not put additional burden on staff here at KBEMS.</p> <p>Chris Lokits – some info about issue since first of the year five agencies self-reported. Provided detail. Inspections – two had violations (did not self-report).</p>
<p>12</p>	<p>Executive Committee</p>	<p>Recommend for Passage:</p> <ul style="list-style-type: none"> • 201 Emergency Medical Responders • 301 Emergency Medical Technician • 330 Advanced Emergency Medical Technician • 401 Paramedics • 545 License Classifications <p>Competitive Grant Process Recommendation to move inspections back to KBEMS</p>	<p>401 strikes determination of death emergency and regular. Motion to accept both by Keith Smith and second by David Webb. Motion Carries.</p> <p>545 License Classifications: amount of mark-ups definition of classes.</p> <p>Amend motion made by Keith Smith to accept 545 regulations as written and approved and seconded by Judge Clark. Clarity on class six, page 5, line 2 intended a licensed class one agency may use MOU and BLS with-in their jurisdiction. Amend line seven strike item number two already covered in three.</p> <p>John Wood – classifications used to be that the Board separate between emergency transports, and we don't have an emergency only service under this regulation.</p> <p>David Webb – are we pressed to approve this today? We may need more work done on this</p>

			<p>one. Keith Smith – reason for push is due to the changes HB777 have been made and not addressed in regard to classifications and they need to be separated. Not causing harm by not passing it if the Board wants to sit and review. Mr. Slone – does executive want to see this again (to Keith)? Keith Smith -no not as written. They'd want to know what changes the Board wants. Dr. Crafton - move forward and address down the road if needed. David Webb- agrees it went through but listening to conversations now there should have been more conversations. I was between meetings KAPA and Executive Committee and didn't give it enough attention that day. Intent was "this" and then we have to re-write regulation. Chris Lokits – impression from definitions, it's spelled out what the emergencies are and what isn't, think it's addressed. John Wood- there isn't a 911 scene only response. Doesn't think it's a big deal. Ben Neal – page seven should not extend beyond the grounds or strike it.</p> <p>Competitive Grant process – Judge Clark: increase the amount of the grant and then match. 25K grant with 10% match. Allow people to use the funds that are needed.</p> <p>Keith Smith - Current grant process is hard. What is appropriate, not appropriate etc.. Grants small to deal with but can be stressful. Needs to be brought up soon and looked at to make wholesale changes to the process. Takes legislative change to make it happen.</p> <p>Executive Director Slone to approach</p>
--	--	--	--

			<p>legislature of investigative process back to KBEMS from Office of Inspector General. Talking with David Lovely and Tricia Steward they seem to agree it should be here and not all there. It's impractical to separate a complaint. We strongly suggest they come back to the Board and be in unison. It will take a legislative change to make it happen.</p> <p>Keith Smith – look to meet with the small group that made the change and hopefully convince them (legislators) to regain the investigatory process. Committee supports talking to legislators and making the change again. Explain to them the need for the change and why. Brought to the Board for discussion.</p> <p>Mr. Slone – we'd like for the legislative group to get back together and get a sponsor and have a recommendation for the September meeting. Need to get final approval before we get there. We need to pass it in the September meeting if we want a chance to get it done in this 2025 session.</p> <p>Motion that we direct the legislative workgroup to come up with a plan for the grant and the Board's consideration and support bringing EMS agencies back to the Board investigator made by Christ Lokits and seconded by Dr. Crafton. Motion Carries.</p>
13	CARES	Discussion	<p>Executive Director Slone: has received letters of support from a number of agencies. I can't find anything clear that CARES was more than a grant process through Rural Health. Paid for and adopted the staffing; a quarter of it. We didn't budget for EMORY; 17K to take the data and work it. 16 counties take advantage of it. Maybe we pay it or also consider making a requirement for participation. Supportive of</p>

the concept but lightly use that we are putting 40-50K into it. Low participation. We need to be either in or out. There is a memo you were provided with that summarizes my thoughts on this.

Keith Smith – any response back from other agencies willing to support financially?

Executive Director Slone: Ms. Christiansen and others will take it into consideration but no commitment yet. Maybe KHA, we need them to be supportive. We are hopeful we will increase participation. There will be a manual process for when the hospitals don't participate. As 3.5 transitions we can pull the CARES and use it from there. No sponsor yet but people willing to help. Participation low though.

Dr. Lubbers – big supporter of CARES and shared a Powerpoint with data nationally and on the state level.

Keith Smith – what needs to be submitted that we aren't already capturing from NEMESIS that CARES needs to have?

Dr. Lubbers – EMS Care, Dispatch, and outcomes from the hospital. Then we can benchmark against the national average.

Scott Helle – number of participants it looks like 16 currently but what is the percentage of population? If we focused on it, we could get half the state if we'd get 10-15 more counties.

Dr. Crafton – CARES perspective, our county in particular, took it to our judge and local and they applied it in a real fashion and had a benefit to the county. Good program but understand the cost, in favor of CARES.

Chris Lokits – Doug what are the barriers to getting the data.

Emory requirement. KStars and 3.5 govern it.

David Webb – but we have to pay Emory to

			<p>take our data, but they dictate it.</p> <p>Dr. Lubbers – has to be a participant not regulatory.</p> <p>Mr. Slone – regardless, we want the participation to go up. We have staff to dedicate to this. If it's not complete data, it's not good for us. We have to have outcomes too. 100% complete data; it's kicked back out from calls we've had.</p> <p>Chris Lokits- amount of effort and time is small for the grand scheme. Most of the communication center is on the run sheet even prior to 3.5 - Times, etc.. is imported. There is a requirement for hospitals to input but they do participate and generally want to help and complete the info we may have to follow up on. Not overly intrusive. Valuable tool to measure and improve how EMS is operating. Supportive of CARES and leverage technology. KHA, KDPA, other health systems for funding. KBEMS shouldn't just be on the hook for public health.</p> <p>Keith Smith- willing to talk to KHA.</p> <p>David Webb – Carol's Act, 30-million-dollar grant By Andy Barr. KBEMS Staff (Eddie and Wayne) should be the contact persons rather than other people in the state, not from doctors or other places.</p> <p>Dr. Lubbers- members contact to support CARES.</p> <p>David Webb – first call needs to be to Eddie Slone not other Board members.</p> <p>Executive Director Slone – May is when they contacted us. Supportive but we aren't acting until the Board does. Action is for 2024. Funding now and again in 2025.</p> <p>Chris Lokits- slightly disappointed in support from CARES since Brennan left; lack of support from them. Long-term, support moving it forward and directing the Board staff to</p>
--	--	--	---

			<p>investigate partners that will help fund and commit to funding to help so KBEMS isn't on the hook. We have other financial stakes through Image Trend etc. Shouldn't be KBEMS sole responsibility.</p> <p>Motion made by Chris Lokits to direct and pay for CARES and investigate other sponsors and financial partners through KHA, AHA, ACC to help fund it. Seconded by Ben Neal. Motion Carries.</p>
14	EMS TAC	Update	<p>Keith Smith - EMCL Well-Care re-nigged on service. Claims are having to be made and honored.</p> <p>Medicaid now to increase service reimbursements. Could we incorporate non-emergency and know that is GMTProgram? Letter of support by Jim Duke.</p>
15	Workforce Development	<p>Committee met on July 25th, 2024.</p> <ul style="list-style-type: none"> • Video update 	<p>Chief Ferguson updates – state fair, static display. Can't staff it due to some logistics. Next year we will have a good presence. HB 200 Workforce Investment Fund. 6.7 million dollars available for scholarships. We qualify. Application process closes Aug 15. We will help but it's short notice. Next year we will hit this hard to grab funding. Program and partner are needed. TEI and Employer to get the funds. 50/50 match. What about 10K block grant? They think it's possible per KRS. If not, they'll adjust and try to help us. Continue to support the SIRES Act. Not funded yet we don't think but will help rural EMS. Framework being done to build websites. Funded for the first year. 2k start up feed and \$100 a month. Expect the website to be up and running in the next few months. Focus on starting career to continuing education.</p> <p>Aug 29th- opioid settlement fund. Can we use</p>

			<p>that towards education and rural areas. Hope to update you on that next month.</p> <p>Want to try and hit the goals the Board set out for us. We will offer a statewide online hybrid paramedic program in January. Three different satellite offices. Main: Hopkinsville, Satellite sites: Glasgow and then other places like Perry County that are alternate sites. Intent to have programs see the lecture live, zoom, or watch later that day. Instructors available onsite available and online. Trying to figure out how to take education to the student. Provide education to non-traditional students due to costs, etc.. January we can take the GI Bill. Asking this Board to act and support TEI to qualify for Work Ready Program. Good for KY but not helping us if we aren't at the Community College.</p> <p>David Webb – talk to local area development districts and we should be able to make it happen.</p> <p>Chief Ferguson – Recognize prior learning credit. Look at national standards and if those are the same as EMT, you'll get credit or teach to the higher level and test out. Trying to be dynamic and different.</p> <p>David Webb – any conversation about re-writing curriculum? What they are doing in Texas. The bridge is already there.</p> <p>Chief Ferguson – COA is presented as the bad guy but really, they are there to regulate. Good resource, they don't dictate how I teach the class – but have to be upfront and create policy. We are meeting the same standards as KCTCS or other universities. Willing to help other people do it.</p> <p>Chair Holder – pass on our thanks to the workgroup.</p> <p>Executive Director Slone – Video Update: three companies and don't think we'll have to</p>
--	--	--	---

			<p>bid it. We'll select a company based on what they offer.</p> <p>Opioid – Legal, looks like opioid is a county-by-county issue. When we presented data in 2023 “we’ll keep you in mind”.</p>
16	Executive Director Updates	Legislative Group Update State EMS Assessment Overview	<p>Deputy Executive Director Briscoe – State EMS Assessment Overview. Nov 18-21, 2024, assessment team to look at EMS in state of Commonwealth. Highway Safety Grant Funding. Six-person team. Regulation, HR, Resources, Transportation, Facility, Communications system, trauma, public info, education, preparedness, evaluation – data tags in. Our last one was in 1991. Judge against standards they write. They come back with recommendations. Working on a briefing book that will be a presentation. You may get called to assist. Office staff is working on a big portion. Working on initial drafts next week for final report by late September/October. Event will be in Lexington at a hotel; don't have logistics yet.</p> <p>Dr. Crafton makes a motion that the legislative group review legislative funding, work-ready funds the TEI and help with the funding so students can participate. Keith Smith seconded the motion, motion carries.</p> <p>Chief Ferguson – the law says certain things have to be done with the money. Use the trailers to educate providers, rural committees, general health (BP, Pulse checks) but then educate them on Narcan/opioids, etc..</p>
17	Information/Announcements	Next Meeting Date: September 27, 2024	Chair Holder: Next meeting will be in person, and we'll see everyone at the conference.

18	Adjournment		Motion to adjourn made by Chris Lokits and seconded by David Webb. Meeting adjourned at 17:15pm EST.
-----------	-------------	--	--