

# General Session Meeting Minutes

February 8, 2007

## COMMITTEE MEMBER ATTENDEES:

Vicki Armbruster, Volunteer Third Service Member  
Tom Allen, Fire Department Based Non-Transport Member  
Lynn Borders, County EMS Administrator Member  
Karen Kellie, Idaho Hospital Association Member  
David Kim, Idaho Chapter of ACEP Member  
Robert D. Larsen, Private Agency Member  
Scott Long, Idaho Fire Chiefs Association Member  
Catherine Mabbutt, Board of Nursing Member  
Travis Myklebust, EMS Instructor Member  
Tim Rines, Career Third Service Member  
Ken Schwab, Advanced EMT-A Member  
Murry Sturkie, DO, Idaho Medical Association Member

## COMMITTEE MEMBERS ABSENT:

James Ackerman, EMT- Paramedic  
Nick Albers, Air Medical Member  
Thomas Kraner, Committee on Trauma of the Idaho Chapter of ACS  
Randall Baldwin, EMT-Basic Member  
Diane Barker, Consumer Member  
Ken Bramwell, Emergency Pediatric Medicine  
Lloyd Jensen, Idaho Chapter of the American Academy of Pediatricians  
Cindy Marx, Third Service Non-Transport Member

## VACANT MEMBER SEATS

Idaho Association of Counties Member

## EMS STAFF ATTENDEES:

Alter, Rachael  
Chicoine, Kay  
Cramer, John  
Denny, Wayne  
Edgar, Andy  
Freeman, Barbara  
Gainor, Dia  
King, Rachel

Kozak, Jim  
Neufeld, Dean  
Newton, Tawni  
Nudell, Nick  
Pierson, Russ  
Thrasher, Carolyn  
Wallace, Colleen

## Other Attendees:

Allen, Roy – Pocatello Fire  
Dotson, Ron – EBCA/MCA  
McGrane, Michael – Air St. Lukes  
Maack, Share, Idaho Transportation  
Department/OHS  
Owen, Greg – Canyon County Ambulance  
District

Sharp, Lynette - Air Idaho Rescue  
Smith, Randy – EBCAD – Idaho City  
Vickers, Greg - Portneuf Life Flight  
Weiss, Joe – EBCAD - Placerville

Discussion	Decisions/Outcomes
<b>General Business</b>	
<p>Ethel Peck, EMSAC representative for the Idaho Association of Counties (IAC), has retired.</p> <p>Meeting Dates: June 28 &amp; 29 at the Ameritel Spectrum.</p> <p>October 11, 2007. (There was discussion about whether to change the EMSAC date due to an ACEP conference that day, but no change was made).</p>	<p>EMSAC minutes approved.</p>
<b>Legislative and Budget Update</b>	
<p style="text-align: center;"><b>Legislative</b></p> <p>Dia explained the three different sources of funds that are allocated to the EMS Bureau. The Bureau receives one of the lowest amounts of general funds of any state EMS office.</p> <p><b>1. EMS I fund (dedicated 0178)</b> IDAPA 56-1018 and 49-452. Derived from a \$1.25 per vehicle registration fee. Currently \$1.00 goes to the Bureau, and \$.25 goes to the county for EMS. The average is \$1.4 million. This income flow has increased with the increase in registrations but a variant occurred in 2000 when two-year registrations became an option under Idaho law. Purpose statement: "shall be used exclusively for the purposes of emergency medical services, training, communications, vehicle and equipment grants and other programs furthering the goals of highway safety and emergency response providing medical services at motor vehicle accidents."</p> <p><b>2. EMS II fund (dedicated 0178)</b> created in the 1980's. IDAPA 56-1018A and 49-306 (8)a. Derived from a \$.50 fee per driver's license per year. About \$557,000 is collected per year. Purpose statement: "shall be used exclusively for the purposes of emergency medical services."</p> <p><b>3. EMS III fund (dedicated 0190)</b> Collections are over \$1 million/annually and are derived from a \$1.00 per year per driver's license fee. Purpose statement: "shall be used exclusively for the purpose of acquiring vehicles and equipment for use by emergency medical services personnel in the performance of their duties."</p> <p>The collections from driver's licenses fees form a zigzag pattern caused by the "ghost year" of collections effected by the conversion from 3 to 4 year license durations and later the 8 year</p>	

Discussion	Decisions/Outcomes
<p>license renewal cycles.</p> <p>Only three requests were approved: The: unique patient identifier, modification for Bureau personnel benefit expense, and authorization to use \$100,000 of dedicated funds to pay for the poison control contract.</p> <p>There is \$2.5 million dedicated EMS I &amp; II in reserve to get through the ghost years. This is the first time in 15 years that we have been denied access to our own funds. Dia met with a staff member of the Department of Financial Management (DFM) in the Governor's office and explained the poison control contract which has increased 90% in 10 years. The current contract cost is \$474,000 annually and the contractor has also asked for an increase in FY08, hence why the EMS Bureau asked for appropriation of state general funds to replace the federal dollars.</p>	
<p style="text-align: center;"><b>SB1076: Poison Control Repeal</b></p> <p>In 1996 the Poison Control Act was passed and stated that DHW must provide poison control services for Idaho, but the Act did not give the Bureau appropriation or funding source. Initially, the \$250,000 cost was affordable. Now the current contract cost is \$474,000 annually and it is known that the cost will escalate. Soon the Bureau may not be able to provide core EMS functions that are not in statute if it has to maintain this kind of costs for poison control.</p> <p>If passed, this legislation could theoretically allow the Bureau to cease providing poison control. Perhaps another entity would be responsible. The Bureau does not advocate shutting down poison control services. The question is whether it should be paid with dedicated funds earmarked for EMS purposes. This fiscal year the Bureau lost federal funding of \$100,000 from Temporary Assistance for Needy Families (TANF) for the contract.</p> <p>One of the members asked how this happened on Dia's watch. Dia replied that the Bureau was able to accommodate the initial cost with little impact to the EMS systems because we were paying nurses and other staff to provide a form of poison control. The funds were shifted from staffing to the contractor. However, in the 4<sup>th</sup> and 5<sup>th</sup> year of the contract, the Bureau had to request funds from DHW. Year after year the Bureau was given band-aid funds from the Department. This year the request was denied, and in addition, the Bureau lost the \$100,000</p>	

Discussion	Decisions/Outcomes
<p>federal funds. During those years of escalating costs, Dia repeatedly indicated that there wasn't enough funding and asked whether it should it be funded with dedicated funding.</p> <p>Annually there are about 23,000 poison calls with 16,000 human exposures. Idaho queried the surrounding states about their poison control costs, and even though the cost seems high, it is one of the lowest per call rates in the Western States. There is no national poison control center. The national poison control number routes calls to the associated states' poison control centers. The Bureau hasn't considered what would happen to the caller if the service ceases. The Bureau is already using the WalMart of poison control centers which is a multi-state center. The issue isn't a question of shopping around.</p> <p>The Bill would allow the Bureau to cease using dedicated funding for the poison control costs and not defy a state law. Limitations of the DHW funding are being reached and poison control is not in the purpose of the dedicated funds.</p>	
<p><b>SB1078 Disciplinary Action Transfer from EMSAC to Physician Commission</b></p> <p>For 30 years the Bureau has had authority by administrative code to rescind certification, but it was not clearly stated in statute. This bill corrects references about "scope and practice" to "scope of practice," and transitions the authority to make recommendations about discipline from EMSAC to the EMS Physician Commission.</p>	
<p><b>SB1047 Trauma Registry</b> (introduced by Idaho Hospital Association IHA)</p> <p>The Trauma Registry pilot is going very well, with 1,900 patient information records entered so far.</p> <p>Sunset legislation would dissolve the registry legislation automatically in January of 2008. This proposed legislation repeals the Sunset clause.</p> <p>The Trauma registry is funded by dedicated and federal funds and foundation donations. The current contract cost is \$250,000 per year.</p>	
<p><b>HB 119 DNR Law</b></p> <p>Advanced directives, living wills, DNR, durable power of attorney will be consolidated under one law. The current system is clearly confusing to the public. There will be</p>	

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<p>standardized jewelry, forms, terminology, etc. Ways for the patient to revoke, protection of the EMS providers, expectations about making reasonable efforts to determine whether there is a DNR are addressed and will resolve many system issues.</p>	
<b>Air Ambulance Licensure Rule Taskforce Update</b>	
<p>Wayne Denny presented an update for the Licensure rule revision. Air Medical representatives have met to write rules that pertain to the licensure of the air medical agencies. This is the first step in the revision project.</p>	
<b>PCR Pilot and Idaho Data Elements</b>	
<p>John Cramer gave a presentation about the Trauma Registry pilot progress. There are 20 agencies in the pilot with about 1,200 records a month being input. The acceptance rate, first pass, is 98.4%. Currently there are 5,870 records input into the system. It is a web based system that uploads to an internet server. The data is immediately available and secure. John compared EMScan, paper, and electronic process acceptance rates with the trauma registry data collection.</p> <p>The EMS Data Advisory Committee formed and has reviewed the data set dictionary to determine if the number of data collection points were reasonable. The Bureau hasn't received any feedback about the input which has been interpreted as positive. There have been comments about some idiosyncrasies. Workload doesn't seem to be an issue.</p> <p>At the beginning of the project, there was considerable discussion about the Patient Identification Band use. It was decided to use a band for all patients without determining whether it was a trauma incident. The Trauma registry may expand to other medically based registries - such as stroke, etc., and this practice would benefit that expansion.</p> <p>A workgroup is addressing topics to fine tune the system, such as a reasonable list of variables, defining and clarifying some of the terms.</p> <p>The NEMSIS Standard eliminates software incompatibility and related cost. If an agency is considering acquiring software for billing or patient information, look at the NEMSIS Standard list. <a href="http://www.NEMSIS.org">www.NEMSIS.org</a></p> <p>The dataset could be provided at any time, but</p>	

Discussion	Decisions/Outcomes
<p>it won't be codified until sometime after 2008. It is important to ask a potential vendor if they are NEMSIS compliant. Mapping would then be minimal.</p>	
<p><b>EMS Regional Operations</b></p>	
<p><b>EMS Physician Commission Standards Manual</b></p> <p>Beginning July 1, 2006, EMS providers have not had the protection of a state approved Scope of Practice. The EMS Physician Commission has been meeting frequently and has developed the EMS Physician Commission rules and a Standards Manual to establish a "current" scope of practice while working on a "future" scope of practice.</p> <p>Rule Docket 16-0202-0701 is the legal form of the EMS Physician Commission rules and are a temporary and a proposed Rule. The temporary rule went into effect 2/1/2007 establishing the current scope of practice. The EMS Physician Commission did not make changes to the prior Board of Medicine scope of practice in this edition.</p> <p>Town hall meetings will be held across the state to answer questions and to receive public comment. All public comment must be submitted by April 27. That process will be repeated in the fall for the proposed rules.</p> <p>These rules represent the work of the Physician Commission up to the January 2007 meeting. The medical supervision plans are not due until 11/2008 in order to give sufficient time for their development.</p> <p>EMSPC Chairman Dr. Kim fielded questions from EMSAC members about the medical director's authority and the ramifications of the new "credentialing" requirements. The medical director will have the final say for credentialing of EMS providers affiliated with each agency.</p> <p>There were questions about the ability of a provider to appeal the credentialing decisions of the medical director. The rules require a written agreement between the agency and the medical director and recognition of the authority of the medical director.</p> <p>There are two features to the credentialing process: 1) A licensed agency must have a medical director, and 2) An individual EMS provider is an employee of the licensed agency. Dr. Kim stated that an appeal process could be added to the written agreement with</p>	

Discussion	Decisions/Outcomes
<p>the medical director if desired.</p> <p>Karen Kelly discussed the improved quality aspect of agency decisions: The old rule didn't make clear the medical director's authority. This relationship improves patient advocacy minimizing agencies operating with minimum equipment, training, etc., and the medical director needs to be able to apply quality control. If there is a medical director who is abusing his/her authority, it should be reported to the Board of Medicine.</p> <p>The current EMS Physician Commission Standards Manual edition is the 2007-1 Edition. The 2007-2 Edition is being deliberated at the ongoing meetings with the scope of practice being discussed.</p> <p>Nick Nudell invited participation in the Physician Commission meetings. Regional offices have been providing opportunities for remote teleconferencing to allow more participation.</p> <p>The National Scope of Practice Model has changed the titles of certification levels to:</p> <p>First Responder to Emergency Medical Responder (EMR)</p> <p>EMT-Basic to Emergency Medical Technician (EMT)</p> <p>AEMT-A &amp; EMT-I to Advanced EMT (AEMT), EMT-P to Paramedic</p> <p>Scope of practice variances from the National SOP Model will require Idaho specific initial training modules, continuing education modules, exams, reciprocity considerations and continuing education.</p>	
<p><b>National Registry Computer Based Testing</b></p> <p>Idaho is the first state to offer mobile testing for rural volunteers. There are currently four active "bricks and mortar" exam locations in Idaho. (Twin Falls, Pocatello, Boise, CDA). Soon there will be a 5<sup>th</sup> location in Lewiston. The first exam is scheduled for the end of February. There were laptops purchased and configured specifically for testing.</p> <p>For courses that are more than 50 road miles from the fixed locations, a mobile unit testing may be requested. PearsonVUE is the vendor selected by the National Registry to provide the exams. The EMS Bureau will become a PearsonVUE Authorized Testing Center to provide these mobile exams.</p> <p>The Bureau's Training Standards Manual is</p>	

Discussion	Decisions/Outcomes
<p>under revision to account for the exam changes. Unfortunately there wasn't a procedure manual to address the effects of these changes. The Bureau, as well as the providers, has experienced some frustrations. One of the frustrations is the time to get courses approved. The National Registry didn't inform the Bureau of many of the details related to the course approval processes. There have been technical difficulties involved in the transition between paper based and computer based exams. Mobile exams are unique to Idaho because of its rural nature. Nick then gave an overview of the internet registration process:</p> <ol style="list-style-type: none"> <li>1. Fill out course application.</li> <li>2. Register on NR website as program director/coordinator</li> <li>3. Request Authorization for EMS education (Fill out information)</li> <li>4. Hold first class. Students register on the website.</li> <li>5. Bureau provides instruction</li> <li>6. Course coordinator verifies student completed class. Skill competency grade – practical skills. The students can take the practical exam before or after the computer based exam.</li> <li>7. Student logs on and gets certificate that allows them to register for an exam.</li> </ol> <p>The Exam Standards manual will be revised after the Training Standards manual is finished.</p> <p>Nick reviewed the practical exam scheduling process. The EMS Bureau continues to reimburse exam sites for affiliated candidates who are not students of the educational institution where the exam is being held. Students will pay if not affiliated. The educational institution pays for students in their own program. The Bureau payments are only for the first attempt, and subsequent attempts are not reimbursed.</p>	
<p style="text-align: center;"><b>EMS Cooperative</b></p> <p>Nick presented information about a newly formed non-profit that is an EMS cooperative (Western EMS Network). The coop received federal funds to get started and is still relatively new. The Western EMS Network gives Idaho EMS agencies the ability to get tremendous discounts on products and services</p>	

Discussion	Decisions/Outcomes
<p>as an affiliate of other EMS cooperatives that have over \$2 million of combined buying power.</p> <p><a href="http://www.citmt.org/wemsn.htm">www.citmt.org/wemsn.htm</a></p>	
<b>EMSC Sub-committee</b>	
<p><b>EMSC Sub-committee report</b></p> <p>Rachael Alter presented that the subcommittee met mid January.</p> <p><b>Grant Performance Measures Discussion Points</b></p> <ul style="list-style-type: none"> <li>• Review of grant Performance Measures for new subcommittee members <ul style="list-style-type: none"> <li>• The degree to which the state has ensured the operational capacity to provide pediatric care</li> <li>• Adoption of requirements by the state for pediatric emergency education for the re-certification of paramedics</li> <li>• Degree to which the state has established permanence of EMSC in the state EMS system</li> </ul> </li> </ul> <p><b>EMS Vision &amp; Mission Discussion Points</b></p> <ul style="list-style-type: none"> <li>• Given new Performance Measures. Discussed whether current vision &amp; mission statements are still valid</li> <li>• Updated and approved new mission statement: <ul style="list-style-type: none"> <li>• <i>Improve Idaho EMS system care and management of pediatric patients.</i></li> </ul> </li> </ul> <p><b>Agency Survey Discussion Points</b></p> <ul style="list-style-type: none"> <li>• Reviewed two surveys from NEDARC assessing: <ul style="list-style-type: none"> <li>• availability of pediatric equipment</li> <li>• pediatric on- and off-line medical control.</li> </ul> </li> <li>• Will use this as a baseline to create a survey to accompany licensure packets in August (will discuss details with Systems Development)</li> </ul> <p><b>Hospital Survey Discussion Points</b></p> <ul style="list-style-type: none"> <li>• Discussed concerns that hospitals will worry about being compliant with transfer agreements, which aren't currently a requirement</li> </ul> <p><b>Continuing Pediatric Education for EMS Provider Discussion Points</b></p> <ul style="list-style-type: none"> <li>• Discussed how to proceed with Emergency Pediatric Care course (formally Pre-hospital</li> </ul>	<p style="text-align: center;"><b>Sub-committee Motion</b></p> <p>A motion to create our own internet accessible survey, combining both performance measures was seconded and carried.</p>

Discussion	Decisions/Outcomes
Pediatric Care) <ul style="list-style-type: none"> <li>Will discuss again at April meeting and determined how to revive this training</li> </ul>	A motion to approve additional verbiage in the cover letter advising that the survey is for base-line data only, and is not to verify compliance was seconded and carried
<b>Licensure Sub-committee</b>	
<p><b>Tamarack Ski Patrol, Upgrade BLS Non-Transport to ILS Non-Transport</b>            David Kim presented.</p> <p style="text-align: center;"><b>Sub-committee Report</b></p> <p>Discussion Points</p> <ul style="list-style-type: none"> <li>Medical control contingency plan</li> <li>Air Med Utilization protocol</li> <li>Warming packs</li> <li>New AED protocol aligns with AHA Guidelines</li> <li>Notification of changes (night skiing)</li> </ul> <p style="text-align: center;"><b>General Session Discussion</b></p> <p>During business hours the ski patrol is the designated emergency response. After hours the responses are made by Donnelly. The only limitation for response is the skier who skis out of bounds. These are referred to the sheriff's department.</p> <p>The Tamarack Ski Patrol is privately owned. There was discussion about whether the agency would be able to extend their service if the hours were expanded. If the hours are extended, does it matter if the Ski Patrol is on duty with Donnelly responding?</p>	<p style="text-align: center;"><b>Sub-Committee Motion</b></p> <p>Motion to recommend approval for Tamarack Ski Patrol Upgrade from BLS Non-Transport to ILS Non-Transport licensure with further discussion/education regarding issues noted was seconded and carried.</p> <p style="text-align: center;"><b>General Session Motion</b></p> <p>Motion to recommend licensure for Tamarack Ski Patrol ILS Non-Transport with compliance with current Rules (Air Medical protocol) and consideration of educational concerns outlined by sub-committee was seconded and carried.</p>
<p style="text-align: center;"><b>Back Country Medics, Upgrade from ILS Transport to ALS 4</b></p> <p style="text-align: center;"><b>Sub-committee Report</b></p> <p>Discussion Points</p> <ul style="list-style-type: none"> <li>Only inter-facility using Ambulance Based Clinicians</li> <li>Final steps of Equipment purchase &amp; protocol review pending</li> </ul> <p style="text-align: center;"><b>General Session Discussion</b></p> <p>What is the intent of upgrading? There is an annual estimate of 50 patients that would require this level of care on transports and the agency would support the two hospitals and keep the helicopter vendor interested in the business venture. The closest other providers are in Spokane and Missoula.</p>	<p style="text-align: center;"><b>Sub-Committee Motion</b></p> <p>A motion to recommend approval for Back Country Medics, Upgrade from ILS Transport to ALS4 licensure pending physician review of protocols and compliance to securing minimum equipment</p> <p style="text-align: center;"><b>General Session Motion</b></p> <p>Motion to recommend licensure for Back County Medics ALS4 Transport was seconded and carried.</p>
<p><b>Northern Lakes Fire Protection District –</b></p>	<p style="text-align: center;"><b>Sub-Committee Motion</b></p>

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<p><b>Upgrade from ILS Non-Transport to ALS 5 Sub-committee Report</b></p> <p>Discussion Points</p> <ul style="list-style-type: none"> <li>• Same medical director and protocols</li> <li>• Personnel already working at ALS level within KCEMS system by contract</li> </ul>	<p>A motion to recommend approval for Northern Lakes Fire Protection District – Upgrade from ILS Non-Transport to ALS 5 licensure was seconded and carried.</p> <p style="text-align: center;"><b>General Session Motion</b></p> <p>Motion to recommend licensure to Northern Lakes Fire Protection District ALS5 was seconded and carried.</p>																								
<p><b>Emmett Fire Department Initial BLS Non-Transport Sub-Committee Report</b></p> <p>Discussion Points</p> <ul style="list-style-type: none"> <li>• Gem Co. EMS is transporting agency</li> <li>• Personnel mainly First Responders</li> <li>• Physician license verified</li> </ul>	<p style="text-align: center;"><b>Sub-Committee Motion</b></p> <p>A motion to recommend licensure approval for Emmett Fire Department Initial BLS Non-Transport was seconded and carried.</p> <p style="text-align: center;"><b>General Session Motion</b></p> <p>Motion to recommend licensure to Emmett Fire Department Initial BLS Non-Transport was seconded and carried.</p>																								
<b>Grants Sub-Committee</b>																									
<p>Carolyn Thrasher presented charts about the Acct III Trend Fund.</p>																									
<p style="text-align: center;"><b>Sub-Committee Report</b></p> <p>Grant Survey (192 mailed out, received 55 responses). Overall, more were satisfied than dissatisfied. Some of the comments were contradictory to the survey data.</p> <ul style="list-style-type: none"> <li>• Other reasons: 1- Didn't want to take the time.</li> <li>• 2- Not enough award dollars to make a difference.</li> <li>• 2- Not enough time to complete.</li> <li>• 2- Were not eligible.</li> <li>• 3- Didn't need the funds.</li> <li>• 5- Felt wouldn't get the award anyway.</li> <li>• 7-"Other" responses</li> <li>• Ratings for 1"Overall", 2"Scoring", 3"EMSAC" processes follows:</li> </ul> <table border="1" data-bbox="138 1591 779 1843"> <thead> <tr> <th></th> <th style="text-align: center;"><u>1</u></th> <th style="text-align: center;"><u>2</u></th> <th style="text-align: center;"><u>3</u></th> </tr> </thead> <tbody> <tr> <td>Completely Satisfied</td> <td style="text-align: center;">23</td> <td style="text-align: center;">15</td> <td style="text-align: center;">15</td> </tr> <tr> <td>Somewhat Satisfied</td> <td style="text-align: center;">19</td> <td style="text-align: center;">12</td> <td style="text-align: center;">12</td> </tr> <tr> <td>Neutral</td> <td style="text-align: center;">6</td> <td style="text-align: center;">13</td> <td style="text-align: center;">17</td> </tr> <tr> <td>Somewhat Dissatisfied</td> <td style="text-align: center;">1</td> <td style="text-align: center;">6</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Completely Dissatisfied</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• Need to change. (Rank in order of importance: 1-5 [1 most important])</li> </ul>		<u>1</u>	<u>2</u>	<u>3</u>	Completely Satisfied	23	15	15	Somewhat Satisfied	19	12	12	Neutral	6	13	17	Somewhat Dissatisfied	1	6	3	Completely Dissatisfied	2	3	3	
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<ul style="list-style-type: none"> <li>• Code or statute changed: Average 3.6</li> <li>• Rule: Average 3.8</li> <li>• Application: 3.6 (more responses indicated this was most important -7)</li> <li>• Process: Average 3.8</li> <li>• Copies of the survey results are available which list individual responder comments.</li> </ul> <p style="text-align: center;"><b>General Session Discussion</b></p> <p>Did the sub-committee make a recommendation about rules? Not specifically. What is the next step? Form a task force to examine the rule.</p> <p>The Bureau was expecting a negative response to the survey questions because of prior comments about the grant application process. But the survey brought mostly positive responses. Even though there was a majority of positive feedback, there were some specific recommendations for change. What are the next steps?</p> <p>The application is dictated by Rule, but there are concerns about the application.</p> <p>A member asked about local fundraising effect on the application scoring. Tax funding is the only fund source that is considered in the scoring. Effective fund raising is a benefit to the applicant.</p> <p>There are some things that should be considered in the point system. The Bureau has had seven years of experience with the point system. The Bureau should examine whether it is working the way we intended.</p> <p>Medical direction cannot be paid by the dedicated grant. There is a possibility of interest in this topic, so we might see a change to the law about medical direction. That would be an opportunity to go through a revisit of the Rules.</p> <p>There were additional questions about scoring. The scoring criteria are on the website <a href="http://www.idahoems.org">www.idahoems.org</a>.</p>	
<p style="text-align: center;"><b>FY08 Application</b></p> <p>The FY08 application will be mailed out next week. Carolyn asked for comments. Price caps will be included.</p> <p style="text-align: center;"><b>Sub-committee Report (Price Caps)</b></p> <p>Review cap amounts that were set for last year. Do we want the same amounts for this year? Do caps need to be determined today? Usually set when we know the funding and</p>	

Discussion	Decisions/Outcomes
<p>have the scoring. Better to be up front with the agencies about caps. A percentage increase was discussed.</p> <p>EMS fleet list serve – Reports that Ford is not going to be making a diesel E-series ambulance for the time being.. May affect chassis model.</p> <p>Timeline to go through state purchasing needs to be considered. Cap is the maximum award. Ambulance costs are expected to increase by 7% because of new emissions requirements (diesel engines).</p> <p>P25 radios will be very expensive. Not a requirement but a recommendation. SIEC is responsible for Idaho requirements. Additional funding is needed before making it a requirement.</p> <p>Legality of pursuing a GPO. Idaho (is part of the western state cooperative agreement and so Idaho already has a tie. Doesn't offer a lot of benefit unless they're all buying ambulances.</p> <p>The Western EMS Network does offer reduced pricing of ambulances through the co-op and individual agencies can become member of the co-op for a nominal fee to benefit.</p> <p>Connection between EMSAC and Physician Commission and how the changes in scope of practice might affect decisions for grant equipment. (No answer).</p> <p>Extrication equipment: The training issue for using extrication equipment is not resolved. Other funding for extrication equipment is available. Share Maack, grant officer from ITD, stated that they grant \$100,000. They fund individual pieces – not extrication packages. Easy application process with a deadline of Feb 16. A MOU form is used that requires a final report from the agency – one of which is for training. Vendors are providing training in some cases. Haven't received requests for training funds. Federal grants require a 25% matching funds by the recipient. <a href="#">See</a> Office of Highway Safety topic below for more program and contact information.</p> <p>Bureau may include a whole page on the website that would provide links to all known available grant sources.</p>	<p style="text-align: center;"><b>Sub-committee Motion</b></p> <p>Motion to set the following caps for FY08 Grant III applications:</p> <p>Ambulances 92,500</p> <p>Gurney: \$4,000</p> <p>Radio: \$2,500 (P25 compliant)</p> <p>Radio \$1,200</p> <p>4x4: \$4,000</p> <p>Non-transport vehicle: \$54,000</p> <p>Chassis/Remount: \$60,000</p> <p>Equipment:</p> <p>AEDs: \$1695</p> <p>Cardiac monitors: \$15,000</p> <p>Extrication Packages: \$15,000</p> <p>Gurney: \$4,000</p> <p>Stair Chairs( Mechanized) - \$2,500</p> <p>Stair Chair (Standard): \$900</p> <p>Pulse Oximeter (w or w/o CO) - \$1,000</p> <p>A motion recommending price caps was seconded and carried.</p> <p style="text-align: center;"><b>General Session Motion</b></p> <p>Motion to accept the price caps that were set by the sub-committee was seconded and carried.</p>
<p style="text-align: center;"><b>RFP Meeting – Contract to Purchase Ambulances</b></p> <p style="text-align: center;"><b>Sub-Committee Report</b></p> <p>Held January 23. Twelve participants with</p>	

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<p>several EMSAC members, as well as other representatives. Feelings about the meeting: 80% of the attendees came to consensus. KKK Standards list was distributed for rating of importance of optional equipment. RFQ could be initiated with an open ended agreement to obtain pricing information. A RFP with specific number of quantity to be purchased could be done later.</p> <p><b>General Session Discussion</b></p> <p>Is this about putting a cap on ambulance awards or bulk buying? It is about getting a better price. The cap is not intended to cover the entire cost of an ambulance.</p>	<p>Members are to review KKK specs and make comments. Deadline by the end of today.</p>
<p><b>Volunteer Scholarship Program</b> <b>Sub-committee report</b></p> <p>Scholarship grant process reviewed. Because of the increased National Registry and Criminal History Check fees in 2007, the Bureau has a program to reimburse the agencies for the increased portion of the fees for volunteer applicants. Every agency was sent the application form and instructions. Office of Rural Health has assisted with funding. Information and application form are posted on the <a href="http://idahoems.org">idahoems.org</a> website along with a thermometer showing remaining balance in the fund on a weekly basis.</p>	
<b>Other Grant Resources</b>	
<p><b>Extrication Equipment grants from Office Highway Safety</b></p> <p>Share Maack from the Idaho Transportation Department discussed available grants from her Department. The Grants process is open until midnight Feb 16. Grants range from \$2,000 to \$12,000, the average being \$8,000. The grants are only for extrication equipment – preferably hydraulics. The federal funding requires a 25% match.</p> <p>Contact Information:</p> <p>Share Maack, Grants Contracts Officer PO Box 7129, Boise, ID 83707-1129 Office: 208-334-8103 Fax: 208-334-4430 <a href="mailto:share.maack@itd.idaho.gov">share.maack@itd.idaho.gov</a></p>	
<b>Public Safety Officer Benefits – State Level</b>	
<p><b>IDAPA 59.13</b></p> <p>These rules regarding benefits for public safety officers, firemen, etc., who are killed on duty</p>	<p>Motion to EMSAC to strongly encourage the Bureau to address those areas in IDAPA 59.13 that reference public safety officer benefits to craft language to include EMS personnel was</p>

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excludes benefits for EMS personnel. The Bureau doesn't have purview of this section of Idaho code but has a relationship with folks at PERSI and may have some ability to assess the opportunity.	seconded