

White Paper: Securing the Vital Role and Future of Virginia's Regional Emergency Medical Services (EMS) Councils

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White Paper: Securing the Vital Role and Future of Virginia's Regional Emergency Medical Services (EMS) Councils

Summary of Key Points

Purpose of the Paper: This white paper addresses the critical importance of Virginia's 11 Regional Emergency Medical Services (EMS) Councils and their essential role in maintaining an effective and equitable EMS system across the Commonwealth. It outlines the challenges faced by the Councils, including inconsistent funding and oversight issues, and proposes legislative actions to safeguard their continued operation and enhance their effectiveness.

In the following pages, you will see a detailed discussion of these issues and the proposed solutions. The recommendations outlined aim to ensure that the Regional EMS Councils remain a robust and integral component of Virginia's EMS infrastructure.

Key Highlights and Recommendations:

- **Affirm the Need for 11 Regional EMS Councils:**
 - Reinforce in the Code of Virginia the continued existence and boundaries of the 11 Regional EMS Councils.
 - Maintain the 2008 Budget Amendment to protect against attempts to reduce the number of Councils or alter their structure.
- **Codify Dedicated Funding for Regional EMS Councils:**
 - Amend the Code of Virginia to allocate approximately half of the 30% Contracts and Procurement funding from the "Four-for-Life" program specifically to the Regional EMS Councils.
 - Ensure transparency in the allocation process and specify the Councils in the amendment to guarantee direct funding.
- **Strengthen Accountability:**
 - Implement stricter oversight and auditing mechanisms for the Virginia Department of Health (VDH) Office of EMS (OEMS) to prevent financial mismanagement and ensure appropriate use of EMS funds.

This summary provides an overview of the white paper's intent, and the primary legislative actions sought to support and enhance the Regional EMS Councils.

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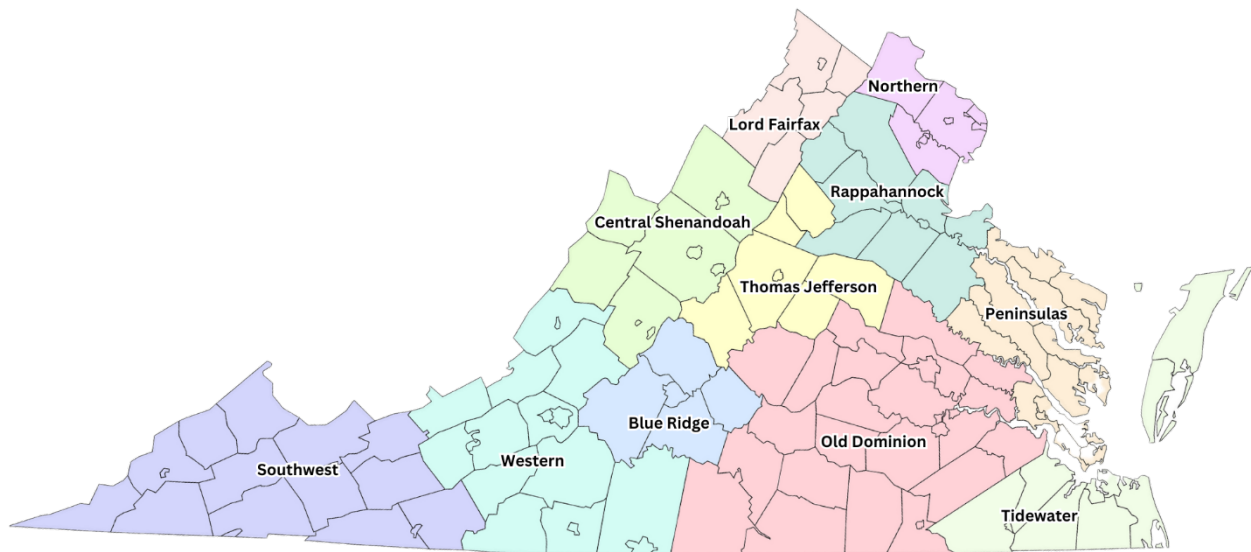
Executive Summary

Virginia's Regional Emergency Medical Services (EMS) Councils are a cornerstone of the Commonwealth's EMS system, ensuring efficient and effective emergency medical care delivery across the state. These Councils, authorized under § 32.1-111.4:2 of the Code of Virginia, are tasked with developing and implementing regional EMS delivery systems that cater to the unique needs of their communities. Regional EMS Councils in Virginia are integral to the effective functioning of the state's emergency medical services (EMS) system. Through collaboration, planning, training and advocacy, the councils play a pivotal role in the Commonwealth’s EMS system, ensuring coordinated, effective and efficient regional EMS delivery systems.

Despite their importance, the Councils continue to face challenges related to inconsistent funding and oversight by the Virginia Department of Health (VDH) and the Office of EMS (OEMS).

This white paper provides an overview of the historical context, legislative framework, vital contributions, and funding challenges of the Regional EMS Councils and proposes legislative actions to ensure their continued viability. Further, it underscores the importance of continued legislative support and funding to uphold the quality of EMS in Virginia. Key recommendations include maintaining the current 11 Virginia Regional EMS Councils and boundaries, codifying a dedicated funding percentage for the Councils thus removing VDH/OEMS’s control over their funding and designating the Regional EMS Councils as “Political Subdivisions”.

Virginia’s Regional EMS Councils



1. Introduction

The Regional EMS Councils of Virginia are the backbone of the Commonwealth's EMS infrastructure, ensuring that EMS services are tailored to the diverse needs of communities across the Commonwealth. Virginia's EMS system is a model of regional collaboration, established to provide high-quality emergency medical care across diverse geographic areas. The Regional EMS Councils were created to address the need for coordinated, region-specific EMS services, which were identified as a national priority following the publication of the 1966 "White Paper" by the National Academy of Sciences, National Research Council. This landmark report highlighted the deficiencies in emergency medical care and laid the groundwork for a structured EMS system.

The Councils operate under the authority of the Code of Virginia (§ 32.1-111.4:2) and are responsible for the development and implementation of regional EMS delivery systems. However, the Councils' ability to fulfill their mission is compromised by inconsistent and inadequate funding, and support which is currently determined by the VDH/OEMS. It is further exacerbated by a history of mismanagement within VDH and OEMS.

This white paper seeks to present a compelling case for the continued support and proper funding of the Regional EMS Councils, highlighting their vital contributions to the EMS system and proposing legislative reforms to secure their future. This proposal is supported by historical precedent and multiple studies affirming the necessity of these Councils.

2. The Importance of Regional EMS Councils

Virginia's EMS system is diverse, reflecting the varied geography and population density of the Commonwealth. For instance, Northern Virginia, with its proximity to Washington D.C., benefits from federal grants and a well-funded EMS infrastructure. In contrast, Southwest Virginia, a sparsely populated area, struggles with limited EMS resources. The disparity extends within regions, where parts of a single region may have EMS agencies that handle tens of thousands of calls annually with robust infrastructure, while others manage a few hundred calls with minimal resources.

The Regional EMS Councils understand these differences and provide tailored support to ensure that all communities, regardless of their size or resources, receive effective and efficient EMS services. The Councils' ability to customize solutions to meet regional needs is crucial to maintaining a responsive and equitable EMS system in Virginia.

The authority and responsibilities of the Regional EMS Councils are firmly established in the Code of Virginia.

- **§ 32.1-111.4:2:** Requires the Virginia Board of Health to designate the Regional EMS Councils, granting them the authority to receive and distribute public funds. It also mandates their oversight in developing and implementing regional EMS systems, and provides guidelines for their designation, renewal, organization, and collaboration with the Board in creating regional EMS plans.

Additionally, various sections of the Code of Virginia further specify the Councils' roles and responsibilities:

- **§ 32.1-111.3:** Involves the Councils in the Statewide Emergency Medical Services Plan, including the Trauma and Stroke Triage Plans.
- **§ 32.1-111.12:01:** Outlines the Councils' involvement with the Rescue Squad Assistance Fund and the Financial Assistance and Review Committee.
- **§ 32.1-116.1 and § 32.1-116.2:** Detail the Councils' responsibilities in prehospital patient care reporting and the confidentiality of patient data.
- **§ 22.1-279.8:** Assigns the Councils the duty of creating public school safety audits and crisis response plans to ensure the protection and safety of students.

These provisions, along with multiple references in Chapter 31 of the Code of Virginia, which details the standards for Council designation and provides a comprehensive legal framework, support the Councils' operational authority and responsibilities. This robust legislative foundation underscores the critical role of the Regional EMS Councils in ensuring effective EMS delivery throughout Virginia.

3. Historical Context and Legislative Support

Prior to the 1960s, emergency medical services were largely uncoordinated, often provided by volunteer rescue squads with most operating out of funeral homes. The publication of the 1966 "White Paper," *Accidental Death and Disability: The Neglected Disease of Modern Society*, exposed the inadequacies of this fragmented system and recommended the creation of a coordinated national EMS system.

In response, the federal government enacted the Highway Safety Act of 1966, which led to the establishment of the National Highway Traffic Safety Administration (NHTSA) and the development of standardized EMS training curricula. The subsequent Federal EMS Systems Act of 1973 further outlined a 15-component architecture for comprehensive EMS delivery and reinforced the need for regional EMS systems.

Virginia was an early adopter of the regional EMS approach, establishing Councils to manage EMS delivery within specific geographic areas. By the late 1970s, all of Virginia's Regional EMS Councils were formally established, although many had been operating in some capacity prior to their official incorporation. These Councils were crucial in developing the EMS infrastructure that is still in place today.

In 1983, Virginia passed the "One-for-Life" legislation, introducing a motor vehicle registration fee to fund EMS, which has since evolved into the current "Four-for-Life" program (currently \$6.25). This funding has been critical in sustaining emergency medical services throughout the Commonwealth, with the Regional EMS Councils utilizing a small portion of the funds, enabling them to provide essential services across the Commonwealth.

However, the Councils' existence has not been without challenges.

In 2008, the Office of EMS attempted to reduce the number of Councils, sparking widespread opposition from EMS providers, EMS agencies and citizens that rely on the Councils services. The backlash led to a legislative Budget Amendment that remains in place to prevent OEMS from making similar attempts in the future, while preserving and protecting the current Regional Council structure and service areas. This historical context underscores the importance of protecting the Councils from future attempts to undermine their existence.

In fact, three studies have been commissioned since 1998 to evaluate the effectiveness of the Virginia regional EMS council system:

1. **An Assessment of the Virginia Regional Emergency Medical Services System** (1998), prepared for the Virginia Office of EMS/Virginia Department of Health by the EMSSTAR Group.
2. **Review of Emergency Medical Services in Virginia** (2004), prepared for the Virginia General Assembly by the Joint Legislative Audit and Review Commission.
3. **Regional Emergency Medical Services Council Study** (2007), prepared for the Virginia Department of Health/Office of EMS by ASMI, Inc.

While some recommendations regarding regional council structure arose from those reports, each affirmed the essential role and importance of the Virginia Regional EMS Councils. Despite the Office of EMS spending taxpayer funds every 3-6 years on these evaluations, the consistent conclusion is that the Regional EMS Councils are crucial and should be adequately funded and supported.

4. Contributions of the Regional EMS Councils

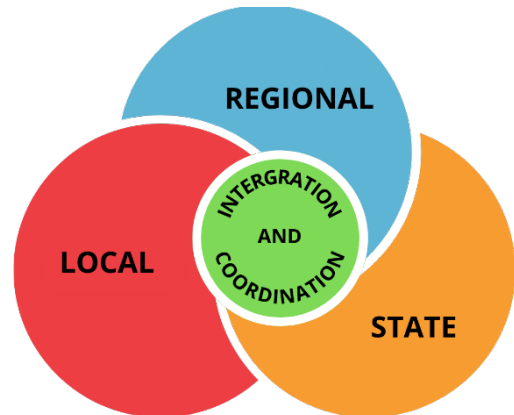
The Regional EMS Councils provide a wide range of vital services that are essential to the EMS system in Virginia. These include but are not limited to:

- **EMS Protocol Development:** Councils develop and implement medical protocols that are tailored to the specific needs of their regions, ensuring consistent and high-quality care.
- **EMS Medication Program:** Councils facilitate programs that allow EMS agencies to utilize life-saving medications. In most cases this involves working with hospital Pharmacists who offer their expertise.
- **Mass Casualty Incident Planning:** Councils create and maintain mass casualty plans, ensuring that their regions are prepared for large-scale emergencies.
- **EMS Training Programs:** Councils offer training and certification programs for EMS personnel, helping to maintain a skilled and knowledgeable workforce.
- **Resource Coordination:** Councils facilitate the coordination of resources, including equipment, personnel, and information, within and across regional boundaries.
- **Quality Assurance:** Councils conduct quality assurance programs to monitor and improve the performance of EMS agencies within their regions.
- **Public Health Collaboration:** Councils work closely with public health agencies to integrate EMS into broader public health initiatives, enhancing community health outcomes.
- **Beyond Code Requirements:** Councils exceed the mandates of the Code and contracts with VDH, offering additional services like offering CPR training sites, Pearson Vue Testing Centers and protocols, mobile integrated healthcare development, whole blood distribution — a life-saving program.

These contributions highlight the indispensable role that the Councils play in supporting EMS agencies, particularly in underserved areas where local resources are limited.

5. The Integration of Local and Regional EMS Systems

Localities in Virginia generally prefer to manage their own Emergency Medical Services (EMS) systems due to their deep understanding of community-specific needs and the ability to respond effectively at the local level. However, local agencies cannot operate in isolation. They often rely on regional and state resources to ensure comprehensive emergency response and support, especially during large-scale emergencies or when facing resource constraints.



5.1 Local Control and Regional Coordination

Local EMS agencies are the primary service providers within their jurisdictions, adept at addressing immediate and specific needs of their communities. Despite their strong local presence, these agencies sometimes face limitations such as high call volumes, specialized equipment needs, or personnel shortages. To overcome these challenges, they depend on regional coordination. This coordination allows for the efficient allocation of resources, sharing of information, and implementation of unified protocols across neighboring areas. By working together, local EMS agencies can provide a higher standard of care and operational efficiency.

5.2 Regional Coordination and the Need for a Regional Delivery System

Regional coordination is essential for managing EMS resources effectively across multiple localities. A regional delivery system facilitates this coordination, linking local EMS agencies with each other and ensuring that resources are allocated where they are needed most. This system supports the integration of local agencies into a broader framework, enabling them to collaborate on emergencies that exceed local capabilities or require specialized resources.

5.3 The Role of Regional Delivery Systems and Regional EMS Councils

Regional delivery systems are designed to connect local EMS agencies with necessary resources and support. Regional EMS Councils are instrumental in developing and maintaining these systems. They facilitate regional collaboration by creating and implementing plans, organizing training programs, and coordinating resource distribution. While the state's role is minimal, the Councils ensure that the regional delivery system operates smoothly and effectively.

By reinforcing the importance of the Regional EMS Councils, we acknowledge their vital role in supporting and enhancing the regional delivery system. The Councils enable local agencies to integrate into a cohesive network, ensuring that all areas, including those with limited resources, are well-prepared for emergencies. This collaborative approach underscores the importance of the Councils in bridging local and regional efforts, ultimately enhancing the overall EMS system across the Commonwealth.

6. Funding Challenges and the Need for Reform

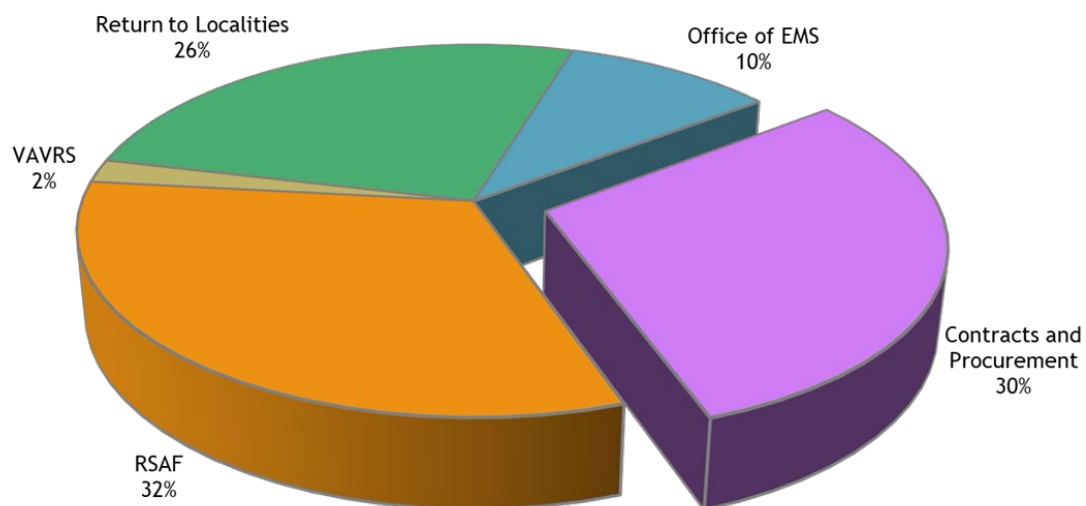
Despite their critical role, and despite the fact that the Councils exist via the Code of Virginia, the funding for Regional EMS Councils is not guaranteed by the Code of Virginia. Currently, the Councils receive funding from the "Four-for-Life" program, specifically from the 30% allocated for "Contracts and Procurement." However, this category lacks transparency, allowing OEMS considerable discretion in fund distribution. As OEMS's administrative needs have grown, there are concerns that funds intended for the Councils and other contracts have been diverted to cover OEMS's internal expenses.

6.1 Current Funding Mechanism

The primary source of funding for EMS in Virginia is the "Four-for-Life" program, which allocates \$6.25 from each motor vehicle registration fee to support EMS initiatives. Of this amount, \$2.00 is considered pass-through money, with \$12.5 million going to the Virginia General Fund and \$2 million to the Virginia State Police MedFlight Program. Per Code of Virginia § 46.2-694. A.13a-e, \$0.25 is deposited into the Rescue Squad Assistance Fund and used only to pay for the costs associated with the certification and recertification training of emergency medical services personnel. The remaining \$4.00 is divided, by percentages, among various EMS-related entities and programs, as dictated in Code. The Rescue Squad Assistance Fund receives 32%, the Localities receive 26%, OEMS Administration 10%, the Virginia Association of Rescue Squads 2%, and 30% allocated for "Contracts and Procurement."

The Regional EMS Councils are funded within the 30% "Contracts and Procurement" section, which is problematic. The Councils are not informed of what portion of this 30% funding they receive. There is no transparency and there appears to be no consistent approach or rationale as to how the money is allocated. There is reason to believe that OEMS has used this as a discretionary funding source, diverting resources away from the Councils, and other contracts, in this category to cover their own administrative costs and programs.

Four-for-Life Funds



6.2 Mismanagement and Financial Irregularities at Virginia Office of EMS

The need for reform is underscored by recent financial scandals within OEMS. In 2023, an internal audit by the VDH revealed a \$33 million budget deficit within OEMS, \$4.5 million of which was due to embezzlement by a now-former employee. The remaining \$29 million resulted from severe mismanagement by both OEMS and VDH, reflecting a broader pattern of financial irresponsibility.

This is not an isolated incident. In 1995, another OEMS employee was found guilty of embezzling \$870,000. These repeated failures demonstrate that VDH/OEMS is incapable of effectively managing the funds allocated to them, raising serious concerns about their ability to appropriately fund the Regional EMS Councils. These repeated failures jeopardize the EMS system and patient care, as a whole.

It should be noted, in both cases, the embezzlement occurred over many years before the Department of Health discovered it.

6.3 Legislative Safeguards

In 2008, the OEMS attempted to reduce the number of Regional EMS Councils, a move that was met with widespread opposition from EMS providers, EMS agencies, and citizens across the Commonwealth. This opposition led to the enactment of a legislative Budget Amendment, which effectively halted OEMS's efforts. The Budget Amendment remains in place as a safeguard against any future attempts by OEMS to undermine the Regional EMS Council structure. This legislative action underscores the importance of the Councils and the strong support they have from the community they serve.

It should be noted that when OEMS was blocked from reducing the number of Councils, funding for many of the Councils did not increase for over a decade.

7. Legislative Proposal

To address these challenges and ensure the continued effectiveness of the Regional EMS Councils, we propose the following legislative actions:

- 1. Affirm the Need for 11 Regional EMS Councils:** Reinforce in the Code of Virginia the critical role and continued existence of the 11 Regional EMS Councils, including their current boundaries. This legislative action will protect the Councils from any attempts to reduce their number or alter their structure. Additionally, maintain the 2008 Budget Amendment that prevents the reduction in the number of Regional EMS Councils and preserves their current boundaries. This safeguard will ensure that the Councils continue to operate effectively across the Commonwealth.
- 2. Codify Dedicated Funding for Regional EMS Councils:** Amend the Code of Virginia to approximately half of the 30% Contracts and Procurement funding from the "Four-for-Life" program specifically to the Regional EMS Councils. This funding will cover essential operational costs, including staff salaries, audits, accounting services, office expenses, and program implementation. Additionally, mandate OEMS to develop a transparent process for dividing the allocation among the 11 Regional Councils. **NOTE:** *This will not deplete funds from other "Four-for-Life" categories. The Regional Councils are already funded within the*

30% Contracts and Procurement section. The Regional Councils should be specifically named in the amendment, similar to how VAVRS is identified, to ensure clear and direct allocation of the funding.

3. **Strengthen Accountability:** Implement stricter oversight and auditing mechanisms for OEMS to prevent further financial scandals and ensure that EMS funds are used appropriately.

8. Conclusion

The Regional EMS Councils are integral to the health and safety of Virginians, providing essential services that ensure effective and equitable EMS delivery across the Commonwealth. However, their ability to fulfill this role is jeopardized by the current funding structure, which is controlled by a state agency with a history of financial mismanagement.

To safeguard the future of Virginia's EMS system, it is imperative that the funding for the Regional EMS Councils be codified, ensuring they receive the resources needed to continue their essential work. The General Assembly should take immediate action to secure the Councils' funding and protect them from further attempts to undermine their existence. By doing so, legislators will ensure that all Virginians, regardless of where they live, have access to high-quality emergency medical services.

Appendix

Past Studies Affirming the Need for Regional EMS Councils:

- **An Assessment of the Virginia Regional Emergency Medical Services System** (1998)
- **Review of Emergency Medical Services in Virginia** (2004)
- **Regional Emergency Medical Services Council Study** (2007)

Legislation Referenced:

- Code of Virginia § 32.1-111.4:2- Regional Emergency Medical Services Councils
- Code of Virginia § 32.1-111.3- Statewide Emergency Medical Services Plan; Trauma Triage Plan; Stroke Triage Plan.
- Code of Virginia § 32.1-111.12:0- Financial Assistance and Review Committee; Appointment; Terms; Duties.
- Code of Virginia § 32.1-116.1- Prehospital Patient Care Reporting Procedure; Trauma Registry; Confidentiality.
- Code of Virginia § 32.1-116.2- Confidential Nature of Information Supplied; Publication; Liability Protections.
- Code of Virginia § 32.1-127.1:03- Health Records Privacy.

- Code of Virginia § 22.1-279.8- School Safety Audits and School Crisis; Emergency Management; and Emergency Response Plans Required.
- Code of Virginia Chapter 31- Virginia Emergency Medical Services Regulations.
- Code of Virginia § 46.2-694. A.13a-e- "Four-for-Life" Program Legislation.
- 2008 Legislative Budget Amendment re: Regional EMS Councils Boundaries

Financial Audit Reports:

- 1995 OEMS Embezzlement Case Report
- 2023 VDH Internal Audit Report

Other:

- Virginia Regional EMS Councils Map
- Virginia "Four-for-Life" Chart

