Vermont Emergency Medical Services
Advisory Committee

Meeting Minutes

Date: May 7, 2025
Location: Vermont Department of Health, Waterbury State Office Complex
Attendance: Drew Hazelton, Scott Brinkman, Adam Heuslein, Jim Finger, Michael Tarbell, Leslie Lindquist, Matthew Parrish, William Moran, Bobby Maynard, Joe Aldsworth, Dan Wolfson, Courtney Newman, Connor Dunn, Vince Robbins, Kate Rothwell, Scott Richardson, Pat Malone, Aaron Collette, Marc Hachey, Charles Piso, Samantha Atwood, Kathern Simms

Meeting Called to Order at 1000

Purpose of the Meeting

- Review and provide feedback on the EMS system assessment report produced by Cambridge Consulting.
- Identify strengths, gaps, and recommendations.
- Begin planning next-phase outreach, including regional presentations and legislative engagement.
- Support the development of a five-year EMS strategic plan as mandated by Act 157.

Office of Emergency Medical Service Updates

- A new Director for the EMS Division has been hired, starting June 1.
- Protocol updates are now live as of May 1.
- Next protocol technical advisory group to reconvene in 6 months.
- Future EMSAC meetings scheduled:
    - May 21 – Bethel (10:00 AM–4:00 PM)
    - June 18 – Central Vermont (1:00–3:00 PM)
    - July 16 – Likely in the Northeast Kingdom (location TBD)

Presentation by Vince Robbins of Cambridge Consulting Group – EMS Data Collection Project

Project Scope **-** The report focused on six core areas:

1. EMS service provision
2. Workforce assessment
3. Education/training ecosystem
4. Response reliability
5. Financial performance

6. Clinical data quality and metrics

Methodology

The team from Cambridge Consulting utilized data from a range of sources to include but not limited to:

- Four years of SIREN data (2021–2024)
- 15 surveys (~25% response rate)
- IRS 990s, CMS ground transport data
- Payer data from the Green Mountain Care Board
- Over 25 interviews
- 3 regional site visits
- Stakeholder input from trauma system, Green Mountain Care Board, Vital, etc.

Key Findings

An assessment of the EMS system resulted in the following findings:

- Call Distribution: Strongly tied to road networks more than population centers.
- Response Times:
  - Average: ~9m 19s
  - 90th percentile: ~18m
  - 13% exceed 15m, ~1% exceed 30m
- Mutual Aid: Used in 3.5% of incidents; some areas heavily rely on it.
- Gaps in Data: Particularly among fire-based EMS agencies who underreport to SIREN (rely on NFIRS instead).
- Staffing & Coverage:
  - Volunteer-dependent, many agencies not consistently staffed to their licensed level.
  - Agencies sometimes downgrade service level due to lack of certified personnel.
- Education Issues:
  - Disjointed system with opaque tuition models.
  - Training officers often perform administrative, not instructional, duties.
- Financial Sustainability:
  - Half of agencies deemed financially unsustainable.
  - Weak or absent financial reporting.
  - EMS significantly underfunded compared to fire and police.
- Dispatch/Infrastructure:
  - Fragmented system with 30+ dispatch centers.
  - No statewide CAD integration, GPS tracking, or situational awareness.
- Clinical Oversight:
  - District Medical Advisors under-resourced.
  - Limited real-time QA/QI processes.

Discussion and Reactions

During this portion of the workshop, those in attendance worked in small groups to discuss various aspects of the report. The following themes from attendee reflections include:

- Participants described EMS in Vermont using words like: *"fragile," "buried," "opportunity," "pivotal," "evolving," "broken," "adolescent," "desperate,"* and *"challenging."*
- Multiple participants emphasized fractured governance, funding gaps, and a need for unified identity and advocacy.
- EMS is often misunderstood or lumped together with fire services or hospitals, leading to policy and funding oversights.
- There was consensus that Vermont is at a critical decision point and EMS must take control of its narrative.

Outreach Strategy (Public and Legislative)

Regional Outreach Plans

- 3 hybrid sessions (North, Central, South) to present findings and gather feedback.
- Schedule target:
    - Last week of May through July.
    - Mix of morning, afternoon, and evening meetings to increase accessibility.
    - In-person + Zoom options to reach rural services.

Legislative Engagement

- Create a brief, 2–3 page summary of the full report for legislators.
- Engage lawmakers early with a "light touch" — update them on progress, solicit informal feedback.
- Suggest a targeted legislative update meeting over the summer (in Montpelier or virtual).
- Katherine Simms emphasized the importance of:
    - Proactive storytelling to build political will.
    - Engaging beyond the health committees (e.g., Gov. Ops).

One-on-one meetings with local legislators to increase buy-in should be part of the strategy.

Other Action Items

Consultant Collaboration

- Consultant will help develop presentation decks.
- Committee to tailor presentation content to:
    - EMS stakeholders
    - Legislators
    - Public and media

July Meeting

- Tentatively scheduled for July 16.
- Proposed location: Northeast Kingdom (e.g., Linden campus).
- Focus to be finalized after the May 21 meeting.
- Possibility of inviting Regional Governance Committee and Public Safety Communications Group.

Technology Considerations

- Future venues must support **hybrid meeting tech** to ensure statewide participation.

Closing Remarks

- Vermont is entering a transformational phase for EMS.
- If EMS does not define its future, it risks being swept into broader health care reform without adequate representation.
- Legislative, community, and agency engagement must be strategic and unified.
- A comprehensive five-year EMS plan will be the final product of this process — and all stakeholders must contribute.

The meeting was adjourned at 1604