

Vermont Emergency Medical Services Advisory Committee

Meeting Minutes

Date: November 19, 2025

Location: Williston Fire Department, Williston (VT), & Microsoft Teams

Meeting Called to Order: 1:05 PM by Drew Hazelton

Rollcall – Committee Members

Representative	Attendance	Representative	Attendance
District 1		District 2	
Kathy Jochim		Adam Heuslein	Present
		Samantha Atwood	
District 3		District 4	
Leslie Lindquist	Present	Scott Brinkman	
Becky Alemy		Jeff Johansen	
District 5		District 6	
		Joe Aldsworth	
		David Danforth	
District 7		District 8	
Charlene Phelps		Matt Parrish	Present
Kate Rothwell	Present	Charles Piso	Present
District 9		District 10	
Alan Beebe		Michael Tarbell	Present
District 11		District 12	
		Bill Camarda	Present
		Bobby Maynard	
District 13		VAA	
Eric Wilson	Present	Drew Hazelton	Present
IREMS		PFFV	
Pat Malone	Present	Mark Hachey	Present
Chris LaMonda	Present	Billy Fritz	Present
VCFC		VSFA	
Aaron Collette	Present		
Michael Randzio	Present		
VAHHS		VLCT	
		Lee Krohn	Present
VDH			
Will Moran			
Chelsea Dubie	Present		

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Non-members in attendance: Courtney Newman, Dan Wolfson, Connor Dunn, Ray Walker, Donna Jacob, Julia Sugg, Gene Bifano, Mike Chiarella, Liam Knight, Kevin Argentieri, Marsha McCombie, Ashley Fontaine, Elizabeth Couto

Meeting Minutes Review & Approval

The minutes from November 5th, 2025, meeting were previously distributed to the committee.

- Motion to approve the November 5th meeting minutes by Adam Hueslin, and seconded by X.
- No discussion; motion carried with one abstention.

Financial Report

Drew Hazelton reported on expenses by the committee to date:

- \$5,333.37 paid to the SAPPY Company for contract work.
- \$97.00 spent on software.

Total expenditures to date: \$32,172.78

Project Timeline and Deliverables Update

Drew reviewed expectations for the statewide EMS system assessment. Two meetings remain before the statutory report is due in December. A rough draft of findings must be ready for the December 3rd meeting. The final deliverable will be voted on at the following meeting before submission to the Legislature. This phase is strictly an assessment; solutions fall under the separate five-year plan to be developed next. Feedback submitted via QR code/forms has been compiled by consultant Julia Sugg.

System Assessment Findings

Drew Hazelton led a structured review of submitted comments. Julia documented revisions for incorporation into the draft.

Overall System Performance consensus findings:

- EMS coverage exists statewide, though service levels and reliability vary.
- Access is not equitable across Vermont; significant variation exists between counties and between rural vs. urban settings.
- Interfacility transport (IFT) capacity is inconsistent and often unreliable; clearer language will be drafted to reflect this.
- System demand is increasing, including call volume and patient complexity; phrasing will be refined to reflect measurable data.
- Funding disparities exist across agencies, with EMS lacking the systematic support provided to police and fire services.
- Agencies rely on patchwork revenue streams, leading to inconsistent financial stability.
- CAD limitations and lack of statewide dispatch integration significantly impair system coordination and measurement.

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Governance consensus findings:

- Medical direction and governance are not consistent statewide.
- The current district system, unchanged since the 1970s, no longer reflects operational needs.
- Governance structures do not ensure equitable representation or system-wide coordination.
- Mobile Integrated Health (MIH) lacks a functional governance framework.

Data consensus findings:

- Data collection is inconsistent, with significant variability in documentation quality.
- Lack of standardized data entry affects accuracy of clinical metrics and system analysis.
- Many agencies lack capacity or training for proper reporting; mandatory data education was suggested for the five-year plan.
- Cost data is unavailable, limiting ability to evaluate financial needs.
- No statewide CAD integration limits dispatch data accuracy and response-time assessment.
- Education data is similarly incomplete or difficult to obtain.

Finance consensus findings:

- The fee-for-service reimbursement model is outdated and inadequate.
- Medicaid reimbursement has not kept pace with cost of service.
- Non-transport calls and MIH services lack sustainable reimbursement pathways.
- Agencies vary widely in financial resources, often based on local tax bases rather than service need.
- Administrative capacity varies dramatically; some small volunteer agencies responded faster than fully staffed municipal departments.

Quality Measures consensus findings:

- State data shows Vermont falls below national benchmarks in numerous measures, but documentation deficiencies make the true picture unclear.
- The committee agreed to avoid stating “all measures” due to data limitations.
- Wide disparities between districts are likely due to *documentation*, *agency size*, and *system design*, not solely clinical performance.
- Response-time data from CAD is insufficient for drawing reliable conclusions.

System Reliability consensus findings:

- Only limited reliability data exists (mainly the Cambridge heat map).
- It is unclear how Cambridge produced some findings due to lack of statewide CAD or mutual-aid tracking.
- Mutually dependent metro systems (e.g., Chittenden County) show high inter-agency dependency by design, not system failure.

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Public / Member Comments:

- Importance of differentiating rural vs. urban system challenges.
- Desire for equitable voice and representation, particularly from smaller districts.
- Need for clear legislative alignment across multiple committees (dispatch, healthcare, EMS).
- Continued emphasis on establishing proper data governance, education, and infrastructure.

Next steps:

- Julia will revise the document based on today's guidance.
- Members encouraged to continue submitting recommendations via the active form; action items will be retained for the five-year plan.
- Rough draft to be reviewed at the December 3rd meeting.

Committee Schedule

- December 3 – Alumni Hall, Washington Room, 20 Auditorium Hill, Barre, VT 05641
 - 10 to 3 PM
 - Virtual - Microsoft Teams
- December 10 – Vermont EMS Academy, 1096 VT-30, Newfane, VT 05345
 - 1 to 3 PM
 - Virtual - Microsoft Teams

Adjournment

Motion to adjourn unanimously approved.
Meeting adjourned at 3:40 PM