Vermont Emergency Medical Services Advisory Committee

Meeting Minutes

Date: May 21, 2025 Location: White River Valley Ambulance & Microsoft Teams Attendance: Drew Hazelton, Adam Heuslein, Jim Finger, Leslie Lindquist, Matthew Parrish, William Moran, Bobby Maynard, Joe Aldsworth, Dan Wolfson, Courtney Newman, Chelsea Dubie, Bill Camarda, Connor Dunn, Kate Rothwell, Scott Richardson, Pat Malone, Charles Piso, Samantha Atwood, Jeff Johansen

Meeting Called to Order 1000 by Drew Hazelton

The meeting was facilitated by Katherine Sims

Consultant Report

- While the consultant's report is thorough, there are some sections of the report that require further analysis. Additional data collected directly from EMS agencies or from other sources will be necessary to achieve the level of accuracy and completeness the committee is looking for.
- The committee decided not to release the current version of the report and instead take additional time to work with the consultant to refine some aspects of the report.

Data Verification & Committee Staffing

- The committee agreed on the importance of data accuracy before reporting to the legislature.
- The proposal includes hiring someone through a staffing agency to validate service-level data directly with EMS agencies. Estimating an hourly rate of \$50.
- Suggestion to potentially extend this person's role to assist with further phases of the EMSAC's work.
- A motion was passed unanimously to hire a temporary assistant/project manager to verify the data over 3–4 months.

Legislative & Timeline Pressures

- The original deadline for the assessment is December 2025, and for the 5-year plan, December 2026.
- The committee aims to accelerate this timeline to present findings ahead of the 2026 legislative session.
- Emphasis on not repeating the mistakes of past reports (e.g., Oliver Wyman) that were undermined due to stakeholder disagreements over incomplete data.

EMS Definition & Visioning

- EMS is a system of systems, not just ambulance transport.
- It includes pre-hospital care, interfacility transports, public safety, emergency response, public health, community outreach, and even mobile integrated healthcare.
- Emphasis on education, professionalism, and adaptability (e.g., response to COVID with testing, vaccination).
- Recognition that EMS in Vermont varies widely by region (urban vs. rural, full-time vs. volunteer).
- Broad support for describing EMS as a hybrid model that includes aspects of public health, public safety, and clinical care—but is uniquely EMS.
- The term "pre-hospital care" was debated, as it excludes **interfacility transfers** and other non-emergency work EMS performs.
- Some feared that defining EMS too narrowly could lead to **hospitals absorbing EMS roles**, weakening community-based models.

Stakeholder Engagement and Communication

- Concerns were raised about public and legislative perceptions that the committee had already drawn conclusions.
- EMSAC reiterated that no conclusions had been made and that the planning process was just beginning.
- Discussion included improving transparency and communication, such as better minute sharing and stakeholder newsletters.
- Desire for consistent representation: need to clarify district representatives vs. attendees to avoid confusion.

Future Planning Process

- The committee began framing how the 5-Year EMS Strategic Plan will be developed.
- Questions included:
 - Who should lead: the committee, consultants, or project managers?
 - What are the goals, principles, and performance benchmarks for the future EMS system?
 - How should stakeholder engagement be structured?

Next Steps

- Hire a temporary assistant to validate and improve data validity.
- Continue internal and stakeholder discussions on the EMS definition and future goals.
- Begin framing the 5-year plan based on shared principles and accurate data.
- Monitor legislative timelines and maintain alignment with broader healthcare transformation discussions.

Motion to adjourn the meeting by Jim Finger and seconded by Will Moran