Vermont Emergency Medical Services
Advisory Committee

Meeting Minutes

Date: September 3, 2025
Location: White River Valley Ambulance, Bethal (VT), & Microsoft Teams
Meeting Called to Order: 10:00 AM 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	Present		Jeff Johansen	
District 5			**District 6**	
			Joe Aldsworth	Present
			David Danforth	Present
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			Billy Fritz	
VCFC			**VSFA**	
Aaron Collette	Present			
Michael Randzio	Present			
VAHHS			**VLCT**	
			Lee Krohn	Present
VDH				
Will Moran	Present			
Chelsea Dubie				

Non-members in attendance: Courtney Newman, Ray Walker, Dan Wolfson, Donna Jacob, Olivia Coe, Helen Reid, Dan Berkman

Governance & System Structure - Presentation by Drew Hazelton

Current State

- The concept presented today represents the past discussions and work done by the committee on this topic.
- Vermont EMS currently operates as 13 independent districts, nearly all functioning as "silos."
    - This has resulted in inconsistent district performance, lack of a statewide MCI plan (a major vulnerability). Additionally, inequitable access to funding, training, and education, and no cohesive statewide data strategy.

Conceptual Governance & Organization Model

- Objective – A statewide EMS system that provides safe, effective, and accountable systems of care and specialized transportation.
- Goals include, 1. A patient centered EMS system; 2. An integrated, multi-layered structure; 3. Evolve and strengthen the public-private partnership between the state and local officials.
- Clear and defined roles and responsibilities for the state EMS office, and the statewide EMS council. The role of the state EMS office remains relatively unchanged.
- Core tenets of the statewide EMS council include collaboration, communication, coordination, planning, and quality.
- Replace EMS districts with a Statewide EMS Council.
- The role of the council, and the regions, is to provide structure and coordination in the areas of communications, MCI and medical surge response, workforce development, system finance, coordinated physician oversight, quality improvement, as well as public and government relations.
- Regions are organizational sub-units of the council; together they are a single organization.
- One option is to create 3 regions (Northwest, Northeast, and South), which come together into the Statewide EMS Council. The number of regions is up for discussion.
- Responsibilities:
    - Develop & maintain and implement the 5-year EMS system plan.
    - Establish permanent committees (e.g. interfacility transport, mobile integrated health, education, MCI planning).
    - Coordinate data and system evaluation.
- State funding would flow to the Council first, then redistributed to regions/agencies, ensuring equity and accountability.
- All Vermonters benefit from an EMS system that provides for enhanced collaboration and communication, strategic and operational coordination, systems of care, and growth opportunities.

Discussion

- Council size: too many voices could bog down decisions. One proposal suggested 9 members (3 per region).
- Could the council manage funds if structured like the Fire Service Training Council? Further legal analysis needed.
- 13 independent and disconnected EMS districts are having an adverse impact on our statewide system; consolidation is necessary.
- Act 157 explicitly tasked EMSAC with designing a statewide system, not maintaining a fractured and siloed structure.

Consensus: Broad support for moving toward a statewide council with regional representation. Details (legal structure, staffing, funding authority) to be developed.

Medical Direction

Issues Identified

- DMAs often limited to ~2 hours/month; not enough for oversight.
- Hospitals facing financial pressures, pulling back from EMS commitments.
- Unequal quality of medical oversight statewide.

Options Discussed

- Contractual Medical Resource Hospital model (like NH).
- Create regional DMAs (3–4 statewide).
- Hybrid: Regional oversight plus agency-level directors for larger services.

Concerns

- Risk of "DMA shopping" if agencies can switch hospitals for convenience.
- Vermont must ensure both regional consistency and service-level accountability.

Education & Workforce – Presentation Pat Malone

Exam Pass Rates

- EMT: Vermont (74.76%) vs. national (74.45%).
- AEMT: Vermont (~82%) vs. national (66%).
- Paramedic: Vermont (86.5%) vs. national (76%).

Comment: Members were encouraged by these strong comparative results but noted that the absolute licensure rate from course entry to completion remains troubling.

Course Completion & Licensure

- Over a 2-year period:
    - 66 EMT courses approved, with 959 students enrolled.
    - 714 entered testing; only 307 became licensed (~32%).
- The number of students enrolled in EMS courses is low suggesting that EMT classes could be more efficient with more students enrolled in fewer courses.
- AEMT completion stronger (62.7%), but with smaller class sizes.
- Some courses reported single-digit success rates, raising concerns about instructor effectiveness, student preparedness, or course structure.

Instructor Performance Variability

- Some instructors achieved 100% pass rates, while others fell as low as 62%.
- Malone emphasized the need to investigate why certain instructors succeed and whether resource levels, experience, or teaching approach play a role.

Class Sizes & Resources

- Small classes (9:1 ratio) correlated with better results but at high cost per student.
- Members questioned whether Vermont offers too many EMT classes for its size, diluting resources and outcomes.

Funding & Commitment

- Several members questioned whether grant-funded "free" classes reduced student commitment.
- Malone suggested a deeper dive into completion differences between self-funded vs. state-funded classes.

Higher Education Partnerships

- Malone met with Community College of Vermont (CCV) and Vermont State University (VSU) workforce leaders.
- Both are interested in collaboration but require instructors with Master's degrees (Bachelor's possible with waiver).
- Opportunities:
    - Use CCV's widespread locations (95% of Vermont residents reside within 12 miles of a CCV facility).
    - Develop certificate programs or co-branded workforce initiatives.
- Barrier: Many current EMS instructors lack required academic credentials to teach a CCV course.

System Health & Mutal Aid

Out-of-Service Days

- Agencies' reports ranged from 0 to 53 days/year fully out of service.

- Likely undercounted for volunteer agencies that do not maintain a schedule and therefore do not know whether they are available until a call is dispatched.

Mutual Aid

- Some agencies report responding mutual aid to neighboring communities is as much as 20–25% of their total call volume.

Reliability Debate

- Some members suggested defining a minimum call volume threshold (~1,200 – 1,400 calls/year) for sustainability.
- Others argued rural towns cannot meet such thresholds, raising questions of equity.

Consensus: System reliability must be framed as a regional issue (not individual agency) in the legislative report.

Financial & System Sustainability – Presentation by Drew Hazelton

Revenues

- Total net patient revenue statewide ~ $60M annually.
- Growth: +11% (2022–23) and +12% (2023–24).
- Shift: Larger share now from out-of-state transports.

Municipal Support

- Inconsistent across state: some agencies rely heavily on municipal subsidy, others none.

Key Disparities

- Agencies performing interfacility transfers (IFTs) generally require less municipal subsidy.
- Rural/low-volume services face chronic deficits and staffing crises.

Discussion:

- Revenue disparities between agencies that provide IFT as compared to those who do not is notable.
- It was recommended to careful approach of interfacility transport (IFT) data to avoid triggering a “rush” of agencies adding IFT transfers to their service delivery model.
- Per capita municipal contributions can and will be compared across service sizes.

Approval of August Meeting Minutes

The August 20th, 2025,meeting minutes were previously distributed to committee members.

- Motion to approve the minutes by Michael Tarbell
- Seconded by Adam Heuslein
- Amendments to the minutes were suggested; a vote to approve the minutes was deferred to the next meeting.

Committee Schedule

- September 17 – Waterbury State Office Complex, Waterbury – 1 PM to 3 PM
- October 1 – Middlebury Regional EMS, Middlebury – 10 AM to 2 PM
- October 15 – Regional Ambulance Service, Rutland – 1PM to 4 PM

Adjournment

Motion to adjourn – Bill Camarda, 2nd Aaronn Collette.

Meeting adjourned at 1:40 PM