

Vermont Emergency Medical Services Education Council & Advisory Committee

EMS Advisory Committee

Date: March 18, 2026

Location: Waterbury State Office Complex, Waterbury (VT), & Microsoft Teams

Meeting Called to Order: 1:03 PM by Drew Hazelton

Rollcall

Representative	Attendance	Representative	Attendance
District 1		District 2	
Kathy Jochim	Present	Adam Heuslein	Present
		Samantha Atwood	
District 3		District 4	
Leslie Lindquist		Scott Brinkman	
Becky Alemy		Corey Boisvert	Present
District 5		District 6	
		Joe Aldsworth	
		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
		Jim Finger	Present
District 11		District 12	
		Bill Camarda	Present
		Bobby Maynard	
District 13		VAA	
Eric Wilson	Present	Drew Hazelton	Present
IREMS		PFFV	
Pat Malone	Present	Marc Hachey	
Chris LaMonda		Billy Fritz	
VCFC		VSFA	
Aaron Collette	Present	Richard Bowman	Present
Michael Randzio	Present	Will Elwell	Present
VAHHS		VLCT	
Liz Couto	Present	Lee Krohn	
VDH			
Will Moran	Present		
Chelsea Dubie	Present		

Others in attendance: Dan Wolfson, Courtney Newman, Donna Jacob, Ray Walker, Connor Dunn, Chelsea Dubie, Aly Sanchez

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Meeting Minutes Review & Approval

The minutes from March 6th, 2026, meeting were previously distributed to the committee:

- Aaron Collette noted his attendance was not recorded on the attendance sheet; his attendance was recorded. Adam Heuslein's was also marked as present at the meeting. Following clarification, the motion proceeded.
- Motion to approve the February 4th meeting minutes by Bill Camarda and seconded by David Danforth
- No further discussion
- Motion carried unanimously

Governance Workgroup Update

The Committee received a report from the Governance Work Group, which outlined ongoing efforts to design a comprehensive, statewide EMS governance framework. The proposal under consideration would transition Vermont's EMS system from a district-based structure to a unified statewide model. This framework includes elevating the EMS Office within the Vermont Department of Health to a division-level entity to enhance administrative capacity and oversight. Additionally, the Work Group is evaluating the establishment of a statewide EMS Board responsible for policy development, standards setting, and strategic direction, while the EMS Office would retain responsibility for regulatory enforcement and operational management.

The Committee engaged in substantive discussion regarding the proposed governance model, including considerations of representation, regional coordination, and stakeholder engagement. Members emphasized the importance of maintaining equitable geographic representation and ensuring that regional collaboration—particularly for mutual aid coordination and emergency response planning—remains effective under a centralized system. While some concerns were expressed regarding the elimination of district structures, there was consensus that regional coordination mechanisms can be preserved within a statewide framework. The Work Group was directed to continue refining the proposal with ongoing stakeholder input.

Further discussion addressed the delineation of responsibilities between the proposed EMS Board and the EMS Office. The Committee generally supported a co-equal but distinct structure in which the Board establishes policy and standards, and the EMS Office enforces compliance and oversees system operations. Consideration was given to potential overlaps in authority, funding implications, and administrative efficiency. The Committee found no significant opposition to the conceptual model and encouraged continued development and clarification.

Education Workgroup Report Out

The Education Work Group provided an update on initiatives related to EMS education and training. The Work Group reaffirmed its support for maintaining the National Registry of Emergency Medical Technicians as the foundational standard for certification while identifying gaps in advanced training, including critical care and mobile integrated health roles. The potential implementation of accreditation requirements for EMS education programs was discussed, with recognition of both the benefits of standardized quality and the potential financial and operational challenges for smaller or volunteer-based organizations.

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The Committee also considered issues related to instructor credentialing, including the possibility of shifting responsibility for instructor qualification from the state to individual training programs. Members expressed concern regarding the potential impact on recruitment, retention, and program accessibility if accreditation and credentialing requirements become overly burdensome. It was noted that any such changes would be implemented over an extended timeline to allow for appropriate transition and adaptation.

Healthcare Integration Workgroup Report Out

The Healthcare Integration Work Group reported on its ongoing efforts to improve coordination across the EMS and healthcare systems, with particular focus on interfacility transfers (IFTs). The Work Group is developing a tiered classification system to define response expectations, staffing requirements, and reimbursement structures. Challenges associated with mental health patient transport and reimbursement limitations were discussed, and the need for improved coordination and accountability was emphasized. The Work Group also highlighted the importance of enhanced data integration across EMS agencies, hospitals, and emergency communication systems.

Statewide Trauma System

The Committee engaged in an in-depth discussion regarding the absence of a formal statewide trauma system. Members underscored the importance of establishing a trauma registry to support data-driven performance improvement, patient outcome tracking, and system-wide coordination. The potential use of existing data platforms was identified as a practical and cost-effective approach. The development of a trauma system was recognized as a priority aligned with legislative direction and broader system improvement goals.

Additional discussion addressed the utilization of data systems such as cardiac arrest registries to support clinical performance improvement. While the value of these systems was widely acknowledged, concerns were raised regarding the sustainability of funding, as current efforts rely heavily on grant support. The Committee emphasized the need to identify stable, long-term funding mechanisms to ensure continuity and effectiveness.

Working Group Scheduling

The Committee reviewed ongoing and upcoming work group activities. The Governance, Education, and Healthcare Integration Work Groups will continue to meet regularly, while additional groups—including Operations, Finance, and Medical Direction—are expected to commence work as the governance framework is further defined. The importance of developing standardized terminology and definitions across all work groups was noted to ensure consistency and alignment in planning efforts.

In closing, the Committee confirmed its meeting schedule and discussed the potential for adjustments based on workload and progress. Members were encouraged to remain actively engaged in work group activities and collaborative efforts.

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Committee Schedule

- April 1st – Waterbury State Office Complex, Ash Conference Room, Waterbury, VT
 - Virtual Option (Yes)
 - 1:00 to 3:00 PM
- April 15th - Morriston Ambulance Service, Morrystown, VT
 - Virtual Option (Yes)
 - 1:00 to 3:00 PM
- May 6th – Waterbury Ambulance Service, Waterbury, VT
 - Virtual Option (Yes)
 - 1:00 to 3:00 PM
- May 20th – Bennington Rescue Squad, Bennington, VT
 - Virtual Option (Yes)
 - 1:00 to 3:00 PM
- June 3rd – Waterbury State Office Complex, Waterbury, VT
 - Virtual Option (Yes)
 - 1:00 to 3:00 PM
- June 17th – Newport Ambulance Service, Newport VT
 - Virtual Option (Yes)
 - 1:00 to 3:00 PM
- July 1st – Waterbury State Office Complex, Waterbury, VT
 - Virtual Option (Yes)
 - 1:00 to 3:00 PM
- July 15th – Fairfax Rescue, Fairfax, VT
 - Virtual Option (Yes)
 - 1:00 to 3:00 PM

Adjournment

Motion to adjourn unanimously approved.
Meeting adjourned at 3:10 PM