

Vermont Emergency Medical Services Advisory Committee

Meeting Minutes

Date: June 3, 2026

Location: Waterbury State Office Complex, Waterbury, Vermont & Microsoft Teams

Meeting Called to Order: 2:00 PM

Roll Call

Representative	Attendance	Representative	Attendance
District 1	Present	District 2	Absent
District 3	Present	District 4	Present
District 5	Absent	District 6	Present
District 7	Present	District 8	Present
District 9	Absent	District 10	Present
District 11	Absent	District 12	Present
District 13	Present	VAA	Present
IREMS	Present	PFFV	Present
VCFC	Absent	VSFA	Present
VAHHS	Absent	VLCT	Absent
VDH	Present		

Editor's Note

Significant technical difficulties affected this meeting. Internet service at the Waterbury State Office Complex was unavailable at the start of the meeting, requiring the use of cellular hotspot connectivity, alternate audio equipment, and mobile devices to facilitate participation by in-person and remote attendees. These issues impacted recording quality, transcription accuracy, and remote participation during the early portion of the meeting. Connectivity and

audio quality improved later in the meeting following restoration of network services by State officials. Portions of the meeting transcript are incomplete or difficult to reconstruct due to these technical limitations.

Workgroup Updates

Education & Workforce Development (EWD)

Bill Camarda provided an update on recent Education & Workforce Development workgroup discussions. Topics included degree requirements for EMS clinicians, development of potential paramedic practitioner pathways, educational entry pathways into the profession, apprenticeship models, relationships with colleges and universities, associate degree requirements, and considerations regarding out-of-state providers and future workforce development. The workgroup anticipated bringing additional consent items forward for future EMSAC consideration.

Healthcare Integration (HIN)

The Healthcare Integration Workgroup reported ongoing discussions regarding interfacility transport (IFT) categorization, prioritization methodologies, patient movement timelines, and healthcare system impacts. Members also discussed the relationship between EMS and designated mental health agencies and added a roadmap item focused on EMS and mental health system integration. No consent items were advanced for EMSAC consideration at this meeting.

Medical Direction (MED)

The Medical Direction Workgroup reported progress on foundational definitions related to medical control and medical direction. Members indicated that future meetings would focus on refining definitions and developing consent items intended to establish common terminology and understanding across the EMS system.

Operations (OPS)

Discussion centered on statewide EMS resource tracking, ambulance inventories, specialty resources, strike team concepts, statewide situational awareness, and exploration of geographic information system (GIS) mapping solutions to support operational planning. Additional discussion occurred regarding statewide CAD systems, resource allocation, and opportunities to improve statewide operational visibility and coordination.

Finance (FIN)

The Finance Workgroup reported ongoing efforts related to reimbursement for non-transport EMS services, identification of EMS funding gaps, development of financial recommendations

for legislative consideration, and strategies to encourage regional collaboration among EMS agencies. Discussion also included potential approaches to coalition development and financial support mechanisms for agencies pursuing collaborative operational models.

Consent Item Review

CI-FIN-001 – Reimbursement for Treatment Without Transport

The Committee reviewed Finance Consent Item FIN-001 regarding reimbursement pathways for EMS agencies providing medically necessary evaluation, treatment, and related EMS services when patient transport does not occur.

Motion: David Danforth moved approval of CI-FIN-001.

Second: Bill Camarda.

During discussion, members expressed concern regarding language referencing reimbursement at the Medicare BLS non-emergency base rate. Several members noted that similar language had previously resulted in reimbursement limitations that may not accurately reflect emergency EMS responses and the intent of the recommendation. Discussion focused on whether the reimbursement benchmark should instead reflect emergency service reimbursement rates.

The Chair reminded members that EMSAC had previously established a process prohibiting material modification of consent items during full committee meetings. As the proposed change would materially alter the recommendation, members agreed that the item should be returned to the originating workgroup for further consideration.

David Danforth withdrew the motion. Bill Camarda withdrew the second.

Result: CI-FIN-001 was returned to the Finance Workgroup for revision and future consideration. No vote was taken.

EMSAC 2026 Planning Process & Chair Report

The Committee discussed development of the EMSAC 2026 final report and five-year planning document. Members reviewed a proposed report structure including executive summaries, workgroup summaries, implementation timelines, financial analyses, legislative recommendations, governance recommendations, supporting documentation, and appendices. Discussion included strategies for organizing recommendations into phased implementation timelines and development of a framework for final review and approval of the completed report.

Committee leadership reported that a technical writer would be engaged to assist with report development and formatting as the project moves into the implementation planning phase. The Committee expressed their support for the planning initiative including engagement with the technical writer.

EMS Compact Discussion

The Committee held an initial discussion regarding potential participation in the EMS Compact. Members discussed national registry requirements, provider impacts, background check requirements, interstate licensure considerations, regulatory oversight implications, and potential operational impacts to Vermont EMS agencies. Members agreed that additional research and subject matter expertise would be required before developing formal recommendations and that the topic should be referred to the Governance Workgroup for further evaluation.

Vermont Department of Health Update

Representatives from the Vermont Department of Health provided a brief update regarding Mobile Integrated Health initiatives and ongoing efforts related to Rural Health Transformation Program activities. Members were advised that consultant support was being sought to assist with program development and implementation efforts.

Upcoming Meetings

Committee leadership reviewed upcoming workgroup and EMSAC meeting schedules and discussed plans for future workgroup meetings throughout June. Topics included continued development of consent items, data needs identification, implementation planning, and preparation of recommendations for inclusion in the final EMSAC report.

Adjournment

Motion: Pat Malone moved to adjourn.

Second: David Danforth.

Result: Motion passed unanimously.

The meeting adjourned at **3:48 PM**.