

NORTH CAROLINA EMERGENCY MEDICAL SERVICES
ADVISORY COUNCIL

Department of Health and Human Services
Division of Health Service Regulation
Office of Emergency Medical Services

Brown Building
Dorothea Dix Campus
801 Biggs Drive
Raleigh, North Carolina

May 13, 2025
11:00 A.M.

Members Present

Kim Askew, MD
Jim Albright
Andrew Baird
Todd Baker
David Glendenning
Barry Britt
Kimberly McDonald, MD
Brian Pearce
Robert Poe
Roberto Portela, MD
John Grindstaff
Rebecca Pittman

R. Darrell Nelson, MD
Kevin Staley
Douglas Swanson, MD
Pascal Udekwu, MD
Jefferson Williams, MD
Gail Shue
Viola Harris
Chuck Elledge
Lyle Johnston
Eric Toschlog, MD

Members Absent

William Atkinson, PhD
Sarah Rivenbark
Jim Gusler

Staff Members Present

Tom Mitchell
Susan Rogers
Wally Ainsworth
Todd Messer
McKenzie Beamer
Heather Majernik
Anthony Davis
Chuck Lewis
Toshiba Oates
Melynda Swindells

James Winslow, MD
James Hood
David Ezzell
Blair Richey
Dale Sutphin
Hannah Gompers
Ed Browning
Doug Calhoun
Tonja Pool

Others Present

Warner Ferguson
Renee Bridges
Craig Carico
Kendra Bisette
David Cuddeback
Haven Stiles
Sasha Balkaran
B. Phillips Moore
Heather Chandler
Grant Hunsucker
Lee Westbrook
Sam Proffit
Kevin Richards
Jason Grimes
Wayne Jordan
Misty Saunders
Jennifer Simone
Bryan Edwards
Michael Swiman
Brad Baker
Michael Stox
Kara Clarke
Lewis Newman
Zach Stutts
Kelly Howey

Caitlyn Colson
Mallory DeLuca
Mark Casey
Julius McAdams
Tibor Nagy
Jim Lockard
Carla Godwin
David Young
Anjini Joiner
Jackie Holmes
Chris Montera
Karla Brown
Angela Magill
Dale Hill
Anthony Pierce
Dale Loberger
Danny Wilner
Elizabeth Freeman
Joseph Wilson
Jason Reavis
Paul Seaman
Ryan Bayler
James Norwood
K. Vaught
Josh Loyd

(1) Purpose of the Meeting: The North Carolina EMS Advisory Council met virtually to hear reports/updates from Injury Committee, Compliance and Education, HealthCare Preparedness Program, Medical Director report and agency activity report.

(2) Actions of the Council:

Dr. Kim Askew, Chairman of the Council, called the meeting to order at 11:00 a.m.

a) Motion was made by Mr. Baker, seconded by Mr. Poe, and unanimously approved that:

RESOLVED: The EMS Advisory Council minutes from the February 11, 2025 meeting be approved.

b) Motion was made by the Injury Committee, seconded by Dr. Nelson and unanimously approved that:

RESOLVED: Naval Medical Center Camp Lejeune Level III Trauma Center designation renewal be approved for a period of three years through December 31, 2027.

Explanation: Naval Medical Center Camp Lejeune was reviewed on January 13 and 14 by an ACS survey team and the NCOEMS staff for consideration of a Level III designation renewal and reverification. Many strengths were found, and no deficiencies were identified.

- c) Motion was made by the Injury Committee, seconded by Dr. Swanson and unanimously approved that:

RESOLVED: UNC Blue Ridge Level III initial designation be approved for a period of one year through April 30, 2026.

Explanation: UNC Blue Ridge was reviewed on April 15, 2025 by a NCOEMS survey team and staff for consideration of a Level III Trauma Center initial designation. Many strengths were found, but two deficiencies were identified.

- d) Motion was made by Dr. Udekwu, seconded by Dr. Williams and Mr. Johnston, and unanimously approved that:

RESOLVED: The Advisory Council will take the concern of the reduction of federal funding of the Hospital Preparedness Program to the North Carolina Secretary of DHHS for review.

Explanation: Concern has arisen over the current Federal budget defunding the Hospital Preparedness program. The NC EMS Advisory Council state clearly the current response system is an invaluable asset promoting positive patient outcomes and withdrawal of federal support would diminish the capabilities of state response and result in adverse patient outcomes.

(3) Other Actions of the Council:

- (a) Dr. Askew welcomed guests to the Council meeting and announced to the guests and the Council the following appointments and re-appointments:
- G. Barry Britt has been re-appointed representing the public sector. He's been an active member of the Council since 2022 and is a retired NC Paramedic who has over thirty years' experience in public safety.
 - Robert Poe has been re-appointed representing the North Carolina Association of Rescue & EMS. He is the Chair of the compliance and Education subcommittee and has been an active member of the council since 2002.
 - Kevin Staley has been re-appointed as a public member and has been an active member of the Council since 2016. He's a certified Emergency Manager and, although retired, still holds an active Emergency Medical Technician credential.

- Gail Shue has been re-appointed representing the North Carolina Nurses Association. She has been an active member since 2022 and is a Trauma Systems Coordinator at Atrium Health Wake Forest Baptist Hospital
- David Glendenning is a new appointment representing the public. Davis is an EMS Education Coordinator with Novant New Hanover Medical Center. He was the New Hanover Regional Medical Center Field Training Officer from 2009-2012 and has been a Paramedic Instructor at Cape Fear Community College since October 2007.

(b) Mr. John Grindstaff reported the following Injury Committee update:

- Naval Medical Center Camp Lejeune was visited on January 13 and 14, by an ACS survey team and NCOEMS Staff for the consideration of a Level III designation renewal and reverification. As noted in the report, there were several notable strengths found by the survey team. No deficiencies were identified, which is noteworthy. OEMS staff recommendations are that Naval Medical Center Camp Lejeune be awarded a Level III designation renewal for a period of three years through December 31, 2027.
- UNC Blue Ridge in Morganton was visited on April 15, 2025 by the survey team of Dr. Pascal (Osi) Udekwu, Dr. Roberto Portela and Sara McIntyre, RN and NCOEMS staff for consideration of an initial Level III Trauma Center designation. As noted in the report, there were several notable strengths found by the survey team. However, two deficiencies were identified:
 1. Standard 5.31 Alcohol misuse interventions-institution failed to meet 80% threshold
 2. Standard 7.3 Documented effectiveness of PIPS program – institution did not integrate information from physician OPPE/FPPE (Ongoing/Focused Professional practice evaluation) into PIPS program and lack of communication between medical staff peer review and trauma PIPS

OEMS Staff recommendations are that UNC Blue Ridge be awarded a Level III Trauma Center initial designation for a period of one year, ending April 30, 2026, with the ability to extend designation to the full term ending on April 30, 2028 following the successful demonstration of the deficiencies either by documentation or a focused site visit no later than their designation expiration date.

- Upcoming Site visit: WakeMed Raleigh Hospital has a site visit scheduled for June 3, 2025
- Personnel update: Ms. Heather Majernik, North Carolina Trauma Program Manager, is retiring effective July 31, 2025. The process of finding her replacement has begun. The position has been posted and the OEMS expects to have information about qualified applicants received in the near future.

(c) Mr. Robert Poe gave the following Compliance report:

- Credentialing – for the timeframe of 2/1/25 through 4/30/25 the credentialing unit issued 1536 credentials; 220 Paramedic, 112 of the 220 Paramedic credentials issued were on a roster at the time the credential was issued.
- This was an increase of 198 overall credentials from the same time period last year and an increase of 42 Paramedic credentials from this same timeframe last year.
- Turnaround times: data shows wait time for issuing credentials is due to waiting for applicants to submit the fingerprint packet. NCOEMS staff is processing paperwork the same day it is received and able to be processed.
- Legal Recognition and Testing Programs:
 - ✓ 19 days (legal rec) and 24 days (testers) for those that require a federal fingerprint check
 - ✓ Same day for those that don't require a federal background check
- Military Equivalency: Averaging same day turnaround time.
- The SBI is processing fingerprint cards in two days
- May and December are typically highest production months for credentials. Based on current testing registration numbers thus far in May, we are slightly ahead of the May 2024 scheduled applicants so we are looking forward to a productive May.
- Compliance: Top reason individuals are reviewed at the NC EMS Disciplinary Committee is for violent pending charges or convictions (average of 24% of cases). DWIs were a close second at 19%
- During this timeframe, patient care issues made up an average of 6% of cases.
- A proposal has been submitted to the NC EMS Administrators Association to present at the August Administrators' conference in Asheville with Agent Chris Brown of the SBI speaking on computer-based sex crimes. The March 2025 presentation was well attended and feedback received was very positive.

(d) Mr. Robert Poe gave the following Education report:

- AEMT and Paramedic Program Accreditation:
 - ✓ CoAEMSP and OEMS staff have had preliminary conversations to hold a joint webinar to assist AEMT programs seeking accreditation
 - ✓ Date to be determined
- North Carolina held the first ever combined AEMT and Paramedic accreditation site visit on April 28th and 29th – CoAEMSP is combining initial AEMT to coincide with Paramedic reaccreditation
- Over the next 12-18 months, CoAEMSP has scheduled 20-30 reaccreditation or initial site visits in NC
- Program Director Workshops for 2025 will be held in Asheville on August 5 and 6 at the NCAEMSA Summer Symposium and in Fayetteville on September 4 and 5 at the NCAREMS conference
- Courses ending May/June 2025

Level	Number
EMR	10

EMT	150
AEMT	21
Paramedic	34

- There are 634 eligible testers, between May 1 and June 12, at various levels. This number will increase as more courses are completed. A three year average (May 1 through June 30) of 1594 individuals a year
- The contract with Meazure Learning to administer te state credentialing exams has been approved and sent to Meazure Learning. This will be a 5 year contract and the anticipated cost will be \$85 to \$88. The exact cost and contract effective date will be released as soon as possible

(d) Mr. David Ezzell gave the following HPP update:

- Hurricane season officially begins June 1, 2025 and runs through November 30, 2025. The number of predicted storms is comparable to the 2024 season. Last year was a very busy year and this coming season is looking to be the same.
- Since the last Advisory Council meeting, we had several winter weather activations; three in January and February. Also, there were several wildfires in the west – Polk, Transylvania, McDowell, and Henderson. Multiple request for EMS unit support, as well as a medical support unit, was sent to provide responder rehab. North Carolina Forestry and the US Forest Service had set up a large base camp and were in need of help to care for the responders working these events.
- The final outstanding active mission from Hurricane Helen, in Ashe County, will be demobilized on June 18
- The past week has brought some severe weather to parts of North Carolina, as well as this morning HPP was tracking a waterline main breakage in Rockingham County impacting a hospital and nursing facility
- An emergency services showcase was held in Raleigh on April 17 in partnership with Emergency Management. Other partners included were Search & Rescue, HAZMAT, the North Carolina National Guard, State Highway Patrol and swift water. A key piece that was focused on this year was to bring out the General Assembly members. Legislative Affairs staff from the Department of Public Safety did an excellent job working with our NC Legislature to provide transportation so they could get out to the showcase and see some of thee assets and meet staff that provides service. DHHS Secretary Dr. Sangvai spent about an hour with staff and learned more about the assets and capabilities of the Mobile Disaster Hospital and the State Medical Response Team.
- ASPR is moving to the CDC. Not quite sure how it will work and ASPR currently has no additional information.
- The president’s proposed budget sees major funding cuts across multiple HHS organizations. The budget also eliminated several programs; the HPP grant was eliminated in the federal budget. It also eliminates the Medical Response Corp program and EMS for Children program. These were the three primary funding sources utilized by the HPP program as well as our Healthcare Coalitions. The elimination of these programs from the final

budget, new budget to start in October, will have a significant impact across the state.

- HPP has not yet received the annual HPP grant application for this coming year. Current funding ends 6/30/2025; therefore, contingency plans are being worked on, with focus on the OEMS' role in the Emergency Operations Plan, assuring they (OEMS) have what is needed to execute the parts they are responsible for in the EOP. There has been much discussion with Chief Mitchell, staff and the Division and there is confidence that OEMS will be able to fulfill those obligations and are working to be sure they have everything they need to do so.
- Weekly meetings are being held with HealthCare Coalition Leadership with regards to the defunding of the Hospital Preparedness Program. Contingency plans are being made even though there is not much information about what will be received. The program is trying to be transparent as possible with the limited information that has been received.
- Dr. Eric Toschlog, Advisory Council member representing the State Committee on Trauma asked if there was any rationale for the cuts. He said it sounds quite concerning from the standpoint of the ability to respond appropriately. Mr. David Ezzell responded he could not speak to the rationale for the cuts. In the federal budget, it was stated that they felt this should be the state's responsibility to fund these programs. However, state lawmakers are also looking at cuts to the state budget.
- Dr. Osi Udekwu, Advisory Council member representing the NC Medical Board voiced his concern that given his experience in both regulatory medicine, as well as trauma care, he has significant concerns this will impact negatively on patient outcomes in the event of emergencies. Mr Ezzell agreed, the program provides a valuable source, particularly with regards to field care during emergencies and disasters. Hoping to continue to provide this care as much as possible but the key is to be able to maintain funding for our staff and the coalition staff in order to do that.
- Ms. Rebecca Pittman, Advisory Council member representing the American Red Cross, is interested in having a follow up conversation with regards to the contingency plans with the state's EOP to be sure, as a partner entity, the American Red Cross can be as supportive as possible pending updates.

(e) Dr. Tripp Winslow gave the following Medical Director update:

- Working with regional specialists on a large number of protocol modifications that came through. Dr. Portela and the NCCEP created EMS protocol updates sometime last October. EMS systems are allowed time to push the changes through. As modifications have been submitted, they have been reviewed
- Many systems are continuing to implement blood. Recommendation was made to any system who give blood to review the latest article in April 2024 "Pre-Hospital Emergency Care" which gives a lot of very good evidence based guidance on the use of pre-hospital blood for trauma. The article gives some good parameters, especially vital sign parameters, and other indications for when to use blood. Blood is a very valuable resource so care should be taken when using with trauma patients.

- (f) Mr. Tom Mitchell gave the following agency update:
- This was the last year the Office of EMS held the EMS Expo at the Khoury Convention Center. EMS Expo 2026 will be held at the Benton Convention Center in Winston-Salem. Feedback from conference attendees requested a new venue and a new five year contract with he Khoury was approaching, so the decision was made to move the conference.
 - EMS week 2025 is May 18th through May 24th. This is the 51st year EMS Week has been recognized nationally. The theme this year is “We Care for Everyone” and EMS for Children Day will be recognized on Wednesday, May 21st.
 - Ambulance remount standards become effective July 1, 2025. The remount standards will be applicable to any vehicle where the contract was signed by the agency after July 1st. If it is signed prior to July 1st, the remount standard is not applicable.
 - Currently, rules are undergoing a periodic review to ensure they are in compliance with state requirements. OEMS is different than other sections because NC Administrative Code is updated regularly. Part of this process was seeking public input for 90 days on any rules that are detrimental to the public. The deadline for comments was Tuesday, April 15th and there was no public comment which indicates our rules are updated and effective for providers.
 - Samuel Kornegay was hired to fill the new Trauma Regional Specialist position. Samuel’s background is in EMS, EM and Fire in Eastern, NC. He has been in Administration with Lenoir County EMS. He will be working with trauma centers, non-trauma centers and EMS agencies to ensure that trauma patients are treated appropriately across the spectrum.
 - There are three retirements coming up, Wally Ainsworth will retire June 1, Randy Likens will retire July 31 and Heather Majernik will also retire on July 31st.
 - Currently, the legislation is in session and when HB219 and HB675 came up, we had a few questions from members of the Advisory Council inquiring about how they should respond. Conversations have been had with several members of the Council and, basically, the Advisory Council is much like the OEMS in that they must remain neutral and non-vocal with regards to bills that are going through the processes; However, associations that Advisory Council members represent can speak up that they feel they need to take a stance on, be it to agree or disagree. HP219 was introduced to do away with the ambulance franchise agreements that counties currently have. Basically, this is how the EMS System in North Carolina is set up; based upon the system concept. HB219 was introduced to do away with this, as well as take away the county’s ability to determine when an agency decides to increase their level of service within the system. HP675 garnered a lot of the EMS professional’s attention in regards to requiring OEMS to do initial credentialing under National Registry. Both bills are currently with a committee. The crossover date was last Thursday and these bills did not make crossover from the House to the Senate; therefore, currently they are void in their current form.

- HB975-EMS Personnel/Carrying pepper spray: this bill would allow EMS personnel to carry pepper spray openly or concealed while on duty, with no stipulations. It was requested that language be added to (1) prohibit discharge of pepper spray in patient compartment while ambulance is in transport to the hospital (2) require approval of EMS System/Agency administration and policy on its use, prior to being allowed to carry (3) require training on use equivalent to law enforcement standards. This language has been changed/inserted in the bill.

(g) Other business

Dr. Osi Udekwu asked if it would be appropriate for the Advisory Council to reaffirm the critical nature of the services provided by the North Carolina Medical Response System. Chief Mitchell advised by making a motion and putting these concerns in the minute, the information can then be passed on to the Secretary of DHHS, as there is some documentation that is currently being worked on that will go to the national level. The support of the Council is very welcome.

Dr. Udekwu then made a motion, with the help of Dr. Swanson, that the current disaster response system is an invaluable asset, promoting positive patient outcomes and withdrawal of Federal Support would diminish the capabilities of state response and result in adverse patient outcomes.

There being no further business, the meeting adjourned at 12:03 pm.

Minutes submitted by Susan Rogers