

NORTH CAROLINA EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

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

Virtual
August 12, 2025
11:00 A.M.

Members Present

Kim Askew, MD
Andrew Baird
David Glendenning
Barry Britt
Kimberly McDonald, MD
Brian Pearce
Todd Baker
R. Darrell Nelson, MD
Douglas Swanson, MD

Pascal Udekwu, MD
Jefferson Williams, MD
Gail Shue
Lyle Johnston
Sarah Rivenbark
John Grindstaff
Rebecca Pittman
Eric Toschlog, MD

Members Absent

William Atkinson, PhD
Viola Harris
Jim Gusler
Chuck Elledge
Roberto Portela, MD
Kevin Staley
Robert Poe
Jim Albright

Staff Members Present

Tom Mitchell
Susan Rogers
Todd Messer
McKenzie Beamer
Paul Anderson
Anthony Davis
Chuck Lewis
Toshiba Oates
Melynda Swindells
James Winslow, MD

James Hood
David Ezzell
Allen Johnson
James Caldwell
Samuel Kornegay
Amy Douglas
Heather Stanley Ferguson

Others Present

Alex Belanovich
Andrew Godfrey, MD
Brenda Agreda
Bryan Phillips
Candace Barker
Carr Boyd
Cassie Skivington
Chasidy Kearns
Christina Williams
Craig Carico
Dan Maffia
David Hyatt
Don Garner
Elizabeth Freeman
Emma Kate Burns
George Bell
Jenifer Simone
Jeremy Cabe
Joel Faircloth
Joshua Loyd
Justin Baugeuss
Justin Preddy
Kara Clarke

Karl Lynch
Karla Brown
Kim Miller
Melissa Leeds
Michael Gray
Mike Dixon
Pamela Lowther
Renee Bridges
Robert Bednar
Ryan Bayley, MD
Scott Wilson
Sheila Hardy
Shelby Ferry
Simon Dart
Stacey Thompson
Terri DeWees
Thom Schwalenberg
Thomas Nagel
Todd Doster
Tonya S. Clark
Trey Moyer

(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 Ms. Shue, seconded by Dr. Swanson, and unanimously approved that:

RESOLVED: The EMS Advisory Council minutes from the May 13, 2025 meeting be approved with one correction to show Dr. Eric Toschlog in attendance.

Explanation: Dr. Toschlog was inadvertently marked as in attendance and absent.

b) Motion was made by Mr. Baker, seconded by Ms. Gail Shue, and unanimously approved that:

RESOLVED: The NC EMS Advisory Council will meet in person once a year at the November quarterly meeting

(3) Other Actions of the Council:

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

- WakeMed Raleigh had a Focused Site visit on June 3, 2025. The hospital successfully demonstrated correction of their deficiencies from the June 2024 visit. Per the previous report to the Council, WakeMed Raleigh Hospital designation as a Level I trauma center has been extended to the full designation time, ending July 31, 2027. Additionally, their ACS verification has also been extended to July 2027.
- Moses H. Cone Hospital had a joint ACS/OEMS site visit on August 5 and 6, 2025. As of this date, the ACS report has not yet been completed. The report will be made at the November Advisory Council meeting.
- UNC Pardee Hospital has an initial Level III designation consultative site visit scheduled for September 17, 2025.
- HCA Mission Hospital has an initial Level I ACS/OEMS verification and designation site visit scheduled for September 25 and 26, 2025.
- Atrium Health Wake Forest Baptist Medical Center has a Level I ACS/OEMS verification and designation renewal site visit scheduled for October 28 and 29, 2025.
- Duke University Hospital has a Level I ACS/OEMS verification and designation renewal site visit scheduled for November 5 and 6, 2025.

(b) In Mr. Robert Poe's absence, Mr. Chuck Lewis gave the following Compliance report:

- For the timeframe of 5/1/2025 through 7/31/2025, the credentialing unit issued 2,334 credentials, with 277 at the Paramedic level (12%). Of the 277 Paramedic credentials issued, 150 were on a roster at the time the credential was issued (54%). Overall, there was an increase of 458 credentials in this timeframe compared to the same timeframe in 2024 and an increase of 15 Paramedic credentials from this same timeframe.
- Data shows the wait for issuing credentials is due to a delay in applicants submitting fingerprint packets. The NCOEMS staff is processing correct paperwork the same day received.
- Legal Recognition and Testing Programs:
 - ✓ 18 days when a federal fingerprint check is required
 - ✓ Same day if no federal fingerprint check is required
- Military:
 - ✓ Averaging same day turnaround
- SBI
 - ✓ 3 days to process fingerprint cards
- Primary reason individuals are reviewed by the NC EMS Disciplinary Committee is for violent charges, pending or convictions. This is an average of 25% of the cases
- Patient care issues made up an average of 10% of the cases
- Training/Outreach – The OEMS Education and Compliance units will collaborate to conduct training for educators and students. The following are scheduled at this time:

- ✓ San Juan Timmons (Central Regional Education Specialist) and Melynda Swindells (Compliance Manager) will be conducting a training for instructors at Fayetteville Technical Community College on September 3, 2025.
- ✓ Tonja Pool (Western Regional Education Specialist) and Melynda Swindells (Compliance Manager) will be conducting a training for EMT and Paramedic students at Tri-County Community College on September 9, 2025.

(c) In Mr. Robert Poe’s absence, Mr. Chuck Lewis gave the following Education report:

- CoAEMSP has scheduled 20-30 AEMT and Paramedic Program reaccreditations or initial accreditations site visits in North Carolina
- Final 2025 Program Director Workshops will be held at the NCAREMS Conference in Fayetteville on September 4th and 5th.
- The OEMS has secured a new five-year contract with Meazure Learning to administer the state credentialing exam. The exam fee will increase to \$88.00, for a minimum of five years. The increase will become effective on October 1, 2025. The fee increase will cover new job task analysis, new exam blueprint, development of new exams, all levels, and ongoing analysis and psychometric support. New job task analysis process is to begin mid-October.
- Meazure Learning has advised that valid unused vouchers will be honored until their date of expiration.
- Exam information added to the Office of Emergency Medical Services website will include:
 - ✓ How exams are created
 - ✓ Exam blueprint (range of questions per exam)
 - ✓ How the exams are structured
 - ✓ Sample exam items
 - ✓ Tips for studying and resource materials, etc.

This information will be live and short (1+/- min) video summaries will be added. These are in final review/revision.
- The National Association of State EMS Officials have adopted some new requirements for patient contacts for the Advanced EMT and the EMT student. Staff is reviewing information along with the request to increase minimum required hours for those courses. Those modifications are to be determined.
- Courses ending August 11th through September 30th, 2025 are as follows:

Level	Number
EMR	6
EMT	92
AEMT	9
Paramedic	18

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

- HPP hosted a statewide mass casualty incident exercise with Emergency Medical Services, Emergency Management, hospitals and Public Health. There were approximately 130 participants. The exercise was beneficial for learning the type of capabilities we have for large scale MCIs (mass casualty incidents).
- HPP also worked with Federal partners and ASPR who hosted a full scale exercise called National Tranquil Passport in early June. Worked on doing preparedness activities for a large-scale event. They utilized, for example, the World Cup with the US hosting. They moved a patient of suspicion with a high consequence pathogen from Canada to the US and then moved to RDU; the patient was transported using the biocontainment unit, developed by the feds, to UNC. It was a very successful exercise
- Working with Region IV partners on what the upcoming hurricane season will look like, particularly involving our EMAC (Emergency Management Assistance Compact). We have been having frequent work groups with our partner states, talking about supporting one another as much as possible, and exactly what that will entail. Additional resources may or may not be available this hurricane season
- Recent responses have been
 - ✓ demobilizing the clinic in Ashe County that was used during the aftermath of Hurricane Helene.
 - ✓ Participating in the IMT (Incident Management Team). DHHS created an IMT for the measles outbreak. Guidance was sent out to the EMS community regarding PPE utilization and the protocol for the measles outbreak, etc.
 - ✓ Active with the tropical storm Chantel response, particularly in the Orange, Durham, Alamance Counties and surrounding areas. There was quite a bit of disruption to water and sewage, some hospitals were impacted, as well as physician's offices, primary care facilities, etc. Worked with these facilities on re-routing patients.
 - ✓ There was a fire at a large (92 patient) long-term care facility. Patients had to be evacuated. Requested by Emergency Management on how to set up a State Medical Support Shelter for a few days to house patients until placement could be found. Placement was found faster, and we coordinated with Burke County for transporting the patients. Buses from Caldwell County EMS, Buncombe County EMS and Mecklenburg County EMS were utilized to transport all 92 patients and place them in appropriate facilities, all done within a 12-hour timeframe.
- Working on the HPP annual report. The first report was released last year to promote the program and outline its value. This year's report, along with last year's report, can be found on HPP.NC.gov
- Training and Exercise highlights:
 - ✓ In 2024, in total across the coalition and programs, there were 120 trainings hosted. Participation was up by 27% from over the first year. In total, 17,000 hours in training were provided last year
 - ✓ There were 162 unique responses over the calendar year; activated over 100 days with Hurricane Helene and that's just one of the 162 responses

- ✓ 758 assets of all types were deployed over the 162 responses. OEMS and Healthcare Coalition staff hours, physically supporting our partners, were 22,755
- ✓ Our NC State Medical Response System (SMRS), Medical Reserve Corps (MRC) and State Medical Assistance Teams (SMAT) provided 19,501 hours, which was over \$678,000 worth of value in hourly personnel time, from 552 staff roles
- Estimated value of response provided is \$3,231,241.33. This is approximately 25% above last year. Assets are being called on more and more
- Federally declared disasters in North Carolina have increased from 2001 to present substantially, however, funding continues to decrease
- Initially (2003), ASPR HPP federal funding was over \$13 million a year and it has decreased since with the most recent proposed funding of just a little over \$4 million with a projected outlook of \$0 for 2026-27 FY
- We have been advised we will receive \$4.2 million but as of this date, no funds have been released. There is no staff at the federal level to manage our contracts or grants; they are trying to find someone to do this at the federal level, however, until they can find personnel we cannot use the funds
- Federal HPP grants have been cut by 30% for FY2025-26 and is 100% restricted. We are monitoring the federal government shutdown, but as of now we have zero dollars for this fiscal year
- In the HHS budget and the president's budget, HPP has been eliminated for next year
- HPP Updates:
 - ✓ Healthcare Coalition host hospitals intend to support their staff through September 30, 2025. After that, it will be up to each hospital as to whether or not they will continue. Some hospitals have said they will continue, others said they may not be able to fund the positions due to budgetary constraints
 - ✓ HPP will begin to reduce staff on September 1st
 - ✓ Primary focus will be on emergency operations plan requirements/SMRS
 - ✓ OEMS is committed to maintaining our responsibilities when it comes to emergency response as best as possible with the support of the department and the division.

(e) In Dr. Tripp Winslow's absence, Mr. Tom Mitchell gave the following Medical Director update:

- Ultrasound has been officially approved as a skill for paramedics in North Carolina. The North Carolina College of Emergency Physicians (NCCEP) is currently working on finalizing the training requirements, types of exams, and performance improvement and oversight components. Once these are in place, paramedics will be able to perform point-of-care ultrasounds. This capability will be restricted to 911 agencies and critical care transport agencies when involved in patient transport, enhancing our assessment and management capabilities in emergency situations

- We are reviewing data that suggests oxytocin can potentially be utilized more often for women who give birth while under the care of EMS. We encourage all systems to follow up on this finding as part of their performance improvement processes to ensure we are providing the best care possible
 - Recently, a well-attended Medical Director update was held in Asheville. Our next Medical Director update will take place in March at the Administrator's Symposium. It's crucial for Medical Directors to stay current with their yearly update requirements
- (f) Mr. Tom Mitchell gave the following agency update:
- Amy Douglas was hired to fill the role vacated by Heather Majernik on July 31st. Amy was previously the Trauma Program Manager prior to Heather, and we are excited to have her back in that role. Amy started with the office on August 4th and was at the Mose Cone site visit on August 5 and 6
 - Samuel Kornegay, who was originally hired as a Trauma Program Specialist, which was a new position with the office, has been moved to the Eastern Regional Specialist position that was vacated by Randy Likens, who retired on July 31st. The reason for this move is due to the scrutiny being placed on new and vacant positions by the General Assembly as it works on the two-year budget. The Trauma Regional Specialist will remain open until we are able to fill it.
 - We currently have positions awaiting approval by Human Resources to fill the Central Regional Office Manager, that was vacated when Wally Ainsworth retired in June, and the Western Regional Office Manager that was vacated when Jeff Powell retired. Applicants have been interviewed, and we are awaiting approval to offer on both of these positions
 - We also have a vacancy created when Dale Sutphin left OEMS on June 15th to accept a job with the NC Forestry Service as their Chief Radio Engineer. Dale was the Communications Manager with OEMS. That position will remain open until we are able to fill it based on our needs.
 - The office will be moving to the new DHHS Headquarters, located at the corner of Blue Ridge Road and Reedy Creek Road. The projected move is scheduled for the week of September 22nd. The headquarters is an eleven-story building that will house all sections currently on the Dix campus. OEMS will be located on the 2nd floor with the rest of the Division of Health Service Regulations
 - Ambulance remount standards became effective July 1, 2025. The remount standards will be applicable to any vehicle whose contract was signed by the agency after July 1st; if signed prior to July 1, the remount standard is not applicable
 - Thirty-one bills were introduced in the General Assembly Legislative Long Session that would impact EMS Agencies. Seven of these bills made crossover and only two were signed into law by Governor Stein. The two bills signed into law were:
 - ✓ HB 763 – provides for occupational license recognition from certain neighboring states who establish residence in North

Carolina. No changes required by OEMS due to already having a legal recognition process for out-of-state licenses.

- ✓ HB 975 – allows EMS personnel to carry pepper spray openly or concealed while on duty, with no stipulations (House Committee). Language has been requested 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 and (3) require training on use equivalent to law enforcement standards. We will be working to determine changes needed to NC Administrative Code through the NC Medical Care Commission.

(g) Other business

Mr. Todd Baker made a motion to hold one Advisory Council meeting a year in person. Although virtual meetings work well, there is some benefit in meeting in person. The Council has not met in person for approximately five years. Mr. Baker suggested the November meeting would probably be the best time for an in person meeting, as February weather may prevent our Western members to not be able to make it and the May meeting is close to the state conference when people are already traveling a lot.

There being no further business, the meeting adjourned at 11:53 am.

Minutes submitted by Susan Rogers