

MEETING AGENDA

DIVISION	Public Health – Bureau of Emergency Medical and Trauma Services		
MEETING TITLE	Emergency Medical Services Advisory Committee (EMSAC)		
FACILITATOR	Dr. Kathryn Dierks, EMSAC Chair		
DATE	04/09/2025	TIME	1300-1600
LOCATION	Microsoft Teams ONLY		

MEETING OBJECTIVES

The EMS advisory committee shall advise the director and develop policy recommendations concerning the regulation, administration, and coordination of emergency medical services in the state.

MEETING PARTICIPANTS (Voting Members)

<i>Name</i>	<i>Organization</i>	<i>P/A/E</i>
Dr. Brian Meeker	Iowa Osteopathic Medical Association	A
*Dr. Kathryn Dierks-Chair	Iowa Medical Society	P
Dr. Brian Paul Jennett	American College of Emergency Physicians	P
*Dr. Nathan Shaw-Vice Chair	Iowa Academy of Family Physicians	P
Dr. Sven Steen	University of Iowa Hospitals & Clinics	A
Dr. Anthony Carter	American Academy of Emergency Medicine	P
Dr. Amy Groen	American Academy of Pediatrics	P
Dr. Nicola Preston	NAEMSP, Iowa Chapter	P
Amanda Sieve PA-C	Iowa Physician Assistant Society	P
Paul Ganss	Iowa EMS Training Program Association	P
Christina Peterson	Iowa Nurses Association	A
Kelby Eck	Iowa Hospital Association	A
Jamey Robinson	Iowa State Association of Counties	P
Gene Evans	Iowa Firefighters Association	P
Mark McCurdy	Iowa Firefighters Association	A
Ben Kurka	Iowa Professional Firefighter Association	P
Jeff Messerole	IEMSA-Provider	P
Julie Kemp	IEMSA-Volunteer Provider	P
Sandra McIntyre	IEMSA-Private Service	A
Vacant	Volunteer Provider-At Large	-
Traci Smith	Volunteer Provider-At Large	A

MEETING PARTICIPANTS (Guest)

<i>Name</i>	<i>Name</i>	
Regan Aeschliman	Margot McComas	
Dr Ahmed	Gary Merrill	
Kari Catron	Patrick Mooney	
Mary Chwirka	Vicki Petersen	
Travis Clark	Jules Scadden	
Katie Dekker	Katie Schlichting	
Jacob Dodds	Terry Smith	
Sarah Eason	Dr. Stilley	
Paul Elmore	Dr. David Thomas	
Nicolas Foss	Steve Vandenbrink	
Joel Knutson	Neil Wellner	
Jody Koffman	Jamie Wuebker	

AGENDA TOPIC

ITEMS

Introductions and welcome	<ul style="list-style-type: none"> • Call meeting to order & establish quorum (minimum of 11) <ul style="list-style-type: none"> ◦ Quorum established
Review of Agenda	<ul style="list-style-type: none"> • Call for additions to agenda <ul style="list-style-type: none"> ◦ No additions
Review of Minutes	<ul style="list-style-type: none"> • Review/approval of Jan 2025 EMSAC draft meeting minutes <ul style="list-style-type: none"> ◦ Jamey Robinson motioned, seconded by Dr. Jennett, no one opposed. Minutes approved with no changes.
Old Business	<ul style="list-style-type: none"> • Bylaws <ul style="list-style-type: none"> ◦ Discussion was had on the 2 new positions added to the voting members. Some clarification was given that these 2 new positions were added at the suggestion from administration based on the last NHTSA assessment. We have not started to look for individuals yet. ◦ Initially Jeff Messerole motioned, Paul Ganss seconded. More discussion was had on the 2 groups as some questioned if those organizations listed was the name of the actual organization. This initial motion was voted down. ◦ A second motion was made by Jamey Robinson, Dr Bennett seconded to accept the bylaws with the note that the 911 community and the state medical examiners office community groups will be clarified to a

	specific group before the next meeting. No one opposed approval with edits.
New Business	<ul style="list-style-type: none">• Administrative Changes<ul style="list-style-type: none">○ We have 4 changes that will be listed below in the Bureau's Staff Update Report and in the Medical Director Report• Waiver Process<ul style="list-style-type: none">○ This process, mainly used by the Training Programs, is changing. It will no longer be a BEMTS decision, it will go through the HHS system and be approved or denied by Director Garcia. This process will not be as quick of a turn-around as it was in the past. Katie will help with this process if needed.• New Admin Rules<ul style="list-style-type: none">○ After Red Tape review is done, BEMTS will go through and look at things even closer. For example, changing the language in 131.3(1)d Two completed fingerprint cards for background checks to reflect our current practice. Currently unsure if we'll be able to make many changes, but we always welcome communication from this team.• Red Tape Review<ul style="list-style-type: none">○ 641-131 & 641-132 is set to be done with Red Tape Review May 1, 2025.• QASP Discussion<ul style="list-style-type: none">○ The current subcommittee (Quality Assurance Standards & Protocols) was looking at things that were also being looked at on a national level. We are looking at combining System Standards Committee & QASP to form a new committee Quality Improvement & System Development Committee. Members of this subcommittee do not have to be part of EMSAC so if you know anyone that would be a quality member, please get the names to Gary, Dr. Dierks, or Katie.• Annual Report<ul style="list-style-type: none">○ Gary presented a quick overview of the 2024 annual report that is currently on BEMTS website.
Bureau of Emergency Medical and Trauma Services: · Legislative Update · Bureau Update	<ul style="list-style-type: none">• Legislative update report by Margot McComas:<ul style="list-style-type: none">○ On February 18th, the Governor signed Senate File 418 into law. This law equates sex to gender and disallows public health to collect data related to gender. Therefore, the EMS registry will be updated to remove Gender from the allowable fields starting by July 1, 2025. Please contact Terry Smith with any questions

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| <ul style="list-style-type: none">· CARES Update· PHEP-HPP· Bureau Staff Update· Law Enforcement AED· FR-CARP· Data Reports· CHEMPACK· EMS-C | <ul style="list-style-type: none">○ On March 28th, the Governor signed Senate File 42 into law. This law explicitly states that 422D fund monies can be utilized for salaries or wages of EMS providers providing emergency medical services○ A bill related to Ground Emergency Medical Transportation program expansion, House File 977, is still moving through the legislative process. This bill requires HHS to employ dedicated staff to expand enrollment in the GEMT program. If passed, this work will come out of the Medicaid Division● Bureau Staff update report by Margot McComas:<ul style="list-style-type: none">○ The Bureau of Emergency Medical and Trauma Services has an exciting announcement. The Public Health Division has gone through some realignment with the reintroduction of two bureaus back from community access: Nutrition and Physical Activity and the Family Health Bureau have rejoined the public health division. As part of that reintroduction of the bureaus and assessing workload on our Operations Deputy, Ken Sharp, two new positions were added to the table of organization to add capacity at the division administrator level and offload some administrative burden. The divisions of Health Promotion and Prevention and Health Protection were formed○ As of February 2025, Margot McComas stepped into the role of Division Administrator for the Health Protection Teams○ I am excited to announce that starting April 11, Brad Vande Lune will be the chief for the Bureau of Emergency Medical and Trauma Services. Brad has over 20 years of EMS experience and 7 years as team member of BEMTS. Please help me in welcoming him to the role. I have very much appreciated serving as the bureau chief for our BEMTS programs over the past two and a half years and look forward to continuing to support Brad in his role as the Division Administrator for Health Protection Programs○ Additionally, Lisa Lampe, BEMTS administrative assistant is Retiring effective April 30. We hope you join us in wishing Lisa a happy retirement● CARES update report by Margot McComas:<ul style="list-style-type: none">○ Iowa is reporting as a state to the CARES registry. So far, 367 cardiac arrest incidents have been reported to CARES. The EMS Data Manager is providing support to the CARES team and mitigating any data transfer issues. |
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- PHEP-HPP report by Jody Koffman:
 - We have just wrapped up our request for proposal process. That is a competitive contract process where Iowa hospitals, local boards of health, and local boards of supervisors can apply to hold contracts with our Bureau for our five-year project to complete preparedness activities. A notice of award has been issued to 8 public health entities and then 6 (1 hospital and 5 public health) on the hospital side. Currently working on our federal application on the PHEP side so we won't truly enter into a contract with these organizations until we have submitted our federal work plans and have secured that.
 - On the HPP side, ASPR has been absorbed by the CDC, so we have not seen anything from the HPP program regarding an application, so we are still waiting on that.
 - We still have the Stop the Bleed initiative going. We are continuing to work with schools to place kits in schools, school buses, community buildings, libraries, etc. We're encouraging training across the state and then looking at ways we could potentially grow that for next year.
 - It's also exercise season for us so our local service areas across the state are exercising a variety of scenarios. Some of them do it on their own & others hire it out to some private contractors but they are working through natural disasters with the biological and chemical component, so we are that all over the state this spring traveling going to exercises.
 - We do have some EMS deliverables. There are 3 documents that are turned in every year all in the spirit of continuous improvement. An assessment is filled out then they review and talk about any goals that they may have or gaps that they want to address and then they continue to work on those. We are looking at our contract language and then looking at the documents that are sent out to local EMS and making sure it's very clear and concise and that the language matches, so it makes it a little bit easier for them to go ahead and meet that requirement.
- Law Enforcement AED update report from Neil Wellner:
 - 142 deployments to date
 - Working on 2024 Data Collection for project report
 - Updating agency contracts
 - Recognition letters sent to agencies for 2024 deployments

- FR-CARP report by Regan Aeschliman:
 - Currently in year 2 of 4-year project period
 - Supplies sent to participating EMS agencies:
 - 808 IV doses
 - 404 2-dose IN kits
 - Working with a few participating agencies to launch secondary distribution and create a plan to roll out this initiative to all other EMS agencies interested
- Data Reports by Terry Smith:
 - As mentioned, CARES as of late last week there was 367 incidents submitted to CARES by 214 services. All those services have their EMS incident form ready for submitting to CARES. Originally, I was going to finish up with anyone had a custom form in the state and then move on to people who use third party vendors but now I'm leaning towards going after the third-party vendor users because of the gender sex element that's being modified coming up so I might just kill two birds with one stone as far as that goes. That will probably be a couple months before that gets completed.
- CHEMPACK update report from Katie Dekker by Katie Schlichting:
 - We hired Teresa Higginbotham as our MCM Coordinator. I am training her to take over CHEMPACK as primary, but I will remain involved as the secondary.
 - Currently, we have discussed with locals about establishing a subcommittee for CHEMPACK. There is a high favor to include members of the MCM Subcommittee along with the CHEMPACK cache sites, in efforts to collaborate with fundamental players and resources.
 - Additionally, for future activities, we will be conducting site visits and exercises. We currently have continued to meet with coordinators and service areas to educate them on what CHEMPACK is and the process for accessing it.
- EMS-C report by Vicki Petersen:
 - The program has received 45% funding for the year, hoping for the rest but obviously it's a time of change, so I'll keep you posted. 45% should get us through about six months and hopefully they'll be support from HRSA after that.
 - Working on a couple of things. One thing is a mannequin program for training. This is something that was funded mostly through last budget year that recently concluded. I have purchased mannequins

	<p>through the program for each of the 8 service areas in the state. There's an infant and a child mannequin that is about the age of 5. The point of them is to provide them through our PECC program which has grown to about 680 members. The pediatric emergency care coordinators are people in the state who are interested in pediatric topics, and I send out information to them. Through that program, I'd like to provide those mannequins for services or hospitals ED's to check out and use at no cost to help facilitate their pediatric training. I found in my interactions with agencies and even hospitals that pediatric training equipment is kind of scarce. They are BLS and ALS mannequins so you can do CPR, you could practice ventilation, they do oral and nasal Airways, you can also do intubation. The infant mannequin is NRP certified so it can be used to teach an NRP course. It has a functional umbilicus, and it has functioning fontanelles, you can practice IO and IV on these mannequins. A few arms and legs are on back order and once those are all put together, then I will get them out to the service areas and they can be checked out.</p> <ul style="list-style-type: none">○ The hospital recognition program recognizes our hospitals for being prepared to provide emergency care for kids. We recognized the 13th hospital a couple weeks ago! Gunderson Palmer Lutheran Hospital was recognized for pediatric readiness! 13 is great and we've got a bunch more going through the process so if you have any interest in that program and you like more information please reach out.
<p>Organizational Reports:</p> <ul style="list-style-type: none">· CP-MIH Sub-Committee· EMS Training Program Sub-Committee· Iowa EMS Association· Medical Director· Pilot Projects· QASP Sub-Committee	<ul style="list-style-type: none">• CP-MIH report by Dr. Thomas Striegel/Fiona Johnson/Jacob Dodds:<ul style="list-style-type: none">○ Jacob will be meeting with the co-chairs on April 18th and will be finalizing a meeting schedule for the year so they can get this project active again. They will send an email out to the mailing list they have ones those dates have been finalized.• EMS Training Program report by Paul Ganss:<ul style="list-style-type: none">○ The SMC for the EMR/EMT seems to be going well. There's about 10 Training Programs that submitted waivers to use the new SMC instead of the psychomotor exam. We have not heard of any major problems. We are happy with the outcome of that project.○ There are 2 work groups. One is looking at the pass rates. The other one is establishing the exceptions curriculum for healthcare providers to be granted an

- EMS Physician Workgroup
- System Standards Sub-Committee
- TSAC (Trauma System Advisory Council)

exception to function as an EMT or paramedic. We'll hear a report out on that group tomorrow at the Training Program Association meeting. There is a draft curriculum put in place at both the BLS and ALS levels. One of the nice things about that is, we did have collaboration from the Bureau, and we had an EMS physician involved. Those 2 helped watch over & provided some feedback, which was very helpful for the group.

- There's a campus out in Maryland called the National Fire Academy and it's not the typical fire Academy where they teach fire suppression. It's been referred to as the West Point of Fire and EMS. I send my staff out there. The program offerings are offered at no cost, lodging is no cost, and if you're a governmental entity they'll pay for your travel out there. It's a great EMS resource. Unfortunately, it became victim of the federal cuts back in March and so they've unfortunately cancelled all the classes on until further notice so that's a big training resource that both Emergency Management and Fire and EMS have lost. I know there's a lot of pushbacks on it, we'll see what happens. They say it was temporary so hopefully this summer we'll see the classes resume.
- Iowa EMS Association update report by Jeff Messerole:
 - This is the quiet time of year for them after the big conference in November. They do have a new web page; it still is IEMSA.net but the design is different. The information flows a little differently.
 - They are advertising their upcoming EMS and billing conference on August 12th and 13th at the Hilton Gardens in West Des Moines. They are wanting to get the word out on that as well as their convention and trade show November 13th through the 15th at the Iowa Event Center in Des Moines.
- QASP report by Jeff Messerole:
 - Nothing to report. See above discussion in the New Business
- Medical Director report by Dr. Ahmed:
 - There are many good things happening at the Bureau. The key items we're working on is our strategic plan for the Bureau for the next 5 years. It is very important and that's going really well.
 - We're also working to update the scope practice. We had a very intense work session just recently to go over

things. We will continue working on it and refining it. It'll be available for public comment at the appropriate time.

- All in all from the medical director standpoint, I'd like to report that that things are going well. Progress is being made with the association with the EMS fellowship at the University of Iowa.
- This will be my last EMSAC meeting. I am resigning as the Medical Director of the Bureau of Emergency Medical & Trauma Services effective June 30th, 2025. I'm leaving the University of Iowa after being on the faculty here for 20 years. I've been selected as the founding head of Emergency Medicine at the University of Oklahoma at the Health Sciences Center in Oklahoma City. They're essentially leading the development of an academic department of emergency medicine which will include a residency program, additional training programs like fellowships, developing the faculty, and hopefully elevating emergency medicine in the state of Oklahoma. I want to thank everybody for the many years of working together and until later, thank you!
- Pilot Projects by Jacob Dodds:
 - Des Moines Fire and West Des Moines EMS are doing a pilot project with regards to prehospital blood administration. The science regarding the benefits of Pre- Hospital blood administration is pretty well established and settled but the real trick to it is determining the operational and infrastructure side of running a prehospital blood program. From the bureau's perspective, I think that was the biggest hurdle that we saw to implementing great hospital blood administration in the State of Iowa, so I have to commend Des Moines Fire Department and West Des Moines EMS for the amount of work they did leading up to their application. They did a significant amount of research, provided a lot of scientific data to back up what they wanted to do. While most of our pilot projects focus on evidence-based practice and determining whether or not there needs to be an adjustment to the scope of practice, we already know the answer to that question, so their project is primarily going to focus on developing sort of the road map for how to institute a blood program in the EMS environment. That is going to be what their focus is; figuring out what the hurdles are, the roadblocks, and the successes and pitfalls of setting up the infrastructure to administer pre-hospital blood. It has already gone all

the way up to the highest levels of HHS for approval. I expect that within the next few months they'll be starting that program and we're looking forward to seeing what they learned from it so that when this becomes an option for Iowa EMS providers, we have a good road map. This has been a topic that has been out in the EMS world for a while. We get a lot of questions about this from EMS providers about when this is going to be added into the scope and different things like that but the thing that I want people to keep in mind is that there has been a lot of work that these two organizations have done to establish the infrastructure needed to run this type of program. While this is going to be a game changer for EMS, unfortunately I think with the infrastructure and upfront costs associated with it, it's still going to remain out of reach to a lot of EMS programs in Iowa. Nonetheless, we're excited to have a road map as to how to get these things established. There'll be more to come as they get that program up and operational.

- EMS Physicians report by Dr. Carter:
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- System Standards report by Gary Merrill:
 - Nothing to report
- TSAC report by Jill Wheeler:
 - Trauma rules anticipated to be released June 1, 2025:
 - [641.134](#) Trauma Care Facility Categorization and Verification
 - [641.135](#) Trauma Triage and Transfer Protocols
 - [641.136](#) Trauma Registry
 - [641.137](#) Trauma Education and Training
 - [641.138](#) Trauma System Advisory Council
 - ACS Trauma System Consultation scheduled for September 22. Several EMS stakeholders have been invited to participate. Formal RSVPs will be sent at a later date.
 - The Stop the Bleed course has been updated – content is largely the same; registered instructors have access to the new materials in the instructor portal.
 - Updated ATLS (11th edition) course is expected to be launched this July. One of the big changes is the **xABCDE** algorithm to emphasize emergent hemorrhage control.
 - Next TSAC meeting April 15th

	<ul style="list-style-type: none">○ May is National Trauma Awareness month with National Stop the Bleed Day on May 22
· Other	<ul style="list-style-type: none">• Please edit Dr. Dierks email to kathryn-dierks@eciac.org• Dr. Foss will be added to the next EMSAC meeting to discuss what he's been working on.
Announcements and Adjournment	<ul style="list-style-type: none">• Jamey Robinson motioned to adjourn. Dr Jennett seconded.• Next meetings for 2025:<ul style="list-style-type: none">○ July 09, 2025○ October 08, 2025