

**NASEMSO Board of Directors Meeting
Monday, October 6, 2014
Cleveland Public Auditorium, Ohio**

Meeting Record

PRESENT

Chris Bell (VT), East Region
Dennis Blair (AL), Secretary
Gary Brown (VA), Treasurer
Jim DeTienne (MT), President
Dave Edwards (VA), Pediatric Emerg Care
Brett Hart (TX), Educ & Professional Stds
Randy Kuykendall (CO), Past President
Joe Nelson M.D. (FL), Medical Directors
Paul Patrick (UT), President-elect
Rob Seesholtz (TN), Trauma Managers
Paul Sharpe, Data Managers
Kyle Thornton (NM), West Region
Keith Wages (GA), South Central

ABSENT

ALSO PRESENT

Rachael Alter, Program Manager
Beth Armstrong, Executive Vice Pres
Greg Brown (AR), Air Medical
Drew Dawson, NHTSA
Sue Denston, Meetings Manager
Beth Edgerton M.D., EMSC
Joe Ferrell (IA), Educ & Professional Stds.
Dia Gainor, Executive Director
Mary Hedges, Program Manager
Joe House (KS)
Kevin McGinnis, Program Manager
Susan McHenry, NHTSA
Tee Morrison-Quinata, EMSC
Tom Nehring (ND), Rural EMS
Kathy Robinson, Program Manager
Peter Taillac M.D. (UT), Medical Directors
Donna Tidwell (TN)

CALL TO ORDER / AGENDA REVIEW

President Jim DeTienne called the meeting to order at 5:03 pm and self-introductions were made with a quorum present. The Agenda was reviewed and discussion items were added by the Medical Directors Council for Board action including ACOEP liaison, and Role of State EMS Director Position Statement.

SECRETARY'S REPORT

ACTION: Dennis Blair moved, seconded by Paul Patrick to approve the September 11, 2014 Meeting Record. The vote was unanimous and the motion carried.

TREASURER'S REPORT

- **2015-16 Draft Budget** - Treasurer Gary Brown presented the projections including a dues increase of \$250 to \$1,750 for state EMS office dues, includes revenue from new CAP6 and CAP7. He notes that the current version is balanced.

ACTION: Joe Nelson moved, seconded by Kyle Thornton to recommend that this budget be approved by the membership on Thursday. The vote was unanimous and the motion passed.

PRESIDENT'S REPORT

President DeTienne asked that the Board think about additional formalization of its "Meeting Decorum Guidelines" addressing closed sessions.

EXECUTIVE DIRECTOR'S REPORT

Dia Gainor reported that three NASEMSO projects have been completed recently including Model Clinical Guidelines, EMS Preparedness Improvement Recommendations and Recognition of EMS Personnel Licensure Interstate Compact. There are six that are currently in progress including CAP1 that provides core "Support for National and State EMS Programs," CAP5 "Education Agenda Implementation," CAP6 "Transition of Military Personnel to Civilian EMS," CAP7 "EMS Performance Measures," CAPX "Statewide Implementation of Evidence-based Guideline", and "EMS Model Rules for Ambulance Vehicle Design."

She shared that NASEMSO has submitted paperwork for two additional projects, CAP8 and CAP9 to embed EMS Fellows in state highway offices. Susan McHenry mentioned that these proposed projects are currently on hold.

ANNUAL DISCLOSURES AND RECOMMENDATIONS FROM MANAGEMENT FIRM

Beth Armstrong reported that Association and Society Management International is accredited under an ANSI standard for association management companies. The ANSI standards require that management firms document certain disclosures and recommendations. Armstrong made the following recommendations for NASEMSO leadership consideration:

- Conduct an annual evaluation of ASMI according to the contracted scope of work (*this will be done in executive session at the Annual Board Retreat*).
- Review an annual work plan (*it was noted that this will occur during the Board Retreat*).
- Secure an independent review or audit of all financial transactions and records by a qualified third party (*it was noted that an A-133 audit is conducted each year due to NASEMSO receipt of federal funds in excess of \$500,000*).
- Secure General Liability and Association Professional Liability Insurance Policies (*it was noted that NASEMSO maintains this insurance*).

Armstrong made the following disclosure of all income the preceding fiscal year from hotel and other commissions, finder's fees and any other sources:

- \$14,801.60 was received from hotel room commissions for the 2013 Annual Meeting in Nashville, the Mid-Year Meeting in Orlando and the Board Retreat in Alexandria.
- ASMI policy allows its employees to retain frequent flyer traveler points from travelers and hotels for personal use.

ACTION: Dr. Joe Nelson moved, seconded by Gary Brown to accept the disclosures and recommendations. The vote was unanimous and the motion carried.

ACTION ITEMS

- **NASEMSO Bylaws** – Paul Patrick suggested that bylaws changes be acted upon this week as circulated 30 days in advance. He asked that other changes be considered during the Mid-Year Meeting including the suggestion to relieve the treasurer of the satisfaction survey, and the suggestion that only dues-paying states have the right to vote. It was noted that no one present felt the need to conduct the survey.

ACTION: Gary Brown moved, seconded by Dr. Joe Nelson that the amendments as circulated by recommended to the membership this week. The vote was unanimous and the motion carried.

- **NASEMSO Council Officer Positions** – it was noted that staff produced a generic reference document helping councils understand the roles and responsibilities of their leadership positions.

ACTION: Brett Hart moved, seconded by Rob Seesholtz to approve this document. Regional representatives should be added to the list.

- **ACEP/RedFlash Group EMS Strong Campaign**– Dia Gainor presented a proposed association partnership agreement.

ACTION: Dr. Joe Nelson moved, seconded by Gary Brown to enter the partner agreement. The vote was unanimous and the motion carried.

- **CoAEMSP Board, New Standards and Programs Update** – Donna Tidwell asked the Board to carefully review proposed standards changes and provide comment. As a CoAEMSP sponsoring entity, NASEMSO will need to cast a vote on the changes.

ACTION: Dr. Joe Nelson moved, seconded by Chris Bell to support continued ROC funding. The vote was unanimous and the motion carried.

- **Rural EMS Leadership Meeting** – Tom Nehring shared plans for a May 5-6, 2015 meeting in Cheyenne, WY. JCREC is taking the lead to produce it. They are currently finalizing the program. He asked the board to consider a \$5,000 donation.

ACTION: Dr. Joe Nelson moved, seconded by Paul Sharpe to provide the funding for the event. The vote was unanimous and the motion carried.

- **Liaison with American College of Osteopathic Emergency Physicians (ACOEP)** – the Board consented for a liaison appointment to be made; the Medical Directors Council will suggest an appointment.
- **Position Statement on the Role of State EMS Medical Director** – Dr. Joe Nelson presented the recommended draft updates to the Board.

ACTION: Dr. Joe Nelson moved, seconded by Gary Brown to endorse the updated statement. The vote was unanimous and the motion carried. (See Attachment 2.)

- **EMS Agency Mailing List** – regional representatives were asked to use the list of non-responding states published on the agenda and help recruit response.

NASEMSO FUTURE MEETING PLANNING

- **2014 Board Retreat** – December 11-12 in Alexandria, VA.
- **2015 Mid-Year Meeting** – April 20-22 in San Antonio, TX.

NEW MEMBER INTRODUCTION ASSIGNMENTS

President DeTienne made the following assignments:

- **Mark Miller (AK)** – West Region
- **Joseph House (KS)** – Greg Brown
- **Donnie Woodyard (LA)** – Keith Wages
- **Marvin Helmker (MI)** – Jack Fleeharty
- **Steve Tafoya (NV)** – West Region
- **Dana Selover (OR)** – West Region
- **Robert Wronski (SC)** – Dennis Blair
- **David Sweeney (USVI)** – South Central
- **Jennifer Ullsvik (WI)** – Jack Fleeharty

OTHER BUSINESS

- **NHTSA Safe Transport Guidelines** – Dave Edwards shared that there was a resolution approved by the Pediatric Council today to be presented to the membership for action on Thursday.

ADJOURNMENT

There being no further business, the NASEMSO Board Meeting adjourned with unanimous approval at 7:00 p.m. at the motion and second of Paul Patrick (UT) and Gary Brown (VA).

Attachment 1: NASEMSO 2015-16 Budget

Attachment 2: Role of the EMS Medical Director – Position Statement

Meeting Record respectfully submitted by NASEMSO EVP Beth Armstrong.

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Attachment 1: NASEMSO 2015-16 Draft Budget (and 2014-15 YTD Actuals)

<i>July 1 - June 30 Fiscal Year</i>	2015-16 Budget Draft @ 10/06/2014	2014-15 Actual as of 08/31/2014	2014-15 Budget Adopted 09/27/12
INCOME FROM OPERATIONS			
Dues - Associate Member (\$250)	6,000	5,750	5,000
Dues - Corporate Member (\$2,000)	18,000	16,000	16,000
Dues - State Ofc Package (\$1,500+250)	78,750	55,500	67,500
MD Council RegFees	0	0	0
Annual Meeting	90,000	20,835	80,000
Exhibit	50,000	17,050	45,000
Mtg Sponsorships	15,000	6,000	10,000
Mid Year Meeting	25,000	240	20,000
Labels/Monograph/Other/Royalties	500	0	1,000
Federal Contracts/Projects Receipts	1,063,374	84,310	701,961
State Travel Funds	0	0	0
Total Income from Operations	1,346,624	205,685	946,461
OTHER INCOME			
Interest/Dividend	15,000	1,198	7,000
Realized Gain/Loss on Investments	0	3,225	0
Unrealized Gain/Loss	0	0	0
Total Other Income	15,000	4,424	7,000
TOTAL INCOME	1,361,624	210,109	953,461
ADMIN / OPS EXPENSES			
Management Fee	250,395	38,799	238,471
Management Incentive	20,000	0	0
Insurance	500	0	1,000
Accounting Fee	2,000	0	2,000
Investment Fees	7,500	1,483	5,000
Office Supplies	1,000	50	1,500
Telephone/fax	3,000	0	3,000
Postage	500	0	500
Printing/copying	500	0	500
Membership Mktg	500	51	750
Committee/Liaison Support	9,000	974	40,000
Exp. For State Travel Funds	0	0	0
Board Retreat	11,729	0	30,500
Credit Card Process Fees	6,000	1,634	9,500
Donation - EMS Mem Svc	1,000	0	1,000
Web Site	12,000	6,883	12,000
Staff Travel	5,000	833	7,500
Miscellaneous/monograph/list prod.	1,000	0	1,000
Admin/Ops Subtotal	331,624	50,706	354,221
Federal Projects Expenses	925,000	134,590	596,667
Annual Meeting Expense	75,000	3,424	75,000
Annual Meeting Member Travel	10,000	0	0
Mid Year Meeting Expense	20,000	0	20,000
EXCESS/(DEFICIT)	0	21,389	(92,427)
Net Assets Beginning of Year		958,873	-
Change in Net Assets		21,389	-
Net Assets End of Year		980,261	-

Attachment 2: Role of the State EMS Medical Director

Position Statement

A Joint Statement by the American College of Emergency Physicians (ACEP), the National Association of EMS Physicians (NAEMSP), and the National Association of State EMS Officials (NASEMSO)

Dedicated and qualified medical direction is required to ensure safe and quality patient care. Medical direction is a fundamental element of the emergency medical services (EMS) system. It is essential that the lead agency for EMS within the fifty states, the District of Columbia, Puerto Rico, the territories of Guam, the Virgin Islands, American Samoa, and the Commonwealth of the Northern Marianas Islands, has a state EMS medical director.

The state EMS medical director provides specialized medical oversight in the development and administration of the EMS system and is an essential liaison with local EMS agencies, hospitals, state and national professional organizations, and state and federal partners. The state EMS medical director provides essential medical leadership, system oversight, coordination of guideline development for routine and disaster care, identification and implementation of best practices, system quality improvement, and research. The state EMS medical director is essential to the comprehensive EMS system at the local level by promoting integration of direct and indirect medical oversight for the entire emergency health care delivery system.

The state EMS medical director should be a physician with extensive experience in EMS medical direction and an unrestricted medical license within the state. Ideally, the state EMS medical director will be board-certified in emergency medical services or emergency physician medicine. Optimally, the state EMS medical director will be a full time position.

State EMS medical direction requires political, administrative, and financial support to achieve these goals. The foundation of the relationship between the state EMS lead agency and the state EMS medical director, including the job description, responsibilities and authority, should be clearly defined within legislation, regulation, or a written contract. The state EMS medical director should be provided with mutually agreed upon compensation for services, necessary materials and resources, and liability protection specific to the unique duties and actions performed.

In summary, ACEP, NAEMSP, and NASEMSO strongly encourage the establishment of a ~~regular full-time~~ position for a state EMS medical director in all fifty states, the District of Columbia, Puerto Rico, the territories of Guam, the Virgin Islands, American Samoa, and the Commonwealth of the Northern Marianas Islands.

*Approved by NASEMSO Executive Committee and NAEMSP Board of Directors 2/12/09
Revised version approved by NASEMSO Board of Directors 10/6/14.*

This position statement replaces the 2005 ACEP/NAEMSP/NASEMSO position statement: Role of the EMS Medical Director. *Prehosp Emerg Med.* 2005; 9:338.