

Sunset Public Hearing Questions for
EMERGENCY MEDICAL SERVICES BOARD
 Created by T.C.A. § 68-140-303
 (Sunset Termination June 2016)

1. Provide a brief introduction to the Emergency Medical Services Board, including information about its purpose, statutory duties, staff and administrative attachment.

The Emergency Medical Services Board (“Board”) was created pursuant to T.C.A. § 68-140-303 of the Emergency Medical Services Act of 1983. As the government body responsible for overseeing the provision of emergency and pre-hospital health care in Tennessee, the Board has a range of powers and duties, including but not limited to the power to approve schools and curricula; promulgate regulations, establish qualifications for licensure; establish minimum standards for services, vehicles and personnel; issue orders and discipline licensees.

2. Provide a list of current members of the board and explain how membership complies with Section 68-140-303, *Tennessee Code Annotated*. Are there any vacancies on the board and, if so, what is being done to fill those vacancies?

Emergency Medical Services Board – Current Members

Board Member	License	Grand Division	How Board Member Complies with T.C.A. § 68-140-303(b)
Dr. Christopher Brooks Ethnicity: White Gender: Male Age: 62	MD	East	One (1) of two (2) licensed physicians under T.C.A. § 68-140-303(b)(1), and one (1) of four (4) residents of the eastern grand division under T.C.A. § 68-140-303(d)(2)(A)(i)
Jeffrey L. Davis Ethnicity: White Gender: Male	PM	West	One (1) of two (2) operators of ambulance services, each of whom maintains licensure as emergency medical services personnel under T.C.A. § 68-140-303(b)(5), and one (1) of four (4) residents of the western grand division under T.C.A. § 68-140-303(d)(2)(A)(iii)

Emergency Medical Services Board – Current Members Cont’d.

<p>Kappu Deshpande</p> <p>Ethnicity: Asian Gender: Female Age:60</p>	<p>RN, PM</p>	<p>Middle</p>	<p>One (1) of two (2) officials of county, municipal or metropolitan governments which operate ambulance services under T.C.A. § 68-140-303(b)(9), and one (1) of four (4) residents of the middle grand division under T.C.A. § 68-140-303(d)(2)(A)(ii)</p>
<p>Larry Hutsell</p> <p>Ethnicity: White Gender: Male Age: 65</p>	<p>PM</p>	<p>East</p>	<p>One (1) member who maintains licensure as emergency medical services personnel and who was selected by an interested civil defense group under T.C.A. § 68-140-303(b)(8), and one (1) of four (4) residents of the eastern grand division under T.C.A. § 68-140-303(d)(2)(A)(i)</p>
<p>Donald Mosby</p> <p>Age: 63</p> <p>Ethnicity: African-American Gender: Male</p>	<p>PM</p>	<p>West</p>	<p>One (1) professional firefighter member who maintains licensure as emergency medical services personnel or registered nurse under T.C.A. § 68-140-303(b)(7), and one (1) of four (4) residents of the western grand division under T.C.A. § 68-140-303(d)(2)(A)(iii)</p>
<p>Brian Robinson</p> <p>Ethnicity: White Gender: Male</p>	<p>AEMT</p>	<p>East</p>	<p>One (1) rescue squad member who maintains licensure as emergency medical services personnel under T.C.A. § 68-140-303(b)(6), and one (1) of four (4) residents of the eastern grand division under T.C.A. § 68-140-303(d)(2)(A)(i)</p>
<p>James E. Ross</p> <p>Ethnicity: African-American Gender: Male</p>	<p>RN, EMT-IV</p>	<p>West</p>	<p>One (1) registered nurse under T.C.A. § 68-140-303(b)(2), and one (1) of four (4) residents of the western grand division under T.C.A. § 68-140-303(d)(2)(A)(iii)</p>
<p>Dr. Sullivan K. Smith</p> <p>Ethnicity: White Gender: Male</p>	<p>MD</p>	<p>Middle</p>	<p>One (1) of two (2) licensed physicians under T.C.A. § 68-140-303(b)(1), and one (1) of four (4) residents of the middle grand division under T.C.A. § 68-140-303(d)(2)(A)(ii)</p>

Emergency Medical Services Board – Current Members Cont’d

Timothy Strange Ethnicity: White Gender: Male	PM, Paramedic Instructor	East	One (1) paramedic instructor from an accredited paramedic program licensed in this state under T.C.A. § 68-140-303(b)(10), and one (1) of four (4) residents of the eastern grand division under T.C.A. § 68-140-303(d)(2)(A)(i)
Stephen Sutton Ethnicity: White Gender: Male	PM	West	One (1) of two (2) officials of county, municipal or metropolitan governments which operate ambulance services under T.C.A. § 68-140-303(b)(9), and one (1) of four (4) residents of the western grand division under T.C.A. § 68-140-303(d)(2)(A)(iii)
Tyler White Ethnicity: White Gender: Male	RN	Middle	One (1) hospital administrator under T.C.A. § 68-140-303(b)(3), and one (1) of four (4) residents of the middle grand division under T.C.A. § 68-140-303(d)(2)(A)(ii)
Robert A. Webb Ethnicity: White Gender: Male	PM	East	One (1) of two (2) operators of ambulance services, each of whom maintains licensure as emergency medical services personnel under T.C.A. § 68-140-303(b)(5), and one (1) of four (4) residents of the eastern grand division under T.C.A. § 68-140-303(d)(2)(A)(i)
Jeannie Yeatman Ethnicity: White Gender: Female	RN, EMT	Middle	One (1) member who maintains certification or licensure as emergency medical services personnel, registered nurse, or physician and who is also affiliated with a volunteer nonprofit ambulance service under T.C.A. § 68-140-303(b)(4), and one (1) of four (4) residents of the middle grand division under T.C.A. § 68-140-303(d)(2)(A)(ii)

There are currently no vacancies on the Board.

3. How many times did the board meet in fiscal year 2014 and to date in fiscal year 2015? How many members were present at each meeting?

The Board meets quarterly each year. The Board convened four (4) times in fiscal year 2014. The board will have convened four (4) times for fiscal year 2015 by July 1.

**September 2013: 9 members present
December 2013: 11 members present
March 2014: 10 members present
June 2014: 10 members present
September 2014: 11 members present
December 2014: 12 members present
March 2015: 10 members present
June 2015: 9 members present**

4. What per diem or travel reimbursement do board members receive? How much was paid to board members during fiscal year 2014 and to date in fiscal year 2015?

Board members receive \$50.00 per board meeting, plus reimbursement for travel. In fiscal year 2013-2014, this totaled \$10,960.59. As of the date of this report, expenditures for the Board members are \$9,780.29.

5. What were the board's revenues (by source) and expenditures (by object) for fiscal year 2014 and to date for fiscal year 2015? Does the board carry a fund balance and, if so, what is the total of that fund balance? If expenditures exceeded revenues, and the board does not carry a fund balance, what was the source of the revenue for the excess expenditures?

The board does not carry a fund balance. Licensure fees collected are deposited as current services revenue and are not only used to cover Board costs, but to support the work of EMS overall. Current services revenue collections for FY14 were \$1,645,206.75, and through March of FY15 were \$702,133.50. Revenue collections consistently exceed our expenditures.

6. Is the board subject to Sunshine law requirements (per Section 8-44-101 et seq., *Tennessee Code Annotated*) for public notice of meetings, prompt and full recording of minutes, and public access to minutes? If so, what procedures does the board have for informing the public of its meetings and making its minutes available to the public?

Yes, the Board is subject to sunshine law requirements. Sunshine notices are published in State Government Public Calendar and on EMS website on the 15th of the month preceding the month the council meets and updated as needed prior to meetings. Once minutes are approved by committees and the

Board, they are posted on the EMS website at <http://tn.gov/health/article/ems-minutes>.

As of January 1, 2015, each meeting of the board is streamed live so the public can view the meeting as it is actually being held.

7. Please describe what policies and procedures the board has in place to address potential conflicts of interest by board members, staff and employees.

Each Board member is asked to sign the Department of Health’s conflict of interest policy, which prohibits Board members from engaging in “conduct which impairs or impedes, or gives the appearance of impairing, the board member’s ability to make full unbiased decisions, or to provide full, unbiased public service to the Board.” The policy is provided to each Board member, and Board members are asked to review the policy, prior to each Board meeting. The policy requires Board members to disclose any conflicts of interest, and to recuse themselves and leave the room during discussion or voting on any matters in which they have a conflict of interest.

8. Has the board promulgated rules? If yes, please cite the reference.

The Board’s rules are located at <http://www.state.tn.us/sos/rules/1200/1200-12/1200-12.htm>.

9. Does the board have a website? Is so, please provide the web address. What kind of public information is provided on the website?

The Board’s website is located at <http://tn.gov/health/topic/EMS-board>. The website includes a wide range of links and information for both EMS personnel and the public, including but not limited to:

- **A list of Board members, Board and committee meeting minutes, and a schedule of upcoming Board and committee meetings.**
- **Information and forms concerning the education, training and licensing of EMS personnel.**
- **Information about how to file a complaint, and contact information for State and regional EMS offices.**
- **Information concerning the Tennessee’s trauma care system, including a map of Designated Trauma Centers and Comprehensive Regional Pediatric Centers.**
- **Protocol guidelines by the State’s EMS medical director and a Board-approved clinical practice list that may be used by local ambulance**

service medical directors in the development of protocols for their services.

- **Information about peer assistance for EMS personnel with alcohol or drug problems.**
- **General information about changes occurring in EMS.**

10. What are the major accomplishments of the board during fiscal year 2014 and to date in 2015? Specifically, what activities has the board undertaken to carry out the powers, duties and functions set out in Section 68-140-304(1) through (11), *Tennessee Code Annotated*?

The Board has had two major accomplishments during fiscal year 2014 and to date in 2015: First, it promulgated rules updating the equipment, supplies and medications ambulances that are required to be carried in Tennessee. These changes ensure that our citizens will benefit from the latest in medical technology, while freeing local ambulance services from the need to carry outdated equipment, supplies and medications. Second, using the input and assistance of stakeholders from across the healthcare spectrum, the Board has completed the initial phase of promulgating rules governing mobile integrated healthcare and the practice of community paramedicine.

Elsewhere with respect to T.C.A. § 68-140-304, the Board has continued to discipline licensees who pose a danger to the public health, and has continued to update the standards governing EMS services, schools and personnel.

11. Please describe any reports prepared by the board during fiscal year 2014 and to date in fiscal year 2015 and specify to whom the reports are sent. Please attach copies of the reports.

Pursuant to T.C.A. § 68-11-251(f), the Board, the Board for Licensing Health Care Facilities and the Committee on Pediatric Emergency Care prepared a joint report on the current status of emergency medical services for children and on continuing efforts to improve such services. The joint report, [http://tn.gov/assets/entities/health/attachments/EMS and BLHCF Annual Report on Pediatric Emergency Care 2014.pdf](http://tn.gov/assets/entities/health/attachments/EMS_and_BLHCF_Annual_Report_on_Pediatric_Emergency_Care_2014.pdf), is submitted annually to the Health and Welfare Committee and the Judiciary Committee of the Senate, and to the Health Committee of the House of Representatives.

12. How many individuals or businesses are currently licensed in the following categories: Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, Paramedic, Paramedic Critical Care, Dispatcher, Educational Institution, Written Exams Administrator, Practical Exams Administrator, Dispatcher, and Ambulance Service. If there are additional categories not listed here, please provide information for those categories as well.

Current Licenses/Certifications, by Category	Total Licensed/Certified
Emergency Medical Responder (EMR)	3,261
Emergency Medical Technician (EMT)	2,237
Emergency Medical Technician Intravenous Therapy (EMT-IV)	3,170
Advanced Emergency Medical Technician (AEMT) (will replace EMT-IV level)	5,763
Paramedic (PM)	5,242
Paramedic Critical Care (PM CC)	488
Emergency Medical Dispatcher (EMD)	217
Educational Institution	20
Ambulance Services	180
Air Ambulance Services	12
Invalid Ambulance Services	10
Volunteer Ambulance Services	5

EMS does not have written exam administrators or practical exam administrators. We use the National Registry of Emergency Medical Technicians (“NREMT”) for our EMR, EMT, EMT-IV, AEMT and PM state board-approved license examinations. All NREMT written exams are computer adaptive scheduled through NREMT and administered through Pearson VUE Centers and sites throughout Tennessee. Regional EMS Consultants administer the practical exams in accordance with the NREMT’s policies. The Office of EMS provides practical evaluator training and contracts with practical evaluators who evaluate students’ practical skills in accordance with the NREMT’s requirements for evaluators.

13. In each of the categories shown in question twelve above, how many applications did the board receive in fiscal year 2013 and to date in fiscal year 2015? In each category, how many applications were approved and the license granted? In each category, how many applications were rejected? Of those rejected, what was the primary reason for rejection? How many existing licenses in each category were revoked or suspended during the same period of time? What were the primary reasons for revocation or suspension?

a.) Applications for F/Y 2013/2014:

Personnel	
Total Applications Received	2,465
Total Applications Approved	2,309

Breakdown by Rank		
Emergency Medical Responder (EMR)	Apps Rec'd	892
	Apps Appr'd	442
Emergency Medical Technician (EMT)	Apps Rec'd	147
	Apps Appr'd	175
Emergency Medical Technician-Intravenous Therapy (EMT-IV)	Apps Rec'd	949
	Apps Appr'd	1,184
Advanced Emergency Medical Technician (AEMT)	Apps Rec'd	39
	Apps Appr'd	59
Paramedic (PM)	Apps Rec'd	354
	Apps Appr'd	354
Paramedic Critical Care (PM-CC)	Apps Rec'd	84
	Apps Appr'd	85
Emergency Medical Dispatcher (EMD)	Apps Rec'd	0
	Apps Appr'd	10

NOTE: Applicants have two (2) years to complete the licensure process. Because some applications could be received in one FY but not approved until the next FY, given totals are approximate.

b.) Applications for F/Y 2013/2014:

Services		
Total Applications Received		21
Total Applications Approved		21
Breakdown by Type of Service		
Ambulance Services	Apps Rec'd	15
	Apps Appr'd	15
Invalid Transport Services	Apps Rec'd	6
	Apps Appr'd	6
Ambulance Services	Apps Rec'd	15
	Apps Appr'd	15
Invalid Transport Services	Apps Rec'd	6
	Apps Appr'd	6
Applications rejected		0
Primary reason for rejection		N/A*

***NOTE INCOMPLETE applications are placed in a pending status, and therefore have been neither approved nor rejected.**

c) Applications for F/Y 2014/2015:

*Personnel		
Total Applications Received		1,114
Total Applications Approved		1,076
Breakdown by Rank		
Emergency Medical Responder (EMR)	Apps Rec'd	588
	Apps Appr'd	235
Emergency Medical Technician (EMT)	Apps Rec'd	282
	Apps Appr'd	364
Emergency Medical Technician-Intravenous Therapy (EMT-IV)	Apps Rec'd	34
	Apps Appr'd	42
Advanced Emergency Medical Technician (AEMT)	Apps Rec'd	98
	Apps Appr'd	34
Paramedic (PM)	Apps Rec'd	51
	Apps Appr'd	336
Paramedic Critical Care (PM-CC)	Apps Rec'd	13
	Apps Appr'd	51
Emergency Medical Dispatcher (EMD)	Apps Rec'd	48
	Apps Appr'd	14
Applications rejected		0
Primary reason for rejection		N/A**

NOTE: Applicants have two (2) years to complete the licensure process. Because some applications could be received in one FY but not approved until the next FY, given totals are approximate.

****NOTE: Incomplete applications are placed in a pending status, and therefore have been neither approved nor rejected.**

d) Applications for F/Y 2014/2015:

Services		
Total Applications Received		10
Total Applications Approved		10
Breakdown by Rank:		
Ambulance Services	Apps Rec'd	9
	Apps Appr'd	9
Invalid Transport Services	Apps Rec'd	1
	Apps Appr'd	1
Applications rejected		0
Primary reason for rejection		N/A

LICENSES IN EACH CATEGORY WITH DISCIPLINE FOR FY 2013/2014

	EMR	EMT	EMT-IV	AEMT	PM	PM-CC	EMD	TOTAL
Suspension	4	3	14	11	18	0	0	50
Probation	0	0	0	0	2	1	0	3
Revocation	0	0	3	0	4	0	0	7
Voluntary Surrender	0	0	1	0	1	0	0	2

LICENSES IN EACH CATEGORY WITH DISCIPLINE FOR FY 2014/2015

	EMR	EMT	EMT-IV	AEMT	PM	PM-CC	EMD	TOTAL
Suspension	4	0	17	12	18	0	1	52
Probation	0	0	1	0	4	0	0	5
Revocation	0	0	0	0		0	0	0
Voluntary Surrender	0	0	0	0	4	0	0	4

Primary reasons for revocation: Board Ordered

Primary reasons for suspension: Child Support and/or Student Loan Arrears

14. How many complaints were filed with the board in fiscal year 2014 and to date in fiscal year 2015?

The Office of EMS received forty-nine (49) complaints in FY 2013-2014 and seventy nine (79) complaints in FY 2014-15 to date.

15. Describe the process by which the board receives, handles, and tracks complaints. Are there written procedures? Are complaints rated by level of seriousness or other priority-handling method? Is a complaint log maintained? What is the average time to resolve a complaint? At what point is a complaint closed?

While complaints can be made by telephone, regular mail or email, the Office of EMS encourages individuals who wish to complain to complete and submit the complaint form on the Board’s website. If the individual doesn’t have Internet access, the Office offers to mail the form to the individual. By asking the complainant to use the form provided, the Office ensures that all required information is collected, including patient signatures and a completed patient release form, if applicable. Experience has shown that incomplete complaints prolong the Office’s investigation and have a detrimental effect on the complaint review process.

Pursuant to the Office’s written procedure for handling complaints, all complaints are opened by a complaint intake officer using the enforcement module of the Licensure Administrative Regulatory System, then assigned with a priority level to a regional consultant by the director or assistant director after review.

When the investigation is complete, the consultant prepares an investigative report, which includes a summary, affidavits and supporting documents. The report is then sent to the investigation intake officer, who logs it in, places it in “pending 1st review status,” and scans and sends it to the director. The director then schedules a quarterly case review with a review committee consisting of the Board consultant, the director and assistant director, the State medical director, the Board’s legal counsel and the investigating consultant. All investigation case files that were received for the quarter are sent to the individual committee members for review prior to review by the committee as a whole. The committee then reviews each case for violations of the State’s EMS statutes and regulations, determines whether there’s been a violation, then decides what discipline to recommend to the Board, if any, based on the seriousness of the violation, the licensee’s prior disciplinary history, and how the Board has addressed similar violations in the past.

16. What steps has the board taken to increase consumer awareness of the board as a mechanism to respond to consumer complaints and regulate the industry?

The Office is not aware of any steps that the Board has taken, other than trying to include the public and all interested parties in decisions it makes. When an issue is brought to the Board’s attention a committee of consumer stakeholders is created to review the issue and make any recommended changes to rules if needed for the Board’s consideration.

17. Does the board have the authority to impose civil penalties? Is so, what penalties were assessed in fiscal year 2014 and to date in fiscal year 2015, and what was the total amount of such penalties?

Although the Board lacks specific authority to assess civil penalties, the commissioner has this authority under T.C.A. § 68-140-305(11), which has been formally delegated to the director. When the director does assess civil penalties, the penalties are included as part of an order, which the Board is authorized to issue under T.C.A. § 68-140-304(5).

The Board ordered two Respondents to pay one hundred dollars (\$100.00) in civil penalties in fiscal year 2014 for smoking in an ambulance. No civil penalties have been assessed or ordered in fiscal year 2015 to date.

18. Did the board assess any fines during fiscal year 2014 and to date in fiscal year 2015? What was the total amount of fines assessed for each fiscal year?

The Board did not assess any fines during fiscal year 2014 and has not assessed any fines in fiscal year 2015 to date.

19. Has the board developed and implemented quantitative performance measures for ensuring it is meeting its goals? (Please answer either yes or no). If the board has developed and implemented quantitative performance measures, answer questions 20 through 27. If the board has not developed quantitative performance measures, proceed directly to question 28.

Yes

20. What are your key performance measures for ensuring the board is meeting its goals? Describe so that someone unfamiliar with the program can understand what you are trying to measure and why it is important to the operation of your program.

To promote the mission of the Department of Health which is to protect, promote and improve the health and prosperity of the people in Tennessee, the Board's administrative office has established benchmarks for the processing of applications and renewals. The Office of Emergency Medical Services' role in that mission is to ensure that qualified practitioners provide emergency care and ambulance properly equipped to transport patients in the state. In order to balance that obligation with our desire to provide excellent customer service to EMS providers and Ambulance (EMS) Services, the Office of EMS has established benchmarks to assure that applications for licensure are received, processed and processed in a timely manner. The application benchmark is one hundred (100) days from the date the application is received in the office to issuance of licensure. The benchmark for renewals is fourteen (14) days. Once a year, a benchmark report is prepared and reviewed to determine if staff is meeting those benchmarks.

21. What aspect[s] of the program are you measuring?

We are measuring whether or not the administrative staff is processing applications and renewals in a timely manner within the established benchmark timeframes. We also utilize benchmarks to identify problems that might be preventing attainment of benchmarks.

22. Who collects relevant data and how is this data collected (e.g., what types information systems and/or software programs are used) and how often is the data collected? List the specific resources (e.g., report, other document, database, customer survey) of the raw data used for the performance measure.

Relevant data is collected annually by the director from reports generated by the licensing system used by the Office of EMS. Data is generated in an excel spreadsheet.

23. How is the actual performance measure calculated? If a specific mathematical formula is used, provide it. If possible, provide the calculations and supporting documentation detailing your process for arriving at the actual performance measure.

The performance measure is a calculation of the average application processing time or duration from the date it is received in the office until a license is issued or renewed in order to establish if applications are being processed within identified performance measure goal.

Personnel License

Performance Measure -	Goal	FY 2014 Average (Days)
Renewal Procession Time	14 Days	9
Application Processing Time	100 Days	40

Ambulance Service

Performance Measure -	Goal	FY 2014 Average (Days)
Renewal Procession Time	14 Days	10
Application Processing Time	100 Days	9

24. Is the reported performance measure result a real number or an estimate? If an estimate, explain why it is necessary to use an estimate. If an estimate, is the performance measure result recalculated, revised, and formally reported once the data for an actual calculation is available?

The reported performance measure result is a real number.

25. Who reviews the performance measures and associated data/calculations? Describe any process to verify that the measure and calculations are appropriate and accurate.

The benchmark report is reviewed by the Director who validates and verifies collected data manually.

26. Are there written procedures related to collecting the data or calculating and reviewing/verifying the performance measure? Provide copies of any procedures

Instructions

Initial and Renewal Licenses:

1. Review random licensure file from July to June (fiscal year);
2. Record the file number, date application was opened, date file was licensed on a spread sheet.

3. **Add total days of each for each record selected (including weekends); add all totals and divide by number of file you selected; this gives you the average number of days to process a license;**
27. Describe any concerns about the board's performance measures and any changes or improvements you think need to be made in the process.

Because we have no control over submission of required documents from applicants calculating from date of application is received to approval date is not accurate picture of how long it takes to approve an applicant. We now are looking at revising the process to calculate from the time the license file is complete to the date of license is approved in the licensing system. This will also require changing the benchmark from 100 days to more realistic number of four (4) days and then looking at those files that fall outside that benchmark and why.

28. Provide an explanation of any items related to the board that may require legislative attention, including your proposed legislative changes.

August 2014, the Council of State Governments (CSG) passed a resolution supporting the establishment of "Recognition of EMS Personnel Licensure Interstate" REPLICA and encouraging its member jurisdictions to consider adoption as an "innovative policy solution". In order for Tennessee to participate, legislative action would be needed to join the license compact.

29. Should the board be continued? To what extent and in what ways would the absence of the board affect the public health, safety, or welfare of the citizens of the state of Tennessee?

The department believes very strongly that the Board should be continued. Since the Emergency Medical Services Act was enacted in 1983, emergency medical services have grown exponentially, to the point where the citizens of Tennessee have come to depend on it and expect a certain level of care and professionalism. The Board has been indispensable in overseeing this growth and ensuring that Tennessee's EMS system keeps pace with constant changes in the profession.

Without the Board, the public health, safety and welfare would be in imminent and serious danger due to the actions of unscrupulous licensees and the failure to maintain the standards governing the education, training and conduct of licensees, and the provision of emergency medical services in general.

30. Please list all board programs or activities that receive federal financial assistance and, therefore are required to comply with Title VI of the Civil Rights Act of 1964. Include the amount of federal funding received by program/activity.

If the board does receive federal assistance, please answer questions 31 through 38. If the board does not receive federal assistance, proceed directly to question 37.

The Board does not receive any federal financial assistance.

31. Does the board prepare a Title VI plan? If yes, please provide a copy of the most recent plan.
32. Does the board have a Title VI coordinator? If yes, please provide the Title VI coordinator's name and phone number and a brief description of his/her duties. If not, provide the name and phone number of the person responsible for dealing with Title VI issues.
33. To which state or federal agency (if any) does the board report concerning Title VI? Please describe the information your board submits to the state or federal government and/or provide a copy of the most recent report submitted.
34. Describe the board's actions to ensure that association staff and clients/program participants understand the requirements of Title VI.
35. Describe the board's actions to ensure it is meeting Title VI requirements. Specifically, describe any board monitoring or tracking activities related to Title VI, and how frequently these activities occur.
36. Please describe the board's procedures for handling Title VI complaints. Has the board received any Title VI-related complaints during the past two years? If yes, please describe each complaint, how each complaint was investigated, and how each complaint was resolved (or, if not yet resolved, the complaint's current status).
37. Please provide a breakdown of current board staff by title, ethnicity, and gender.

Current Staff for the Office of Emergency Medical Services			
Name	Title	Ethnicity	Gender
Donna G. Tidwell	Director	White	Female
Brandon Ward	Assistant Director	White	Male
Nita Jernigan	EMS Consultant 2	White	Female
Sherrie Stanley	Administrative Services Assistant 3	White	Female

Ashley Pruitt	Regulatory Board Administrative Assistant 1	White	Female
Tory Ferguson	Regulatory Board Administrative Assistant 2	White	Female
Jamye Carney	Licensing Tech	White	Female
Crystal Hooper	Licensing Tech	White	Female
John Moyers	Radio Systems Analyst	White	Male
Rob Seesholtz	Trauma Manager	White	Male
John Dabbs	EMS Consultant 1	White	Male
Steve Hamby	EMS Consultant 2	White	Male
Debbie Cox	EMS Consultant 2	White	Female
Ray "Chip" Cook	EMS Consultant 2	White	Male
Dwight Davis	EMS Consultant 2	White	Male
Lee Anne Boeringer	EMS Consultant 1	White	Female
Teddy Myracle	EMS Consultant 2	White	Male
(Vacant)	EMS Consultant 1	N/A	N/A
(Vacant)	Statistical Analyst	N/A	N/A

38. Please list all board contracts, detailing each contractor, the services provided, the amount of the contract, and the ethnicity of the contractor/business owner.

Contractor	Services	Detail	Amount	Ethnicity
University of Tennessee	For services of Dr. Martin Croce as a member of the trauma site inspection team.	Designated trauma centers are to be inspected every three years by a site inspection team to verify standards of care for new and	\$5,000	White

		existing trauma centers in Tennessee.		
University of Tennessee	For services of Dr. Todd Nickloe as a member of the trauma site inspection team.	Designated trauma centers are to be inspected every three years by a site inspection team to verify standards of care for new and existing trauma centers in Tennessee.	\$5,000	White
Julie Dunn, M.D.	Serves as a member of the trauma site inspection team.	Designated trauma centers are to be inspected every three years by a site inspection team to verify standards of care for new and existing trauma centers in Tennessee.	\$11,000	White
Joe Holley, M.D.	Serves as the State Medical Director	Provides consultation to the EMS Board and Office; develops and processes medical issues for the Board, including the development of protocols, practice issues, clinical data collection and analysis for presentation to the Board.	\$24,000	White
Direct Purchase Authority	Exam Evaluators	Provides services of exam evaluators for EMS licensure examinations for Paramedics and AEMTs;	\$80,000	N/A

	Trauma Site Inspection members	Perform site visits for facilities desiring to maintain or be designated as a level 1, 2 or 3 trauma center;		
	Screening Panel members	Serve as members of the screening panel for review of disciplinary actions.		
Tennessee Nurses Foundation	Serves as a peer assistance program for EMS	Provides rehabilitation of impaired Emergency Medical Professionals	\$16,000	N/A
Mountain States Health Alliance	Serve as the Regional Medical Communications Center for EMS	Coordinates the Northeast TN Region telecommunications and the Region's EMS response to events.	\$29,074	N/A
University Health System, Inc.	Serve as the Regional Medical Communications Center for EMS	Coordinates the East TN Region telecommunications and the Region's EMS response to events.	\$37,211	N/A
Erlanger Health Systems	Serve as the Regional Medical Communications Center for EMS	Coordinates the Southeast TN Region telecommunications and the Region's EMS response to events.	\$38,750	N/A
Putnam County EMS	Serve as the Regional Medical Communications Center for EMS	Coordinates Upper Cumberland TN Region telecommunications and the Region's EMS response to events.	\$9,600	N/A
Vanderbilt University Medical	Serve as the Regional Medical Communications	Coordinates the Mid Cumberland TN Region	\$38,750	N/A

Center	Center for EMS	telecommunications and the Region's EMS response to events.		
Maury Regional EMS	Serve as the Regional Medical Communications Center for EMS	Coordinates the South Central TN Region telecommunications and the Region's EMS response to events.	\$19,112	N/A
Jackson-Madison County General Hospital	Serve as the Regional Medical Communications Center for EMS	Coordinates the West TN Region telecommunications and the Region's EMS response to events.	\$38,746	N/A
Regional One Health	Serve as the Regional Medical Communications Center for EMS	Coordinates the Memphis-Delta TN Region telecommunications and the Region's EMS response to events.	\$38,750	N/A

**TENNESSEE DEPARTMENT OF HEALTH
CONFLICT OF INTEREST POLICY
BOARD MEMBERS**

PURPOSE: To assure that the individual interests of board members do not conflict with their responsibilities to the Board to which they are appointed.

APPLICABILITY: This policy shall apply to all board members.

I. DEFINITIONS:

- A. **CONFLICT OF INTEREST:** A circumstance in which a board member's individual interest impairs or impedes, or gives the appearance of impairing or impeding, his or her ability to make full, unbiased decisions or to provide full, unbiased service to the Board.
- B. **FINANCIAL INTEREST:** Ownership by a board member or a board member's immediate family members of ten percent (10%) or more of the stock of a corporation or ten percent (10%) or more of any other business entity; or a relationship as a director, advisor, or other active participant in the affairs of a party. An office in an educational, professional, religious, charitable, or civic organization is not a financial interest.

II. CONDUCT:

- A. A board member shall not engage in conduct which impairs or impedes, or gives the appearance of impairing, the board member's ability to make full unbiased decisions, or to provide full, unbiased public service to the Board.
- B. A board member shall not knowingly take any action which might prejudice his or her ability, or other members of the board's ability, to make an unbiased decision on any matter in which the board member, or the board member's immediate family members, has a financial interest.
- C. A board member will not willingly participate as an expert witness in a contested case hearing before the Board.
- D. It is a conflict of interest for a board member to vote in a manner involving a party in which the board member, or the board member's immediate family members, holds a financial interest.
- E. A board member shall not accept any item of significant monetary value, except usual social and business courtesies, from a party or provider seeking specific board approval of action.
- F. A board member who is employed by, or has contracted to provide services to, a health care provider seeking specific board approval or action, shall abstain from voting on the board approval or action.
- G. A board member shall not accept honoraria or other compensation for activities which are, or should be, performed as part of one's official duties, except as provided by the Comprehensive Travel Regulation of the Department of Finance and Administration.

III. DISCLOSURE:

- A. Each board member shall disclose to the Board on a case-by-case basis, any personal relationship, interest or dealings that impairs or impedes, or gives the appearance of impairing or impeding, his or her ability to make full, unbiased decisions on a matter.
- B. For the purposes of contested cases, the Board will be governed by Tennessee Code Annotated Sec. 4-5-302, attached as Exhibit A to this policy.

IV. RECUSAL:

- A. Any board member who has a conflict of interest as defined above must recuse himself/herself from any matter and is prohibited from participating in any discussion or vote on the matter, and shall leave the hearing room during the discussion or vote.
- B. It is improper for any board member having a conflict of interest to attempt to influence another board member at any time, including prior to the discussion on the matter for which the conflict exists.
- C. In business matters, the board chair, with the advice of the advising attorney, shall be the final authority to determine whether a board member must be recused.

CONFLICT OF INTEREST POLICY ACKNOWLEDGEMENT

By signing below, I acknowledge that I have read and agree to comply with the Department of Health's Conflict of Interest Policy for Board Members. Further, to the extent a conflict of interest may exist, I have disclosed same in the space provided below.

DISCLOSURE OF CONFLICT OF INTEREST

I wish to disclose the following conflict. Please provide details about the nature of the conflict in the space provided:

Signature

Print Name

Date