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*** ROUGH DRAFT ****
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SENATOR FRANCIS, JR.: Good afternoon. We are back on record. Madam Clerk can you call up the next two items on the agenda please.

MS. WARNER: Bill Number 33-0270 - An Act amending Title 19 of the Virgin Islands Code to add part 9 to establish the first Emergency Medical Service System (EMS System) making the Department of Health the lead authority responsible for the regulation of out of hospital emergency medical service providers in order to ensure that services are available and accessible to all residents and visitors within the Virgin Islands Territory.

Bill Number 33-0271 - An Act amending Title 3 Chapters 1 and 15, Title 23, Chapters 7 and 9 of the Virgin Islands Code to create a new Virgin Islands Fire and Emergency Medical Services, to provide fire prevention services, fire suppression services, emergency medical services and for the protection of life and property and for other related purposes.


SENATOR FRANCIS, JR: Thank you very much Madam

VERNA TURNBULL-CARTY - Legislative Reporter
Clerk. Again we have a full house this afternoon. Before we go to the testimonies I would like to get each of you to put your name on the record. We'll start with you Dr. Sims. Please recognize the mike of Senator Payne.

DR. SYMS: Good afternoon. Nicole Craigwell Syms - Assistant Commissioner - Department of the health.


DIRECTOR O'NEAL: Good afternoon. Jenifer O'Neal - Director - Office of Management and Budget.


MS. CLENDINEN: Good afternoon. Dayna Clendinen, Director - Division of Personnel.

COMMISSIONER ENCARNACION: Good afternoon everyone Justa Encarnacion - Commissioner - Department of Health.

DIRECTOR GEORGE: Good afternoon. Daryl George Director of Fire Service.

MR. STEVENS: Good afternoon. Antonio Stevens. Assistant Director - Virgin Islands Fire Service.

MR. EVELYN: Good afternoon. Lisle Evelyn, Jr. Assistant Director of Emergency Medical Services/V.I. Fire Service.

SENATOR FRANCIS, JR: St. Croix can we get you to put your name on the record please? Mr. Sweeney take the mike in our hand. We didn't get that Mr. Sweeney. Try again.

MR. SWEENEY: EMS also a member of the Local 9489 Supervisors Union.


MS. HECTOR: Good afternoon. Veniya Hector. I am the President of local 9489 Supervisors Union on St. Croix.

SENATOR FRANCIS, JR.: Thank you very much. Commissioner Justa Encarnacion you will start the testimony this afternoon.

COMMISSIONER ENCARNACION: Of course thank you. Good morning Honorable Senator Novelle E. Francis-Senate President and all other members of the 33rd Legislature of the Virgin Islands of the United States and the listening and viewing audience. I am Justa E. Encarnacion, Commissioner of the Virgin Islands Department of Health.

I have here with me today, Dr. Nicole Craigwell-Syms, Legal Counsel - Dwayne Henry and the Deputy Commissioner of Regulatory Services Hadia Charles. I appreciate the opportunity to provide testimony and insight on the Act that establishes the first Emergency Medical
Services (EMS) making the VI Department of Health the lead authority responsible for the regulation of out-of-hospital emergency medical services providers in order to ensure that such services are available and accessible to all residents and visitors within the Territory.

In the spirit of collaboration, we would like to thank Honorable Senator Kenneth E. Gittens for allowing us to take authorship of the bill and Honorable the Governor Albert A. Bryan, Jr for the proposition of this bill.

I would also like to take the opportunity to thank the Department of Health family for their continued dedication and hard work for securing the health and wellbeing of the people of the Territory.

In 1966, President Lyndon B. Johnson signed into law the National Highway Safety Act that, among its many provisions, created an Emergency Medical Services program within the Department of Transportation and is seen as the first federal commitment to EMS. The National Highway Traffic Safety Administration describes Emergency Medical Services as being at the juncture where healthcare, public health and public safety meet.

With the passage of the Emergency Medical Services Systems Act of 1973 and its amendments in 1976, Congress mandated that emergency medical care programs be funded with Federal dollars to address, plan, and implement a "systems
approach" for the provision of emergency response and medical care.

A pre-hospital EMS system includes human resources, medical direction, legislation and regulation, public safety agencies, educational system, public education, prevention, public access to care, communication system, clinical care, information system, data collection, review and evaluation and emergency preparedness.

Five components of EMS that are critical to the overall functioning of the system and should not be compromised at any time are: Timely response, adequate staffing, appropriate deployment of equipment, transportation and system review. The first four of those performed by the emergency medical services providers and the fifth is conducted the Government.

There are several components to an effective and efficient EMS System that are the responsibility of the state public health agency including: Regulatory (licensing of providers, agencies and vehicles, policy function protocols and administrative rules in support of the Public Health Code, data collection and analysis of quality initiatives, public health surveillance and improving patient outcomes and public information.

With the integration of EMS and the Virgin Islands Fire Service, the Department of Health will continue to fulfill its role and responsibility as the regulatory oversight
authority for all EMS activities in the Virgin Islands.

Since the passage of Federal legislation in the 1970s, the Virgin Islands has only one source of authority for the provision of emergency medical services. Governor Juan F. Luis signed Executive Order No. 233-1979 that provided for licensure of emergency medical technicians in the Virgin Islands by the Department of Health. The Bryan Roach Administration drafted enabling legislation – the EMS Act of 2019 – To implement a "systems approach" for the provision of emergency response and medical care and to empower the Department of Health in its regulation of emergency medical services in the Virgin Islands. That means that EMS does not disappear from the Department of Health. The governance and oversight of Emergency Medical Services in the Virgin Islands will be entrusted to the Department of Health through a series of laws, regulations and policies. I commend Governor Albert A. Bryan, Jr for convening a team that worked collaboratively to draft a cohesive plan to guide the successful transitioning of EMS into Fire/EMS.

The Department of Health as the lead agency will be responsible for regulatory duties as outlined in the proposed legislation and has the authority to:

1. Coordinate a program for planning, developing, maintaining, expanding, improving and upgrading emergency medical services throughout this Territory.

2. Establish, by regulation, standards and criteria governing...
the award and administration of contracts under this Act for
the initiation, maintenance and improvement of EMS Systems.
3. Require the collection and maintenance of standardized
patient data and information in EMS patient care reports by EMS
agencies that cover all phases of the EMS incident, including,
but not limited to, the dispatch report and contact, treatment
and transport of a patient in the EMS System.
4. Collect, as deemed necessary and appropriate, data and
information regarding patients who utilize emergency departments
without being admitted to the facility and patients admitted to
a facility through the emergency department or through a trauma
center, in a manner that protects and maintains the confidential
nature of patient records. Such data and information shall
include essential information only, shall be reasonable in
detail and shall be collected pursuant to regulations issued by
the department. Such data and information shall be limited to
specific planning, research and quality improvements and shall
not be duplicative of data and information already available to
the department. Such information gathering and retention shall
be compliant with applicable federal law.

The VI Department of Health is committed and stands
ready to support the integration and strategic implementation of
a more robust regulatory approach to EMS that will include
reviews of all providers and companies that provide emergency
medical services to our community.
Lisle Evelyn was hired within the fire department to begin preliminary work on the development of the Fire/EMS division as the integration takes place and the transition continue, so the Department of Health could transition to a more robust regulatory system.

We have been and are prepared to continue credentialing services within Health. We are prepared to enter public and private EMS agencies to conduct initial and follow-up inspection to ensure regulatory requirements are met. DOH will work closely with Department of Personnel and OMB to ensure the hiring of nationally certified compliance officers with the knowledge base necessary to collect data, provide feedback and respond to regulatory agencies.

VIF and EMS does not exist in isolation but is integrated with other services and systems intended to maintain and enhance the community’s health and safety. EMS has evolved into an organized, coordinated, and integrated system of care that requires a collaborative approach of a broad range of partners to ensure that the right patient gets to the right facility in the right amount of time to improve outcomes. These partners include: Agencies and organizations (both private and public) Wheel Coach, Limetree, Port Authority, DPNR, VIPD, Communications and Transportation Networks - VITEMA, Trauma systems, hospitals, trauma centers, specialty care centers, Juan Luis Hospital, Roy Lester Schneider Hospital, et
cetera. Rehabilitation services, highly trained professionals including volunteer and career pre-hospital personnel, physicians, nurses, therapists, administrators and government officials, an informed public that knows what to do in a medical emergency is also important. Each partner has an essential role to perform as part of a coordinated and seamless system of emergency medical care.

With the passage of the EMS Act of 2019, the Department of Health intends to fulfill its statutory mandate as the territorial authority responsible for the coordination and integration of all activities within the Territory concerning pre-hospital and inter-hospital emergency medical services, as well as non-emergency medical transports and overall planning, evaluation and regulation of pre-hospital emergency medical services system. The Department of Health will continue to receive its percentage share of funds from the Emergency Services Fund (fees 105 collected from mobile and residential landlines) and will enter into a Memorandum of Agreement with the Fire/EMS to retain billing and collection services.

The Department of Health is committed to fulfilling all regulatory criteria for the implementation of this law. As such, we recommend that realistic timelines be associated with the goals outlined in the existing law and this legislation. As the Department of Health firms up its EMS regulatory, licensure and enforcement arm for EMS; the Department will need to
coordinate with the Office of Management and Budget for the establishment of positions and funding necessary for the execution of this law. In order to efficiently execute duties, the Department of Health anticipates that it will need to hire approximately four Compliance officers per district. Two per district, sorry. Licensure Administrators, Regulatory Administrators, EMS Data Manager and EMS for Children Coordinator.

The Department of Health is committed to reducing health risks, increasing access to quality healthcare and enforcing health standards. As always, the Department commits to continuing our collaborative efforts with the members of the 33rd Legislature.

Senators, this concludes our testimony. Thank you for your support of our efforts to improve the Department of Health’s service to our community. I welcome the opportunity to respond to questions you may have. Thank you.

SENATOR FRANCIS, JR: Thank you very much Commissioner Encarnacion. At this time we'll hear from the Fire Director or his representative, Antonio Stevens.

MR. STEVENS: Good afternoon Senate President Novelle Francis, all other Honorable members of the 33rd Legislature and listening and viewing audience. I am Antonio Stevens - the Assistant Director of the Virgin Islands Fire Service. I will be testifying on behalf of the Director of
the Virgin Islands Fire Service - Daryl A. George, Sr who is not feeling well right now but he's here.

With me today are Dayna Clendinen, Director of Personnel, Attorney Joss Springette, Chief Negotiator, both of whom are part of the Joint Integration Team and contributed tremendously to the process, which does not end with the passage of the legislation.

I'm also accompanied by members of the executive staff - Fire Chief, David Hodge - St. Thomas, Fire Chief Klebert Titus - St. Croix, Assistant Deputy Chief - Carl Christian - St. Croix and Deputy Chief Clarence Stephenson - St. John. Also with us today is the newest member of our leadership team, Assistant Director of Emergency Medical Services Lisle Evelyn.

It gives me great pleasure to introduce Assistant Director Lisle Evelyn to you and the listening and viewing audience. Coming from the Department of Health with a wealth of experience in emergency medical services, Assistant Director Evelyn joined the Fire Service in November 2019, after this body included funds for his hiring in the Fiscal Year 2020 budget. He has been instrumental in helping the agency prepare for the integration of the Virgin Islands Fire Service and the Emergency Medical Services Division. And we thank you for funding his position.

Senator Francis, Jr. Point of Inquiry, Senator Gittens?
SENATOR GITTENS: Thank you Mr. Chair. Is the
testifier reading from another testimony? Apparently 'cause I'm
kind of lost.

SENATOR FRANCIS, JR: I'm as well.

SENATOR GITTENS: Could you inquire if he has a
different version?

SENATOR FRANCIS, JR: You have a different version
than what was submitted to the Legislature?

MR. STEVENS: We do not, sir.

SENATOR FRANCIS, JR: He just added the fact that
Director Lisle is there. So go ahead and proceed. We'll try to
follow you. You're on the second paragraph you said?

MR. STEVENS: Yes. I am here today to testify on
legislation proposed by Governor Albert Bryan Jr., which seeks
to create the Virgin Islands Fire and Emergency Medical
Services. The executive team and I are in support of the
proposed bill and respectfully request your passage of the
legislation with an amendment to transfer funding for the
Emergency Medical Services Division to the newly created agency.

I will begin my testimony by providing a brief
background and overview of EMS delivery in the Territory to
support the basis for why Emergency Medical Services should be
integrated with the Fire Emergency Service. I will then discuss
the primary benefits of the integration and the integration
plan. After my testimony, Assistant Director Evelyn will testify
specifically on fire-based EMS. He will then be followed by
Deputy Chief Clarence Stephenson who will provide testimony on
his experience as a fire fighter/EMT on St. John.

BACKGROUND AND OVERVIEW

The Virgin Islands Fire Service was established
within the Office of the Governor by Act Number 4206 effective
January 1st, 1979. That same year, on June 25th, Governor Juan
Luis issued Executive Order Number 233-1979 which provided the
legal requirements for the licensure of emergency medical
technicians in the Virgin Islands by the Department of Health.

Since the issuance of the executive order, there
were several legislative attempts to unify Emergency Medical
Services and the Fire Service. In 2011, Senator Usie Richards
and then in 2013, by Senator Gittens, Kenneth Gittens proposed a
bill to consolidate Emergency Medical Services with the Fire
Service. As a result, the delivery of emergency medical services
was developed without any further issuance of executive orders
or passage of legislation regulating the EMS industry.

EMS operations presently reside within the
Department of Health to provide emergency medical services to
residents and visitors of the Territory. The department employs
Nationally Registered providers, ranging from Emergency Medical
Technicians to paramedics. Upon request by EMS personnel,
Firefighter/EMTs assist with medical calls.

EMS employees currently respond to emergency calls from
one to two locations on each island. On St. Croix, they respond from their base in Estate Richmond. St. John personnel respond from the Morris F. DeCastro Clinic and St. Thomas personnel respond either from the Omar Brown Sr. Fire Station or the Roy Lester Schneider Hospital.

With approximately 61 personnel territory-wide, current EMS staffing levels are less than optimal. In its 2018 report, the USVI Hurricane Recovery Task Force noted that EMS staffing was an issue already before the storms and became moreso immediately afterwards.” The staffing issues cited in the report have been recurring and attempts have been made to augment EMS staff.

In 2020, in an effort to engage firefighters in providing EMS to the public, the Department of Health and the Fire Service entered into a Memorandum of Agreement to allow Emergency Medical Technicians employed by the Fire Service to respond to emergency events as “First Responders.” However, the initiative never materialized as there was no substantial increase in the number of firefighters certified to provide quality medical care due to the difficulty in obtaining EMS training as well as real and/or perceived barriers to their full participation in responses to emergency medical calls.

All that is behind us now. With the proposed bill to integrate Fire and EMS services into one entity, the proposed legislation provides the Territory with a new opportunity to
improve the efficiency and effectiveness of emergency management service delivery.

BENEFITS OF INTEGRATION

Providing EMS through the Fire Service makes sense because fire stations are strategically located throughout the island communities to provide a rapid response. Fire departments are essentially “standing armies” in their communities poised to respond to an emergency. However, in an era of fewer structural fires and growing numbers of medical emergencies, adding EMS delivery to fire capabilities is the next logical step. Faster response times translate into better patient outcomes. As fire operations are geared to rapid response, the fire service’s participation in pre-hospital medical tiered response will be a significant benefit to the public.

While rapid response is critical to patient survival, the personnel who respond must be highly competent in patient assessment, stabilizing treatment and delivery. The existing skills and the competencies of providers of the Division of EMS are excellent; however, they have been stretched to the limit. A major strength of a fire-based EMS response and transport system is its effect on field personnel. A less efficient system causes more occupational stress among employees which in turn may lead to poor performance. A fire-based delivery system will provide for consistent coverage with acceptable response times throughout the territory.

VERNA TURNBULL-CARTY - Legislative Reporter
Additionally, it will help to address current staffing issues, as firefighters, who will, at a minimum, be certified as Emergency Medical Responders, can be used to augment EMS personnel.

The benefits to the Territory from a fire-based delivery system are not theoretical. We have seen them in St. John where the integration of fire and emergency medical services has been a reality for several years. We have also seen them in St. Thomas and St. Croix where ambulances and EMS personnel are currently responding or have responded from fire stations.

INTEGRATION PLAN

To ensure the Territory receives the full benefits of a fire-based EMS delivery system, the integration of the Division of EMS and Fire Services is seamless. The Joint Integration Team has created a roadmap for the integration and the Fire Service has begun preparations.

I will now briefly discuss some of the key changes to be made to effectuate the integration. The complete roadmap was attached to my written testimony for your perusal.

FACILITIES

The Fire Service presently operates 10 fire stations throughout the Territory. EMS personnel, equipment and other resources will be strategically assigned to these stations.
STAFFING

The most critical consideration in the integration of the Fire Service and the Division of EMS is the impact on the most important asset - the personnel of both entities. Retaining good employees from both organizations is crucial. We have had proactive communication with both Fire and EMS personnel regarding the potential integration and also a transparent dialogue with local media. We spent time with EMS personnel, learning more about them, what their challenges are, what their strengths are and what motivates them to serve our community in the emergency medical services field. We also shared information about our respective process and operations. The knowledge gained from our meetings have helped to inform our planning and we will work to address their concerns as well as meet the objectives of the integration.

Currently, the Fire Service employs 242 employees, who are assigned to one of the following units: The Suppression Unit, the Arson Investigation and Prevention Unit and the Administration Unit. With the transfer of the emergency medical personnel, there will be an additional unit - the Emergency Medical Service Unit within the Virgin Islands Fire Emergency Management VIFEMS and comprise of approximately 61 employees. The unification of Fire and EMS will provide opportunities for participation, development, advancement and varied experiences for personnel in both entities. However, there will be no
requirement for traditional firefighters to become EMTs or for EMS providers to add firefighting to their responsibilities. The choice to become a Fire-Medic will be an individual’s decision, but every firefighter will be trained as an emergency medical responder.

FUNDING

 Appropriately funding the Virgin Islands Fire and Emergency Medical Services will be critical to the success of the integration.

 Currently, the Fire Service operates on an annual consolidated budget. Funding is obtained from four funding sources – the General Fund, the Emergency Services Fund, the Fire Service Emergency Fund and federal grant awards. The Fire Service’s annual General Fund appropriation is the agency’s primary source of funding. As stated in our Fiscal Year 2020 budget presentation, almost 97% of it will be used for personnel costs, leaving us to rely heavily on non-appropriated funding sources such as the Fire Service Emergency Fund, the Emergency Services Fund and grant awards to cover the costs of supplies and other expenses.

 The Fire Service Emergency Fund consist of fees collected by the Arson Investigation and Prevention Unit for fire safety inspections, permits and other services. The Emergency Services Fund is comprised of fees collected from mobile and residential landlines and is shared with the
Department of Health and the Virgin Islands Territorial
Emergency Management Agency. Presently, revenues supporting the
delivery of emergency medical services in the Territory are
derived from ambulance and medical services rendered and are
deposited into the Health Revolving Fund. Billing for EMS first
response or ambulance services does not cover all operational
costs, but it may offset them substantially.

To ensure the Virgin Islands Fire Service and
Emergency Medical Services is properly funded from its
inception, I am requesting that the proposed legislation be
amended to transfer the Division of EMS funds with the transfer
of the Division’s employees and offer the following language:

Upon approval of the Governor, the Office of
Management and Budget shall determine and appropriate the
balance of unexpended EMS funds to VIEFMS. Unexpended EMS funds
that were previously allocated, allotted or made available for
actions taken by the Department of Health shall be transferred
from DOH to the Virgin Islands Fire Service EMS by the
construction of this Act to continue to support EMS under the
Virgin Islands Fire Service and EMS as a newly combined entity.
In the transfer of such funds, an amount may be included for the
liquidation of obligations incurred prior to the transfer.

After the passage of the proposed legislation with
this amendment, the Virgin Islands Fire Service and Emergency
Medical Services’ budget will be funded from the following four
sources: The General Fund, the Emergency Service Fund, the Fire and Emergency Medical Services Fund and grant awards.

As with the Fire Service presently, the vast majority of the new agency’s General Fund appropriation will be used for personnel costs. This is customary as personnel are the most expensive part of any emergency response system, as they should be.

After the integration, the Emergency Service Fund will continue to be shared among three agencies. The Virgin Islands Fire Service and Medical Services will receive what is currently the Fire Service’s share of the fund. The legal arrangement that allows for the fund to be split will continue because under the proposed EMS System legislation, the Department of Health will now have the legal authority to regulate the EMS industry and will have an operating staff to do so.

Although the proposed EMS system bill will be advocated by Commissioner Justa Encarnacion, we want to go on record as supporting it because finally credentialing competency verification, medical direction, quality assurance, continuing education, policies and procedures and medical protocols will be codified in the Virgin Islands.

Under the proposed bill, the Fire Service Emergency Fund will be renamed the Fire and Emergency Medical Services Fund and it will be the account into which ambulance fees along
with fees collected by the prevention unit for fire safety
inspection, permits and other services will be deposited.

To bill patients directly for services provided, VIFEMS will enter a Memorandum of Agreement with the Department of Health which has specific staff members who understand standardized billing practices as well as the various medical insurance laws and Medicare requirements. The service fees schedule is based on what most insurance companies and Medicare pay for various types of EMS calls. Furthermore, the amount VIFEMS can expect to collect depends on the payer mix for the specific island community.

With the phased integration of the Fire Service and the Division of EMS and the long-term operation of the Virgin Islands Fire Service and Emergency Medical Services, our strategic objectives are to:

1. Provide a supportive workplace focused on building the capacity of our people through training and developing a safe, competent and professional workforce team.
2. Provide optimum resource deployment and patient-focused clinical care.
3. Ensure that our facilities, vehicles, equipment and processes are capable of supporting service delivery.
4. Deliver timely, high quality and effective services to better serve the needs of our community.
5. Ensure fiscal discipline and accountability.
I will now conclude my testimony by thanking you again for the opportunity to provide testimony and also extending my thanks to the men and women of the Virgin Islands Fire Service and the Emergency Medical Services for their service. The integration of Fire and EMS will meet the expectations and needs of the public for emergency response to both fire and medical calls. Assistant Director Lisle Evelyn will now provide testimony on fire-based EMS operations.

MR. EVELYN: Good day Honorable Senator Novelle E. Francis, Jr. President of the 33rd Legislature, all other members and the listening and viewing audience.

I am Lisle Evelyn, Jr., Assistant Director of Emergency Medical Services with the VI Fire Service. I am here to offer testimony on proposed legislation to create a new Virgin Islands Fire and Emergency Medical Services agency and we are respectfully requesting your passage of this bill.

I will begin my testimony by providing a brief background of my EMS career and then a synopsis of the plans and objectives of the Virgin Islands Fire Service to improve pre-hospital care in the Territory.

BACKGROUND

I started my EMS career as a Nationally Registered Emergency Medical Technician with the VI Department of Health’s EMS Division in June, 1996. An EMS provider is one of the most complex and high-stress jobs there is. It is not just a job; it
is a lifestyle and with this job comes great responsibility. Whether it is for a child who is having trouble breathing or the midnight calls for an accident that could have been prevented, it is our job to be there. The exciting part is being there when someone is having a bad day, sometimes the worst day in their life. It is satisfying to help someone in need.

I enjoyed being a part of the VI EMS team; however, I wanted to progress further in the EMS profession. I enrolled in a Paramedic Training Course in Melbourne, Florida and subsequently obtained the National Registry Paramedic Certification in September 1999. I also obtained a Bachelor of Science Degree in Emergency Medicine from the University of Pittsburgh in April 2009. The Emergency Medicine degree gave me a strong foundation in education, clinical and administrative leadership.

In 2017, I was appointed by Health Commissioner Dr. Michelle S. Davis as the Territorial Hospital Preparedness Program Coordinator in the Department of Health's Public Health Preparedness Division. In this capacity, I provided specialized services as departmental liaison to hospitals as well as the local and federal agencies in the implementation of the Hospital Preparedness Program. Additionally, I evaluated the effectiveness of grant programs in meeting established goals and objectives and I also served as the St. Thomas/ St. John District Incident Commander from September 2017 until October
FIRE-EMS DESIGN

EMS agencies may be operated by fire departments, private companies, non-profits or through other arrangements. The providers of pre-hospital emergency care across the United States and Canada may vary; however, few communities, if any, lack vital emergency medical services. In most communities, EMS is provided by the fire department. In fact, EMS has historically been a part of the fire service. Today more than 90 percent of professional paid fire departments deliver some emergency medical care services, making fire departments the largest group of providers of pre-hospital EMS care in North America. No other organization, public or private, can provide pre-hospital emergency response as efficiently and effectively as fire departments.

The provision of emergency medical services has progressed from an amenity to a citizen-required public service. With the ever-increasing numbers of uninsured and underinsured, the need for access to emergency care increases which has in turn led to increased calls for 911 systems that provide universal access. Furthermore, the combination of population growth and the aging population of patient demographics will drive service demand for EMS upwards.

The primary objective of the pre-hospital emergency medical service is to deliver rapid emergency medical treatment
to patients who call for help. Fire and EMS are adjacent industries. Adjacent industries provide different services to the same clients under similar but not identical circumstances. We both respond and provide emergency services to the same population. Both our missions are to minimize the loss of life. As with fire response, EMS response better serves citizens when done quickly.

INTEGRATION ROADMAP

We are committed to improving the health of the Virgin Islands through the creation of a Fire-based EMS system. To ensure success, the VI Fire Service followed an integration strategy that required:

• An Integrated Vision
• Top Leadership Consensus
• Communication to Stakeholders- Fire & EMS staff, Public, and Elected Officials

We met with Fire & EMS staff in both districts and took note of all their concerns, specifically those relating to clear communications. We also visited various radio stations to educate the community on the plans of the VI Fire Service. A rapid response to an EMS call is effective only if the personnel arriving on the scene can initiate appropriate emergency medical interventions. This requires adequate numbers of personnel as well as appropriate equipment and prior training. The VI Fire Service is committed to ensuring that we
retain our staff by examining compensation, benefits and incentives offered to personnel.

MEDICAL DIRECTOR

The American College of Emergency Physicians highlights the medical director as an integral component of the EMS agency, stating that the medical director should have ultimate authority over all clinical and patient care aspects of the EMS agency. EMS medical direction involves granting authorities to act and accepting responsibility for the delivery of EMS patient care. The Federal Interagency Committee on EMS as well as the National Association of Emergency Medical Technicians stressed the importance of medical oversight in every EMS system. We are pleased to announce that we have received many applications from highly qualified physicians pertaining to the position of medical director for the VI Fire Service.

TIERED RESPONSE

Nationwide, the communities with the highest survival rates for cardiac arrest which is a surrogate marker for measuring the performance of an EMS system are those that supplement Basic Life Support, first responders, typically firefighters) with a small cadre of highly trained medics.

In a tiered Fire-EMS delivery design, levels of response are broken down into layers or tiers. An example of this type of service is to have first responders provide the BLS
tier and then have paramedic staffed ambulances provide the Advanced Life Support tier of service. Eighty percent of pre-hospital calls are of the BLS type. Tiered departments will often use various vehicle types in their service delivery model. Examples are sport utility vehicles, fire apparatus as well as ambulances. The goal is to get EMS responders to a patient suffering from a life-threatening medical emergency within 10 minutes. These emergencies include cardiac arrest, major bleeding and respiratory arrest as a primary or secondary cause. Performing CPR and defibrillation, providing respiratory assistance, and controlling major external bleeding can be effectively provided by first responders. These treatments are time-critical and are not beneficial to the patient’s outcome if the response is delayed.

An example of an effective EMS system in a rural setting is a system in which tiered response is deployed. First responders who can be dispatched directly to the patient and perform life-saving and life-sustaining treatment can respond with equipment in quick response vehicles arriving to the patient within 10 minutes. The transporting ambulance determined to be closest by time, is simultaneously responding and arrives on scene within 30 minutes from the time of dispatch. This allows first responders to provide treatment and prepare the patient for immediate transport to definitive care upon arrival of the ambulance, minimizing the time spent on scene by the
Dynamic deployment is often referred to as system status management. In this deployment model, medical response vehicles will be positioned at various locations within a given response area. These posting sites are selected following a retrospective analysis of call volume and locations in order to statistically predict where the next call may occur.

The optimal system for EMS delivery for residents and visitors to the U.S. Virgin Islands is a Fire-based system comprised of cross-trained/multi-role fire fighters trained at a minimum to the Emergency Medical Responder level and EMS providers, Emergency Medical Technicians, Advanced EMTs and Paramedics who are not cross-trained as fire suppression personnel.

EMS TRAINING

EMS training programs may range from initial training of new firefighters and EMS providers to the continuing training programs for incumbent providers in the Fire Service. The “National EMS Education Standards” define the competencies, clinical behaviors and judgements that must be met by entry-level EMS personnel to meet guidelines defined in the “National EMS Scope of Practice Model”.

The “National EMS Educational Standards” are comprised of four components:

1. Competencies for each level of EMS provider (EMR, EMT, AEMT,
2. Knowledge required to achieve the competencies.
3. Clinical behaviors/judgements.
4. Educational infrastructure.

The licensed EMS providers in the Territory are Nationally Registered and adhere to the components of the National EMS Standards. To ensure our continuing education programs meet the providers’ certification and/or licensing renewal criteria, the VI Fire Service will have the course content verified by the EMS oversight agency which will be within the VI Department of Health. States and territories determine the scope of practice of its licensed EMS personnel.

With the passage of the EMS Act, the Department of Health is tasked with proposing and publishing regulations that govern all aspects of EMS in the Virgin Islands. Department of Health will issue policies that help guide oversight of EMS in the Virgin Islands.

The VI Fire Service has partnered with the University of the Virgin Islands Center for Excellence in Leadership and Learning (UVI-CELL) to conduct the Emergency Medical Responder training for the firefighters in both districts. Additionally, we have been communicating with Pafford Medical Services regarding providing Advanced EMT and paramedic training for Fire and EMS staff. The VI Fire Service has plans to fully develop a Fire and EMS training division.
We want to offer our gratitude to Justa E. Encarnacion - Commissioner of the V.I. Health Department for contracting with Pafford Medical Services to provide critical EMS staffing needs in the Territory for the last three months.

The VI Fire Service will continue to collaborate with the VI Department of Health to meet the public’s expectations for excellent pre-hospital care. We will ensure that VI residents receive optimal EMS care through the integration of clinical expertise and evidence-based treatments. Our goal is to improve timely access to pre-hospital care and usher the VI Fire Service and EMS into the 21st century.

I want to thank the Honorable Governor Albert Bryan, Jr and Lt Governor Tregenza A. Roach for affording me the opportunity to be part of this team as we collaborate on their vision to improve pre-hospital care and access in the Virgin Islands. Thank you, Director George, for having confidence in my abilities to lead EMS and for giving me the authority to execute the VI Fire Services’ plans and mandates, as the first appointed Assistant Director of EMS with the VI Fire Service.

Clarence Stephenson- VIFS Deputy Chief for St. John will now speak to his experiences as an EMT and the tiered response system which is currently in place on the island of St. John.

MR. STEPHENSON: Good afternoon Honorable Senate President Novelle Francis Jr., Honorable Senators of the 33rd
Legislature, Director George, Director Clendinen, Chief Negotiator Springette, fellow testifiers and people of the Virgin Islands.

I am Clarence Stephenson, Deputy Fire Chief on the island of St. John. First, I would like to thank the Honorable Governor and Lt Governor for the opportunity to be part of this team as we work to improve pre-hospital emergency response in the Virgin Islands.

I joined the VI Fire Service in 2006 and have attained numerous certifications as the department evolved into the all hazard response agency that it is today. In late 2007, I started the VIEMS EMT course which was held at the Roy Lester Schneider Hospital on St Thomas and was successful in obtaining my certification.

After completing a course in 2008, I took the National Registry Exam and obtained my National Registry Certification which I still hold today. The National Registry Certification uses exams to make sure candidates have the knowledge and skills needed to be an Emergency Medical Technician. The exams are the same across the country and are designed to make sure that everyone meets the same standards. As a result, the National Registry Certification lets the public, healthcare providers, employers and others know that you have the knowledge and skills to work safely and effectively.

It is important to note that successfully obtaining
a National Registry Certification does not grant you the right to practice. You must obtain a state-issued license in order to legally practice as an EMT. In many states, National Registry Certification is one of the requirements needed to earn a state license to practice which is the case here in the VI.

When Sgt. Magabe Calixte and I became EMT’s, it allowed VI Fire Service Management to place one EMT on each squad at the Romeo Company Fire Station in Coral Bay. This allowed VIFS to assist VIEMS by responding to medical calls on the eastern side of St. John. With the ambulance stationed at the Morris DeCastro Clinic in Cruz Bay, the fire service having this capability to respond has been a great benefit to the Coral Bay community and EMS. We have been able to provide critical care while the ambulance was traveling to Coral Bay and have even been able to respond to calls in Cruz Bay, on the beaches on the north shore while the St John EMS staff was transporting a patient to St Thomas via the ambulance boat.

We have also saved the ambulance crew unnecessary travel time to Coral Bay when the case was minor and transport was not required.

I will end with a true story about why having trained personnel in strategic locations is a benefit to the community and one that I want you to think about when you vote on this legislation.

In 2010, I was a young corporal stationed at Romeo
Company in Coral Bay when patient John Doe was driven to the station by a family member. Patient John Doe was allergic to bees, he was stung and began suffering from a severe allergic reaction. After conducting my assessment, the patient had hives, shortness of breath, pale skin and a weak pulse. I knew right away that this patient was suffering from Anaphylaxis and time was of the essence. I called the 911 Dispatch Center and they advised me that EMS was in St. Thomas transporting a patient and that transport would be delayed. The VI Fire Service does not transport patients and I had to make an immediate decision. My justification was that I was trying to save a life. I decided I had no choice and got in the back seat of the family’s car and had them follow the fire truck to Myrah Keating Smith Clinic. In route to the clinic, we met the ambulance at the entrance of the clinic. I am happy to report that this outcome was successful.

When I hear anyone suggest that the merger of Fire and EMS is a mistake because “firefighters lack the skills to provide high quality patient care”, I am highly insulted. I honestly feel like I work with some of the most outstanding EMS personnel in the nation right here in the Territory and I’ll be honored to have them work on anyone in my family, which is good, because we all live in this community.

So let us work together to enhance professionalism from every aspect of EMS delivery and in doing so, benefit the people of the Virgin Islands.
Thank you for the opportunity to share my testimony and I will be standing by with the team to answer any questions.

SENATOR FRANCIS, JR: Thank you very much for that. Before we go on to the next testifier, I wanted to recognize the presence of both Senator Marvin Blyden as well as Senator Jackson. Thank you for joining us.

At this time we'll time we'll go to Director O'Neal. You're recognized for your testimony.

DIRECTOR O'NEAL: Good afternoon Senate President Novelle Francis, other Senators of the 33rd Legislature of the U.S. Virgin Islands and members of the listening and viewing audience. I am Jenifer O’Neal - Director of the Office of Management and Budget and I appear pursuant to your invitation to testify on the bill to establish the Emergency Medical Services System (“EMS System”) and the bill to create the Virgin Islands Fire and Emergency Services (“VIFEMS”).

As you know, there is currently no established Emergency Medical Services System and this bill serves the purpose of establishing the guidelines for emergency medical services within the Territory. As it relates to the integration of the EMS into the VI Fire Services, the VIFEMS will have a combined Fiscal Year 2020 budget of $27,415,965 which is the money allotted in the Department of Health's budget for EMS plus the Fire Services budget. This operational budget is also supplemented by Title 33 Virgin Islands Code, Chapter 111,
Section 3032 - the Virgin Islands Fire Services Emergency Fund, which has a current balance of approximately $926,000. These funds can be used to hire fire inspectors and purchase firefighting equipment and supplies.

Title 33 Virgin Islands Code, Chapter 111, Section 3099 - The Emergency Services Fund also provides some financial support to the VIFEMS. That fund can be used for the purchase of equipment, communication services, supplies, training and other professional services to provide, maintain or improve emergency medical services, fire services or 911 emergency response services. The current balance of this fund is $531,625.

The Fiscal Year 2020 budget included prospective planning for this merger by designating $75,000 for EMS Training within the Fire Services’ appropriation. Most of the positions identified in the proposed legislation already exists, notwithstanding the differing titles, since as you may remember, the 33rd Legislature gave the Virgin Islands Fire Service an additional 410 thousand dollars after the budget wrap-up hearing to fund a Training Coordinator, Medical Director and an Assistant Director of EMS within the Fiscal Year 2020 budget. To date, the VI Fire Service has filled the Assistant Director EMS position. Any additional costs can be absorbed within the combined budgets by a review of the current vacancies for consideration of their necessity and potentially creating the new positions through deletion of existing positions that may
not be necessary within the VIFEMS.

It should be noted that the Department of Health will not be financially shortchanged in any way as adjustments will be made within all of the funding sources available to both Department of Health and the V.I. Fire Service to remain whole. Consequently, I support both bills as proposed. The creation of the VIFEMS and EMS System will ensure the efficient use of the Territory’s emergency resources and lowers the response time to emergencies which is of utmost importance.

The Office of Management and Budget is committed to both endeavors and will work diligently to assist in the formation of the VIFEMS.

Mr. President, this concludes my testimony and I remain available to answer any questions that you may have.

SENATOR FRANCIS, JR: Thank you very much Director O'Neal. At this time we'll go to Director Clendinen. You're recognized for your testimony.

DIRECTOR CLENDINEN: Good afternoon and thank you Senator, but I am not providing testimony today. I'm here in support.

SENATOR FRANCIS, JR: Just responding to questions?
And that applies to you as well Ms --

CHIEF NEGOTIATOR SPRINGETTE: Yes Senator.

SENATOR FRANCIS, JR: Any other testimony from the table before I go to St. Croix? Very well, at this time, David
Sweeney you're recognized for your testimony. Please take the make in your hand.

MR. SWEENEY: Good Afternoon Honorable Novelle Francis, Jr - Chairman, other Senators, testifiers, listening audience. I appreciate this opportunity to register my comments on amending Title 3 of the Virgin Islands Code to create a new Virgin Islands Fire/EMS -- To Provide Fire Prevention Services, Fire and Suppression Services and Emergency Medical Services and for the Protection of Life and Property.

We have supported any effort to bring better care, quicker response to the people of the Virgin Islands. We have supported in the past the Fire/EMS MOU. We supported the proposed system that's going on right now in St. John. And we will support this legislation if everything is done and the terminology are correct.

I'm here this afternoon to submit what I find may be a little problematic in the effort of explanation. So if you'll give me the time sir I could go ahead and do that. It should not take me more than five minutes.

Just for correction. It's mentioned over and over again that there's no EMS System in the Virgin Islands. I beg to differ since we are operating right now. And the only thing that we do not have that's here is that we're not under the Fire Services and we do not have these boards that you talk about; but every other instance or avenue you request, it's there. So
for those of us who's been here a while I was a little offended
by the saying that there's nothing here in the Virgin Islands.

The section, subsection 51A as it pertains to the
medical director - Section C. It says that the medical director
could, within a certain period of time, the hospitals have to
accept a patient within a certain period of time. Is there any
recourse if the patient did not get to the hospital in that
period of time?

A definition as to licensure and certification. You
have that certification must be received from the commissioner.
Commissioners as to my understanding do not do certification,
they do licensure. So certification is done by either the board
that you have or by the agency that did the training for the
individuals. So I would suggest that where you go through and
you see that certification from the commissioner, you put
licensure.

The next one as you see here it says for the
purpose of this chapter, advanced emergency medical services
means invasive Emergency Medical Services exceeding the scope of
practice of an Emergency Medical Technician. I think that you
will find that you will have some legal problems with that.
Every EMT knows that you're operate within your scope of
practice. You go beyond that, you now can be found negligent.
So I think that we should stick with what we know as ALS and
VLS.
Also there's no mention here of EMS providers in the Virgin Islands being nationally registered. I would strongly recommend that we keep that because every organization now wants to be nationally recognized. What it does also is that it adheres to a certain level of training that any state that you go to would recognize that you are trained at a minimum of what everybody expect we're doing nationally. So we have now also that the curriculum that should be developed by this training coordinator that's going to be in place, should adhere to the national training curriculum as a base. You could add more to it, but you have to have those things at the base of it. I would suggest that we structure it to that.

Basically that's pretty much. And the building I understand -- I came with a question in mind, but it was answered that we would get MOA or MOU with the Department of Health because that would also be a problem.

That's pretty much what I have to submit on this bill. If there's any questions that would be asked of me I am ready to answer.

SENATOR FRANCIS, JR: Thank you very much Mr. Sweeney. Also please provide a copy of your testimony or your comments there to staff on that end so that they could get it over here and be circulated to my Colleagues and I.

Ms. Hector, you're recognized for your testimony at this time.
MS. HECTOR: Good afternoon Senate President and other Senators, testifiers and to the listening and viewing audience. My name is Veniya Hector and I am going to be reading a letter that was submitted by Gerard Jerry Jackson on November 21st, 2019. Mr. Jackson was unable to be present here today. So I'm just reading his letter into the record.

It says "Dear Honorable Senators of the 33rd Legislature. This letter serves to place into writing the facts relative to this union: United Steelworkers Local 9488 and 9489. Its involvement in the Virgin Islands Fire Services and the Virgin Islands Department of Health Division of Emergency Service integration and its position on the same.

The Government of the Virgin Islands continues to claim continued involvement among the stakeholders of this merger. The Government also continues to boast a phased integration plan which provides no intimate specific details. The details will become crucial to a successful, both failure to such a drastic change.

This union was invited to a meeting on June 10th, 2019 in reference to the Government's proposed integration of these two agencies. At the time of this meeting, there was no concise and detailed roadmap of how such a change might be instituted. Moreover, our union and affected members have looked on from the outside with valid and extensive concerns regarding the progress that has been undertaken.
It is our belief that these concerns not only affect our members, but also the health and safety of all Virgin Islands residents and visitors. The parties have a binding collective bargaining agreement effective October 1st, 2019 and expires September 30th, 2021. The agreement does not affect the way our union operates. Sorry -- the agreement does affect the way our union operates and the transferring of employees can change or even violate the contractual agreement.

The United Steelworkers do not have the desire to see our members and communities hurt in any manner due to the regrettable decision making. Government House continues to provide information to the general public about this integration while not expounding upon the details to the employees affected by the binding collective bargaining agreements.

We ask that you, the Honorable members of the 33rd Legislature do not vote in the affirmative of any measure coming before you without hearing these concerns. The union and our members must be at the table to facilitate an honest discussion at the invitation of this integration before foreseen mistakes are made and the quality of care decreases. It is not as simple as moving employees. It must be kept to the care in health care of our community. And I yield. I am going to be here to answer any questions. Thank you.

SENATOR FRANCIS, JR: Very well. Thank you very much. Any other testimony? At this time we will open up the
floor to a round of question, but before I do that I wanted to
ask Commissioner Encarnacion, do you need this particular
legislation to pass to address getting an ambulance in the
Frederiksted area?

COMMISSIONER ENCARNACION: Of course not.

SENATOR FRANCIS, JR: What's the issue with having
an ambulance stationed in closer proximity to the Frederiksted
area?

COMMISSIONER ENCARNACION: It's right now, besides
staffing, we've actually requested it to be -- even if it's in
the area of the hospital, but at this point in time the hospital
could not accommodate us. In reference to why it's not going
into the Frederiksted area, there really is not a sufficient
answer that I can give that can say that it cannot be within
that area besides staffing.

With Pafford being part of us right now and I've
actually extended Pafford again for this month despite the cost
to secure the lives, we've been able to address the needs within
the Territory. We have not had any incidences as we had in the
past. So we have been able to respond in an appropriate
timeframe. However that is something, a conversation that needs
to be continued. I will agree with you.

SENATOR FRANCIS, JR: Very well. Is that something
that you're taking under advisement in respect to addressing
some of the concerns that have been raised by the residents of
Frederiksted in terms of the timely responses for an ambulance call?

COMMISSIONER ENCARNACION: Yes, of course.

SENATOR FRANCIS, JR: Thank you. At this time we'll open up the floor for seven minutes questions. Senator Frett-Gregory you're recognized for your seven minutes at this time.

SENATOR FRETT-GREGORY: Good afternoon Colleagues and good afternoon to the testifiers.

SENATOR FRANCIS, JR: One minute Senator Gregory before you start your questions. We will have a two-minute recess for a change of the Recorders. Sorry 'bout that.