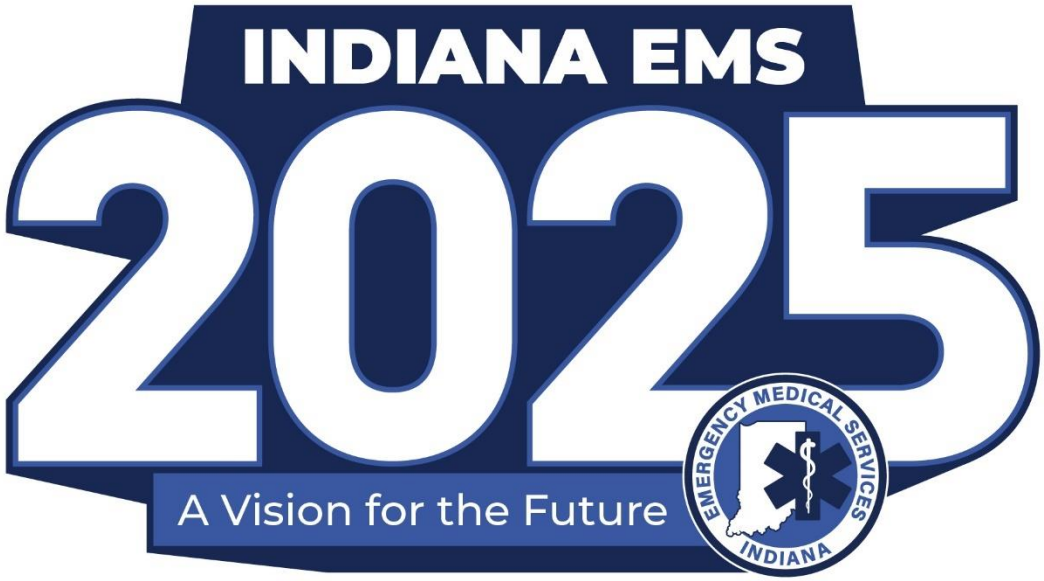
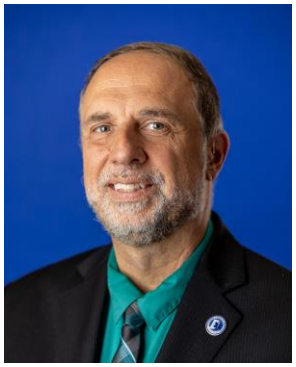
INDIANA EMS 2025 REPORT

Issued Nov. 15, 2024



INTRODUCTION TO INDIANA EMS 2025 FROM EMS DIRECTOR KRAIG KINNEY



EMS is at a crossroads. Run volume has increased substantially. The shortage of active clinicians does not meet demand. Funding does not meet the needs.

While these themes have been consistent for decades, they still are prevalent today and impact the critical services EMS provides. But Indiana, while tasked by the challenges, is meeting the needs by adapting and being agile in our operations.

Can we do better? Always.

The Indiana EMS office at IDHS is more active than ever with efforts to address these issues.

When our office became its own IDHS division in 2023, we determined we needed a vision of where we should be working to address future challenges.

The core concept of the Indiana EMS 2025 workgroup is to gather EMS stakeholders for discourse of the challenges and possible solutions that can address those challenges.

The broad categories are:

- Essential Function
- Funding and Sustainability
- Operations and Safety
- EMS Education
- Training
- Workforce

Across a series of five meetings, the topics were extensively reviewed and discussed by our group of stakeholders.

The outcome of our workgroup is a series of *Findings* of the challenge areas of EMS in Indiana and then *Recommendations* of actions or changes that could address the

challenge. The *Rationale* section is a synopsis of the discussion and annotations of information supporting the identified findings and challenges.

Our target audience was the IDHS EMS Division, to better inform our future planning, as well as the Indiana EMS Commission, as Indiana's core EMS body and policy-making body. Additionally, many of the stakeholder groups involved have the potential to effectuate the change needed to address the identified challenges.

Ultimately, our findings and recommendations can be used by any entity intersecting with EMS, including individual EMS clinicians, EMS organizations, state government and even legislators.

Indiana EMS 2025 is not just one year but reflects where we are, where we should go and changes that can be made over the next several years.

I am personally proud of the workgroup, the level of expertise, the quality discussion and insight, and the work product that can guide Indiana EMS into coming years.

CONCEPT

Developed as an initial priority project for the newly-elevated Emergency Medical Services (EMS) Division of the Indiana Department of Homeland Security (IDHS) as announced in September of 2023.

The concept was to bring together a workgroup of EMS stakeholders that would foster an assessment and dialogue of EMS in Indiana and create recommendations for where EMS should be.

Public meetings were held for those interested in participating.

Designees from EMS stakeholder groups formed the core workgroup.

GOAL

Creation of a “white paper” with findings and recommendations to stabilize and improve EMS that can be used by IDHS, the EMS Commission, the Governor’s office and the Indiana legislature.

COORDINATION OF THE WORKGROUP

The state EMS director gathered an IDHS team to formulate the plan and determine the stakeholder membership.

Coordinating for IDHS and developing the written report were:

- Kraig Kinney, State EMS Director
- Robin Stump, EMS Operations Section Chief
- Alyssa Schroeder, Legislative Director
- Clayton Black, IDHS Governor’s Fellow

STAKEHOLDER REPRESENTATION OF THE WORKGROUP

State EMS Director	Kraig Kinney
State EMS Director Emeritus	Michael Garvey
State EMS Medical Director	Dr. Eric Yazel, M.D.
State EMS Medical Director (Prior)	Dr. Michael Kaufmann, M.D.
Indiana Department of Homeland Security	Director Joel Thacker
Indiana EMS Commission	Lee Turpen, Chairperson Darin Hoggatt, Vice-Chairperson Andrew Bowman, Member
Indiana State Fire Marshal	Steve Jones
Governor's Staff Liaison	Rachel Ehlich
Indiana Department of Health	Dr. Lindsay Weaver, M.D. Alt. Dr. Guy Crowder Alt. Brian Busching
Indiana Family & Social Services Administration (FSSA)	Dr. Dan Rusyniak, M.D.
Indiana Statewide 911 Board	Jeff Schemmer
Ivy Tech Community College	Dr. Matt Connell, Ed.D. Alt, Matt Shady
Indiana Emergency Services for Children	Dr. Lindsay Haut
Indiana Hospital Association	Andy Van Zee
Indiana Rural Health Administration	Cara Veale
Indiana EMS Association	Nate Metz Alt. Gary Miller
Indiana Fire Chief's Association	Jarrod Sights Alt. Danny Sink
Indiana Volunteer Firefighters Association	Tom Fentress
Indiana Professional Firefighters Union	Tony Murray, President Alt. Patrick Hutchison
National Association of EMS Physicians	Dr. Stephanie Gardner, Indiana Chapter President
National Association of EMTS (NAEMT)	Jason Scheiderer, Indiana Chapter representative
Indiana Insurance Representative	Keith Mason

National Association of State EMS Officials (ex-officio / advisory capacity)	Dia Gainor, Executive Director

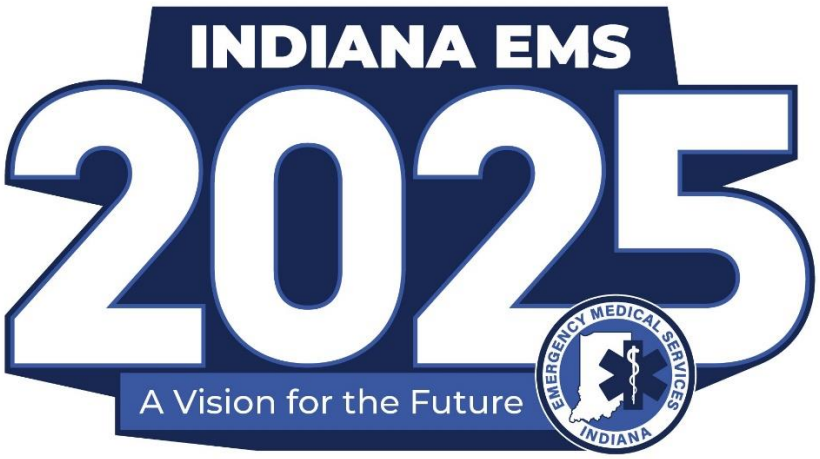
FOCUS AREAS OF THE WORKGROUP

TIMELINE

Meetings were a combination of in-person and virtual, and held throughout 2023 and into May of 2024. This report is the culmination of the work product of the workgroup.

Sept. 26, 2023	• Initial meeting with determination of core categories to review in EMS.
Nov. 17, 2023	• Discussion and review of EMS operations.
Jan. 18, 2024	• Discussion and review of EMS education and training.
Feb. 14, 2024	• Discussion and review of EMS budget and EMS essential function.
Feb. 14, 2024	• Discussion and review of EMS workforce (in conjunction with the Bowen Center for Workforce staff).
May 9, 2024	• Review and final approval fo the report Findings and Recommendations

SUMMARY OF FINDINGS AND RECOMMENDATIONS



EMS EDUCATION AND TRAINING FINDINGS AND RECOMMENDATIONS

Finding	Recommendations
EMS EDUCATION & TRAINING FINDING #1	
Modern EMS has evolved beyond just patient transportation, however, there is a lag in the culture of EMS to embrace non-traditional functions, such as mobile integrated healthcare and interfacility transfers.	Recommendation 1A - IDHS and the EMS Commission should review and modify, as appropriate, the curricula for EMS courses to ensure that the introductory culture for students emphasizes a broader understanding of EMS.
EMS EDUCATION & TRAINING FINDING #2	
Poor EMS leadership is often cited as a problem with EMS retention and the EMS system does not have any formal recognized means of EMS leadership training.	Recommendation 2A - IDHS and the EMS Commission should develop new statewide EMS leadership educational opportunities.
	Recommendation 2B - IDHS should review EMS recruitment processes and identify areas of improvement. Such a review should include the extent to which current practices showcase the diverse career opportunities within EMS.

Finding	Recommendations
EMS EDUCATION & TRAINING FINDING #3	
One of the key challenges for EMS workforce retention has been the lack of career pathways to continue to work EMS while also practicing skills above the paramedic level.	Recommendation 3A - IDHS and the EMS Commission should identify opportunities for EMS career advancement that allows for broader scope of practice privileges with increased education and compensation.
EMS EDUCATION & TRAINING FINDING #4	
Indiana's initial EMS education is improving but the state remains at the lower end of NREMT test performance for the nation.	Recommendation 4A - IDHS should return to posting information regarding NREMT pass rate data for every certified training institution in Indiana to increase transparency for perspective students.
	Recommendation 4B - IDHS should identify the high performing training institutions and find a means to highlight that performance and demonstrate methods that are being used to produce positive results.

Finding	Recommendations
	Recommendation 4C - IDHS should prioritize working with the Department of Education (DOE) on improving the high school vocational system and improving performance outcomes in the high school vocational programs. This discussion could explore whether EMS certifications can be used as pathway for any elective graduation requirements such as career class applied skills.

EMS ESSENTIAL FUNCTION FINDINGS AND RECOMMENDATIONS

Finding	Recommendations
EMS ESSENTIAL FUNCTION FINDING #1	
Emergency medical services is a vital component of public safety and the public health system. IC 16-31-1-2 states, "The provision of emergency medical service is an essential purpose of the political subdivisions of the state." However, there is not an agreed upon understanding of the impact of IC 16-31-1-2 regarding if it mandates political subdivisions to provide EMS and if so, to what extent.	Recommendation 1A - Create a clear understanding of IC 16-31-1-2 via statutory modification or EMS Commission action to clarify what is the responsibility of a political subdivision regarding EMS
EMS ESSENTIAL FUNCTION FINDING #2	
Jurisdictional boundaries can impede a timely EMS response.	Recommendation 2A: Political subdivisions should implement policies and mutual aid agreements that ensure the closest, most appropriate EMS response is utilized in critical acuity responses, regardless of the jurisdictional boundaries of an EMS provider organization.

Finding	Recommendations
EMS ESSENTIAL FUNCTION FINDING #3	
Data regarding EMS operations at the local level is not readily available.	Recommendation 3A: The EMS Commission/IDHS should update the data it requires EMS provider organizations submit every year to gain better insight into EMS operations across Indiana.

EMS FUNDING FINDINGS AND RECOMMENDATIONS

Finding	Recommendations
EMS FUNDING FINDING #1	
A hindrance to discussion and review of EMS funding is the disparities and lack of transparency in EMS billing practices.	Recommendation 1A: IDHS and the EMS Commission should create a workgroup to gather and analyze EMS billing data to better understand billing practices and costs associated with EMS.
EMS FUNDING FINDING #2	
The insurance reimbursement rate does not cover the cost of providing EMS. While insurance reimbursement is an important part of the EMS funding model, it alone is not sufficient to fully fund EMS operations.	Recommendation 2A: Stakeholders should continue to explore methods currently available to provide funding for EMS in addition to insurance reimbursement.
	Recommendation 2B: EMS provider organizations should seek opportunities to harness their collective buying power to reduce expenses.

Finding	Recommendations
EMS FUNDING FINDING #3	
Indiana should continue to invest state dollars in initiatives that support EMS training and operations.	Recommendation 3A: Encourage the Indiana General Assembly to continue funding the EMS Readiness program.
	Recommendation 3B: The EMS Commission should weigh the merits of implementing certification/licensure fees to collect revenue that would benefit the EMS industry.

EMS OPERATIONS FINDINGS AND RECOMMENDATIONS

Finding	Recommendations
EMS OPERATIONS FINDING #1	
Opportunity exists to increase utilization of emergency medical dispatch (EMD) protocols in Indiana.	Recommendation 1A: IDHS, the EMS Commission and the Indiana 911 Board should explore to what extent EMD is being effectively used in Indiana by the 911 call centers or PSAPs (public safety answering points) and EMS organizations.
EMS OPERATIONS FINDING #2	
Public safety answering points (PSAPs) are essential to EMS and opportunities exist to improve PSAP protocols and structure.	Recommendation 2A: IDHS, the EMS Commission and the Indiana 911 Board should explore to what extent EMD can be enhanced to address challenges such as appropriate call type dispatch and interfacility transfer.
	Recommendation 2B: PSAPs should be trained to identify when a 911 caller may be best served by mobile integrated healthcare (MIH), if available, instead of a traditional EMS response.

Finding	Recommendations
EMS OPERATIONS FINDING #3	
The statewide hospital interfacility transfer system is not functioning effectively. There is great disparity across the state regarding how interfacility transfers between hospitals are requested and dispatched. Moreover, there is a larger debate regarding whether hospitals or EMS providers are responsible for ensuring a timely transfer.	Recommendation 3A: The EMS Commission should consider adopting a policy that clarifies that certain patients in a hospital setting who require transportation to a higher level of care should be viewed as the same level of acuity as certain 911 dispatch protocols. Additionally, the EMS Commission and IDHS should continue to review innovative ways to facilitate hospital interfacility transfers and resources available to perform the transfers.
	Recommendation 3B: IDHS and the Indiana Department of Health should host meetings with hospitals, EMS provider organizations and other stakeholders to facilitate a better understanding of the challenges of hospital interfacility transfers and work on improving the system.
	Recommendation 3C: To improve the interfacility transfer system, better data collection and analysis is needed to understand the operational needs and health outcomes of such transfers.

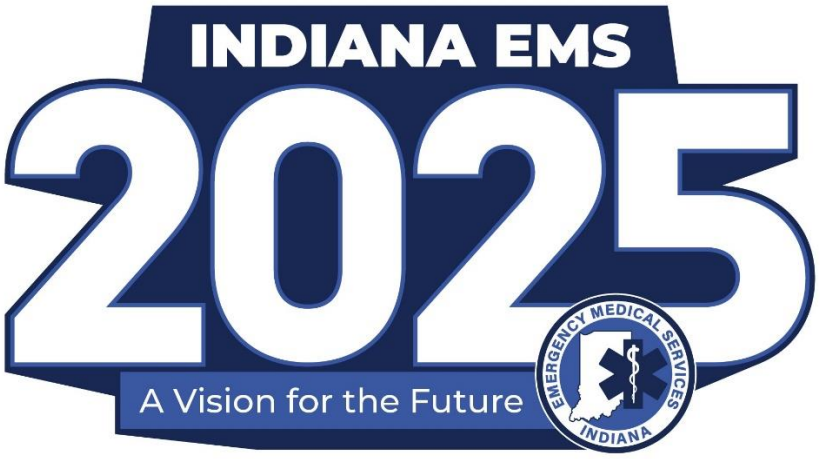
Finding	Recommendations
	Recommendation 3D: IDHS, in consultation with the EMS Commission, should review the staffing levels required for interfacility transfers and propose changes to improve the interfacility transfer system.
EMS OPERATIONS FINDING #4	
There currently is no Indiana EMS code of ethics adopted by the EMS Commission.	Recommendation 4A: The EMS Commission should adopt a code of ethics to which each provider must adhere.
EMS OPERATIONS FINDING #5	
As a healthcare profession, EMS intersects with other aspects of healthcare including hospitals and the nursing profession. While there is some connectivity, there is room for strengthening these relationships.	Recommendation 5A: IDHS, in conjunction with the Indiana Department of Health, should convene regular meetings for EMS and healthcare stakeholders to collaborate on issues impacting both hospitals and EMS providers.

EMS WORKFORCE FINDINGS AND RECOMMENDATIONS

Finding	Recommendations
EMS Workforce Finding #1	
Cost of EMS training courses may be a barrier to entry for individuals interested in the profession.	Recommendation 1A: IDHS should work with the Department of Workforce Development to increase awareness of DWD programs that help students pay for the cost of EMS training.

Finding	Recommendations
EMS Workforce Finding #2	
Opportunity exists to gain better insights into the EMS workforce and training institutions in Indiana.	Recommendation 2A: IDHS, in cooperation with the EMS Commission, should continue to explore ways to obtain EMS workforce and EMS training institution data to understand the current state of EMS.
EMS Workforce Finding #3	
There is a need for quality EMS training in many areas of the state.	Recommendation 3A: IDHS should continue initiatives, such as the EMS Readiness funding opportunities, that support EMS training institutions in areas that are underserved or have a high demand for EMS training opportunities.
EMS Workforce Finding #4	
Two key factors in EMS workforce retention are well-being and workforce burnout.	Recommendation 4A: IDHS, in conjunction with the EMS Commission, should highlight training and resources that focus on EMS workforce resiliency and retention with a focus on workforce wellness and burnout.

FINDINGS AND RECOMMENDATIONS WITH RATIONALE



EMS EDUCATION AND TRAINING

EMS EDUCATION & TRAINING FINDING #1

Modern EMS has evolved beyond just patient transportation, however, there is a lag in the culture of EMS to embrace non-traditional functions, such as mobile integrated healthcare and interfacility transfers.

Recommendation 1A - IDHS and the EMS Commission should review and modify, as appropriate, the curricula for EMS courses to ensure that the introductory culture for students emphasizes a broader understanding of EMS.

Rationale

EMS training courses must cover all aspects of modern EMS to ensure students have an accurate understanding of the many facets of modern EMS.

There has been movement away from the concept that EMS is only about ambulances and transport. Similarly, EMS is not just about 911 call response. EMS remains primarily related to 911 response but interfacility transports and mobile integrated healthcare are equally important to the profession. The term “EMS” itself is recognizable but when broken down to “emergency medical services,” it does not capture what modern EMS encapsulates in terms of the healthcare system.

Modern EMS is the provision of community-based healthcare services outside the traditional medical facility setting. While the term EMS may be a little misleading, it is ingrained into the profession and the public awareness after over 50 years of existence. EMS could change to “essential medical services” or other terminology, but the workgroup did not reach a consensus on a name change.

There is a mindset that the “real” EMS job is emergency response and care. Interfacility transports are viewed as not related or a necessary evil. Interfacility transports are vital to the healthcare system and move patients from one acuity level to another. Shifitng the focus from emergency only to more robust healthcare provider that includes non-emergency care is a culture that EMS should embrace.

EMS EDUCATION & TRAINING FINDING #2

Poor EMS leadership is often cited as a problem with EMS retention and the EMS system does not have any formal recognized means of EMS leadership training.

Recommendation 2A - IDHS and the EMS Commission should develop new statewide EMS leadership educational opportunities.

Rationale

Having EMS leadership educational opportunities available would be very valuable and could help with the high turnover rate in the EMS industry. An in-person course targeting EMS leadership or EMS medical directors could cover the history of EMS, understanding of national EMS structure and organizations, finance and budgeting, state EMS laws and human resources best practices. The in-person course targeting EMS organization top leadership (such as chiefs and directors) should mirror the type of education with the Fire Chief's Academy under the Fire and Public Safety Academy.

This recommendation can include a review of whether there should be minimum qualification standards for an individual to lead an EMS organization.

Supporting the need for EMS leadership educational opportunities is evidence from EMS providers that leadership can impact the workforce. The "2023 EMS Trend Report: What Paramedics Want in 2023," a joint survey by Fitch & Associates and EMS 1, indicated:

- Respondents ranked leadership as the #5 critical issue facing EMS today.[1]
- Respondents indicated that 25% of their organizations never adopted internal leadership training while another 9% stopped using it, 11% were in planning to adopt, 28% were using occasionally and 14% were using infrequently.[2]
- While 13% of leadership responded that poor leadership is a major issue impacting retention, some 32% of field providers felt it was a major issue.[3]
- Of respondents planning to leave their current employers, 23% cited poor leadership as a reason. Respondents listed poor leadership as the number one stressful aspect of their job.[4]

[1] "2023 EMS Trend Report: What Paramedics Want in 2023" Page 5.
[2] "2023 EMS Trend Report: What Paramedics Want in 2023" Page 17.
[3] "2023 EMS Trend Report: What Paramedics Want in 2023" Page 22.
[4] "2023 EMS Trend Report: What Paramedics Want in 2023" Page 22.

Recommendation 2B - IDHS should review EMS recruitment processes and identify areas of improvement. Such a review should include the extent to which current practices showcase the diverse career opportunities within EMS.

Rationale

High school EMT education programs have had mixed results, but it is vital that the career of EMS profession be evident during the grade school years to garner interest and not have as much “accidental” interest in becoming an EMT or paramedic. There are other ways other than bringing EMR and EMT courses into schools, such as cadet programs that could be fostered and perhaps formalized. This creates exposure to the profession without attempting to have an individual lacking the maturity or full educational background to attempt a full certification course.

IDHS can work with the EMS Commission to develop a recruitment program that educates the public and exposes younger population to the profession before they reach a certification age, which will help create interest in the profession and potential opportunities for recruitment.

EMS EDUCATION & TRAINING FINDING #3

One of the key challenges for EMS workforce retention has been the lack of career pathways to continue to work EMS while also practicing skills above the paramedic level.

Recommendation 3A - IDHS and the EMS Commission should identify opportunities for EMS career advancement that allows for broader scope of practice privileges with increased education and compensation.

Rationale

Providing career advancement and broader scope of practice privileges could offset the flow of career paramedics leaving EMS to go into nursing. Doing so could break down barriers between the two professions to allow more flow between the two healthcare professions, as opposed to two “competing” professions.

Other health services professions have a more defined pathway for career advancement. The track for the nursing professionals is more established with it being a more well-recognized profession that has been in existence much longer. There will always be a position within EMS for entry level as more of trade, particularly the emergency medical responder level. But as the scope of practice increases, the knowledge and applicability requirements increase. Successful

EMS clinicians must be intelligent and able to apply their knowledge and experience to their patient care. The potential of these EMS providers with a wider scope of practice, under medical supervision, could be a benefit to the overtaxed and understaffed healthcare system.

The National Association of EMS Physicians has promulgated a potential degree pathway for EMS clinicians that warrants review. This system includes an associates degree for “paramedic”, bachelor’s degree for “specialty paramedic”, and master’s degree for “paramedic practitioner.”[5]

EMS EDUCATION & TRAINING FINDING #4

Indiana’s initial EMS education is improving but the state remains at the lower end of NREMT test performance for the nation.

Recommendation 4A - IDHS should return to posting information regarding NREMT pass rate data for every certified training institution in Indiana to increase transparency for perspective students.

Rationale

According to the Indiana University School of Medicine Bowen Center’s “2023 Indiana EMS Workforce Assessment”, Indiana’s average NREMT pass rates have steadily remained below the national average and passing the NREMT exam was revealed to be a top hurdle to student success.[6] Examining NREMT pass rate data on a yearly basis would give IDHS and prospective students an understanding of each program’s training quality performance.

[5] ““EMS Physician Assistants: Are They The Next Paramedic Practitioner?” :https://naemsp.org/2020-2-4-ems-physician-assistants-are-they-the-next-paramedic-practitioner-and-other-degrees-for-ems-professionals/

[6] “2023 Indiana EMS Workforce Assessment” Bowen Center for Health Workforce Research & Policy, Pages 23-25.

Recommendation 4B - IDHS should identify the high performing training institutions and find a means to highlight that performance and demonstrate methods that are being used to produce positive results.

Rationale

Through data collection, IDHS can see which EMS programs are yielding the highest test results. IDHS could facilitate peer learning opportunities between high and low performing training institutions to improve student performance.

Recommendation 4C - IDHS should prioritize working with the Department of Education (DOE) on improving the high school vocational system and improving performance outcomes in the high school vocational programs. This discussion could explore whether EMS certifications can be used as pathway for any elective graduation requirements such as career class applied skills.

Rationale

The Indiana Department of Education (DOE) has actively encouraged the development of vocational programs within the high schools. The vocational programs can include EMT programs that can receive funding from Department of Workforce Development.

While these programs are a great resource and do create some new EMTs, there have been challenges, including pass rates. Primary instructors in high school programs have expressed frustration trying to follow both EMS Commission and DOE requirements for the classes. IDHS and DOE could identify better ways to implement to program to alleviate current challenges.

EMS ESSENTIAL FUNCTION

ESSENTIAL FUNCTION FINDING #1

Emergency medical services is a vital component of public safety and the public health system. IC 16-31-1-2 states, "The provision of emergency medical service is an essential purpose of the political subdivisions of the state." However, there is not an agreed upon understanding of the impact of IC 16-31-1-2 regarding if it mandates political subdivisions to provide EMS and if so, to what extent.

Recommendation 1A - Create a clear understanding of IC 16-31-1-2 via statutory modification or EMS Commission action to clarify what is the responsibility of a political subdivision regarding EMS

Rationale

There should be clarification regarding if the "essential purpose" requires political subdivisions to provide EMS and if so, to what extent. The workgroup believes every resident should have access to a timely EMS response that includes first responders but also an ambulance for transportation.

Advanced Life Support (ALS) is the standard Indiana should be working toward but may be cost-challenged in rural areas. The local political subdivisions should be considering a plan that covers timely BLS response coupled with ALS secondary response for all residents.

ESSENTIAL FUNCTION FINDING #2

Jurisdictional boundaries can impede a timely EMS response.

Recommendation 2A: Political subdivisions should implement policies and mutual aid agreements that ensure the closest, most appropriate EMS response is utilized in critical acuity responses, regardless of the jurisdictional boundaries of an EMS provider organization.

Rationale

County, city, town and township boundaries often dictate which EMS provider is dispatched. However, this practice does not always result in the closest and most appropriate EMS unit to the patient being dispatched. For potentially life-threatening or life-altering emergencies, EMS provider organizations should be dispatched based on location, not jurisdiction. A patient that happens to live on

the north side of the street is entitled to have the same level of EMS response as the patient living on the south side of the street.

ESSENTIAL FUNCTION FINDING #3

Data regarding EMS operations at the local level is not readily available.

Recommendation 3A: The EMS Commission/IDHS should update the data it requires EMS provider organizations submit every year to gain better insight into EMS operations across Indiana.

Rationale

Accurate and accessible data is key to understanding and improving EMS in Indiana. Such data will provide the state greater insight into patient outcomes, response times, mutual aid utilization and emerging trends in EMS. Moreover, data can assist with measuring the effectiveness of existing procedures and identify problem areas. This data should be accessible to the public to increase transparency and accountability.

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EMS FUNDING

EMS FUNDING FINDING #1

A hindrance to discussion and review of EMS funding is the disparities and lack of transparency in EMS billing practices.

Recommendation 1A: IDHS and the EMS Commission should create a workgroup to gather and analyze EMS billing data to better understand billing practices and costs associated with EMS.

Rationale

The EMS Commission has no regulatory authority over EMS billing. However, it is vital to understand EMS billing to fully comprehend EMS budgeting and the needs for billing reform. With the rise of “surprise billing” legislation both nationally and on a state level, it is vital that EMS organizations be prepared to disclose their billing rates and demonstrate fairness. While EMS deserves to be paid for the true costs of operations including readiness, the patient or consumer has a right to know what the charges will be.

EMS FUNDING FINDING #2

The insurance reimbursement rate does not cover the cost of providing EMS. While insurance reimbursement is an important part of the EMS funding model, it alone is not sufficient to fully fund EMS operations.

Recommendation 2A: Stakeholders should continue to explore methods currently available to provide funding for EMS in addition to insurance reimbursement.

Rationale

EMS has evolved from a solely transportation-based service to a healthcare-based service which includes transportation. As a result, the cost of providing EMS has increased. However, many EMS funding models rely largely on insurance reimbursement, which does not fully cover the cost of providing EMS. To offset the difference, many EMS provider organizations receive local tax funding to pay for the cost-of-readiness and bill insurance when applicable.

Consistency among the government funding support would benefit the profession immensely. This could be facilitated with a review of the essential function and essential service obligations discussed in this report. The readiness cost is the

heaviest since there is no reimbursement available and readiness benefits both public safety and public health so units of government should assist with the funding.

Recommendation 2B: EMS provider organizations should seek opportunities to harness their collective buying power to reduce expenses.

Rationale

Some of the heaviest of the costs to operate an EMS organization are shared by all organizations so pooling resources could create an opportunity to have volume purchasing. This includes vehicles, fuel, equipment and both liability coverage and health insurance for employees.

Bulk/volume purchasing coordinated by several EMS provider organizations may result in reduced expenses than if each individual provider organization made the same purchase independently. For example, EMS providers could explore potential cost savings associated with group vehicle insurance or health insurance.

Additionally, IDHS can research if some shared costs qualify for certain state qualified purchasing agreements that would allow EMS to purchase off a state contract to reduce the cost to each organization.

EMS FUNDING FINDING #3

Indiana should continue to invest state dollars in initiatives that support EMS training and operations.

Recommendation 3A: Encourage the Indiana General Assembly to continue funding the EMS Readiness program.

Rationale

In Fiscal Year 2024 and Fiscal Year 2025, the state funded EMS Readiness programs, administered by IDHS, which provided several programs that benefited EMS provider organizations, EMS training institutions and Hoosiers in need of an interfacility transfer. Future funding would allow the programs to benefit additional EMS stakeholders.

The initial phase of the FY 2024-2025 budget allocated roughly $6.4 million for EMS Readiness programs. While funding at this level does not fix systemic problems, it does reduce the burden on the EMS organizations around the state while permanent solutions can be explored.

Recommendation 3B: The EMS Commission should weigh the merits of implementing certification/licensure fees to collect revenue that would benefit the EMS industry.

Rationale

IC 16-31-2-12 provides that the EMS Commission “may impose a reasonable fee for the issuance of a certification or license under this chapter.” There are many ways the revenue from a fee could benefit the EMS system such as improving the state’s EMS certification database and increasing training opportunities for EMS. Licensure fees are common in nearly all professions and many other states for EMS and for National Registry of EMTs EMS certification. A nominal fee structure tied to specific EMS program improvements would be of benefit.

EMS OPERATIONS FINDING #1

Opportunity exists to increase utilization of emergency medical dispatch (EMD) protocols in Indiana.

Recommendation 1A: IDHS, the EMS Commission and the Indiana 911 Board should explore to what extent EMD is being effectively used in Indiana by the 911 call centers or PSAPs (public safety answering points) and EMS organizations.

Rationale

EMD is a nationally developed and recognized system that creates the priorities for when calls should be handled with emergent response to the scene. Indiana requires 911 dispatchers to be trained in EMD, however, it is unclear the extent to which EMS provider organizations follow such protocols.

EMD provides the processing information a dispatch center needs to determine if a response needs BLS or ALS care and whether the response should be "hot" with sirens and lights or "cold" with standard driving. Many EMS organizations still consider all responses as "emergent" and utilize lights and sirens when responding to the scene. Patient, pedestrian and EMS clinician safety is a concern with over-utilization of lights and sirens.

Then goal should be reservation of a lights and sirens response for patients that have true time-sensitive, life-threatening emergencies. It is estimated nationally that only 7% of all emergency calls fall within the time-sensitive, life-threatening emergencies category.[7] Furthermore, utilization of lights and sirens reduces response time by 30 seconds to 3 minutes which is not clinically significant for nearly all responses.[8] Finally, utilization of lights and sirens increases the risk for ambulance crashes.[9]

[7] "Improving Safety in EMS: Reducing the Use of Lights and Siren." National EMS Quality Alliance (NEMSQA), 2024 Report. Page 5.
[8] Id.
[9] "Is Use of Warning Lights and Sirens Associated With Increased Risk of Ambulance Crashes? A Contemporary Analysis Using National EMS Information System (NEMSIS) Data" Ann Emerg Med. 2019 Jul;74(1):101-109.

EMS OPERATIONS FINDING #2

Public safety answering points (PSAPs) are essential to EMS and opportunities exist to improve PSAP protocols and structure.

Recommendation 2A: IDHS, the EMS Commission and the Indiana 911 Board should explore to what extent EMD can be enhanced to address challenges such as appropriate call type dispatch and interfacility transfer.

Rationale

Pooling of resources can save money, and the basic process of dispatching and processing EMS calls should be consistent regardless of government boundaries. Dispatch systems are programmed with local parameters for dispatching to reflect local requirements, but the dispatch can occur at a site away from the locality. An example is the utilization of trained staff such as nurses, physicians or even experienced paramedics, that could assist with dispatch process and prioritization. It is unlikely that small localities can afford additional staff, but regionalization would allow pooling funding to create this dispatch resource.

As it relates directly to EMS, regional centers could more adequately share resources for hospital interfacility transfers or even other limited or specialized resource items such as bariatric transports.

Recommendation 2B: PSAPs should be trained to identify when a 911 caller may be best served by mobile integrated healthcare (MIH), if available, instead of a traditional EMS response.

Rationale

Many MIH providers use referrals from hospitals or other medical providers to create the client list for the MIH program. However, there are programs that are available for response by an MIH provider to a dispatch call. There should be guidelines as to what type of phone assessment needs to occur and when it is appropriate to move those calls from traditional emergency or non-emergency response ambulances to an MIH provider. The current model is still ambulance response for all calls coming to a PSAP but transitioning to a solution that not all calls are sent an immediate response would improve operations and ensure the right resource gets to the right caller.

EMS OPERATIONS FINDING #3

The statewide hospital interfacility transfer system is not functioning effectively. There is great disparity across the state regarding how interfacility transfers between hospitals are requested and dispatched. Moreover, there is a larger debate regarding whether hospitals or EMS providers are responsible for ensuring a timely transfer.

Recommendation 3A: The EMS Commission should consider adopting a policy that clarifies that certain patients in a hospital setting who require transportation to a higher level of care should be viewed as the same level of acuity as certain 911 dispatch protocols. Additionally, the EMS Commission and IDHS should continue to review innovative ways to facilitate hospital interfacility transfers and resources available to perform the transfers.

Rationale

With the law unclear as to whom is responsible for hospital interfacility transfers, it is imperative that the patient is not overlooked. Critical patients in a medical facility who need advanced care elsewhere should be viewed as equivalent to a 911 response and receive access to potentially life-saving transfer and ultimate care. EMS provider organization that refuse transfer of such patients on the grounds they are “covering their area” waiting for a potential 911 response is not appropriate.

Recommendation 3B: IDHS and the Indiana Department of Health should host meetings with hospitals, EMS provider organizations and other stakeholders to facilitate a better understanding of the challenges of hospital interfacility transfers and work on improving the system.

Rationale

Results of such meetings could include better communication, better tools to process hospital interfacility transfer requests and education for the hospitals and EMS provider organizations.

A joint summit between EMS and hospitals could discern where the challenges are and look more deeply into the needs of the hospital system as well as the capabilities of the EMS system. Offshoots from a summit could include better communication, better tools to process hospital interfacility transfer requests and education for both the hospitals (including both administration and impacted departments) as well as the EMS provider organizations.

Recommendation 3C: To improve the interfacility transfer system, better data collection and analysis is needed to understand the operational needs and health outcomes of such transfers.

Rationale

Data may exist in the EMS ImageTrend data registry and data from the hospital perspective may exist with IDOH, however, there has been no cross-analysis to see if hospital interfacility transfers are being effectively and appropriately requested and performed.

Recommendation 3D: IDHS, in consultation with the EMS Commission, should review the staffing levels required for interfacility transfers and propose changes to improve the interfacility transfer system.

Rationale

One of the key challenges of the hospital interfacility transfer system is the availability of either ambulances or appropriate EMS staffing for ambulances. Examples that have improved availability of interfacility transfers have been waivers for not requiring an EMT for a paramedic transport and waivers to allow nurses, with appropriate ambulance orientation, to function as a technician without an EMS crew member in the patient compartment. The workgroup noted that perhaps even a special credential could be created to facilitate the orientation for non-EMS healthcare providers that may be utilized during a hospital interfacility transfer.

EMS OPERATIONS FINDING #4

There currently is no Indiana EMS code of ethics adopted by the EMS Commission.

Recommendation 4A: The EMS Commission should adopt a code of ethics to which each provider must adhere.

Rationale

EMS providers must be held to a high standard of conduct as they hold positions of public trust. Establishing a code of ethics for EMS providers would clearly articulate the standards to which they must be held. Additionally, such standards will assist the EMS Commission in determining if certain behavior warrants disciplinary action.

EMS OPERATIONS FINDING #5

As a healthcare profession, EMS intersects with other aspects of healthcare including hospitals and the nursing profession. While there is some connectivity, there is room for strengthening these relationships.

Recommendation 5A: IDHS, in conjunction with the Indiana Department of Health, should convene regular meetings for EMS and healthcare stakeholders to collaborate on issues impacting both hospitals and EMS providers.

Rationale

Holding regular meetings for healthcare professionals to connect with one another would be beneficial for the health care system and the patients being served. Topics for discussion could include patient destination determination, diversion challenges and off-loading times.

EMS WORKFORCE FINDING #1

Cost of EMS training courses may be a barrier to entry for individuals interested in the profession.

Recommendation 1A: IDHS should work with the Department of Workforce Development to increase awareness of DWD programs that help students pay for the cost of EMS training.

Rationale

According to a study conducted by the Bowen Center for Health Workforce Research and Policy (Bowen Center), EMS training courses in Indiana cost approximately $1,500 for EMT training and $8,000 for paramedic training.[i10] Moreover, the study notes many EMS training instructors cite cost as a factor impacting student enrollment and completion EMS training programs. Several state-funded programs exist to offset the cost of EMS training and increase the EMS workforce, such the Department of Workforce Development's Workforce Ready Grants and IDHS's EMS Readiness Grants. While these programs provide critical support for students wishing to pursue a career in EMS, more can be done to increase awareness and utilization of such programs to ensure more Hoosiers and EMS training institutions know state assistance is available for EMS training.

EMS WORKFORCE FINDING #2

Opportunity exists to gain better insights into the EMS workforce and training institutions in Indiana.

Recommendation 2A: IDHS, in cooperation with the EMS Commission, should continue to explore ways to obtain EMS workforce and EMS training institution data to understand the current state of EMS.

Rationale

[10] 2023 Indiana EMS Workforce Assessment (2024). Bowen Center for Healthcare Workforce Research & Policy. Indiana University School of Medicine.

In 2023, IDHS and the EMS Commission began partnering with the Bowen Center to collect workforce data from EMS practitioners when they renewed their EMS license/certificate. The data will yield insights such as the total number of actively practicing professionals and the geographic distribution of EMS professionals.[11]

Further, the Bowen Center reported there are 125 organizations currently conducting EMS training programs in 61 counties.[12] With a high number of training programs, there are variations in training cost, class size and pass rates. Workforce and training institution data would provide insights into workforce planning, recruitment and trends.

EMS WORKFORCE FINDING #3

There is a need for quality EMS training in many areas of the state.

Recommendation 3A: IDHS should continue initiatives, such as the EMS Readiness funding opportunities, that support EMS training institutions in areas that are underserved or have a high demand for EMS training opportunities.

Rationale

There are certain regions throughout Indiana that can be categorized as an "EMS training desert."[13] The Bowen Center report found that there are very few training programs operating in the central southwestern and central northwestern areas. Access to programs in rural areas can be an obstacle to garnering interest and recruitment. If someone must travel a long distance to attend a training institution, then they may be less likely to follow through with the training process. Rural areas also rely heavily on EMS volunteers. Ensuring underserved areas have access to EMS training is key to increasing the EMS workforce.

[11] Many individuals hold active EMS licenses/certificates but are not employed by an EMS provider organization and actively going on runs.
[12] "2023 Indiana EMS Workforce Assessment" Bowen Center for Healthcare Workforce Research & Policy. Indiana University School of Medicine. Page 19.
[13] "2023 Indiana EMS Workforce Assessment" Bowen Center for Healthcare Workforce Research & Policy. Indiana University School of Medicine. Page 22.

EMS WORKFORCE FINDING #4

Two key factors in EMS workforce retention are well-being and workforce burnout.

Recommendation 4A: IDHS, in conjunction with the EMS Commission, should highlight training and resources that focus on EMS workforce resiliency and retention with a focus on workforce wellness and burnout.

Rationale

Workforce burnout is a persistent struggle for EMS workers. According to a study from the Department of Emergency Medicine at the University of Massachusetts Medical School focusing on EMS, researchers found alarmingly high rates of burnout among those surveyed. Using the Copenhagen Burnout Inventory (CBI) scale, the researchers found that over half of the EMS clinicians surveyed were identified as "burned out." Nearly 12% of the surveyed population received a CBI score indicating "high burnout."[14] Burnout also contributes to EMS clinicians leaving the industry. About 45% of the population surveyed revealed an intent to leave EMS for another career.[15]

Moreover, the report notes the mental and physical strain EMS professionals undergo frequently leads to increased levels of depression, alcohol and substance abuse or dependence, and suicidal thoughts and ideations. Workforce burnout does not just pose a threat to EMS members, but also patients receiving care and the healthcare system.

Having training and resources available to EMS clinicians will help aid in addressing these pressing challenges with workforce burnout and wellness. Education and training on how to manage burnout and fatigue should be incorporated into new-hire orientation and continued throughout employment.

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[14] McGarry, Eileen, and Laurel O'Connor. "Assessing Burnout Rates and Contributing Factors in Emergency Medical Services Clinicians." *Journal of Workplace Behavioral Health*, (2023), 1–14. doi:10.1080/15555240.2023.2292119.

[15] McGarry, Eileen, and Laurel O'Connor. "Assessing Burnout Rates and Contributing Factors in Emergency Medical Services Clinicians." *Journal of Workplace Behavioral Health*, (2023), 1–14. doi:10.1080/15555240.2023.2292119.

APPENDIX A – WORKGROUP MEMBER BIOGRAPHIES

State EMS Director	**Kraig Kinney** Kraig Kinney is the state EMS director with the IDHS EMS Division and has served since March of 2020. Kinney is a licensed paramedic, EMS primary instructor and attorney with 33 years of EMS experience, including director for a county ambulance service for a decade as well as a leader in Indiana EMS education.
State EMS Director Emeritus	**Michael Garvey** Mike Garvey served Indiana EMS in a number of capacities in 33 years of service to the state and was directly responsible for EMS for many of those years. His career began with Wishard Ambulance Service and included both operational EMS and education.
State EMS Medical Director	**Dr. Eric Yazel, M.D.** Dr. Eric Yazel has served as the state EMS medical director since 2022. Yazel is an emergency physician and is the medical director for several EMS organizations in Indiana as well as public health officer in Clarke County.
State EMS Medical Director (Prior)	**Dr. Michael Kaufmann, M.D.** Dr. Michael Kaufmann is the former EMS medical director for Indiana, serving from 2018-2022. Kaufmann is dual board certified in Emergency and EMS Medicine and was the first physician in the Indiana to receive this distinct sub-specialty certification. He is the founding member of the Indiana Chapter of the National Association of EMS Physicians. He first became an EMT in 1992 and during his 32-year career in Indiana EMS, he has served as the EMS medical director for dozens of EMS provider agencies in the state to whom he has

	delivered more than one million hours of continuing education. In 2022, he received the Sagamore of the Wabash award from Governor Eric Holcomb for his contributions to the Indiana EMS system and to the citizens of Indiana.
Indiana Department of Homeland Security 	**Joel Thacker** Former Executive Director Joel Thacker was appointed as IDHS executive director in June of 2022. He previously served as the Indiana state fire marshal from March 2020. Thacker began his career as a first responder in 1992 and has served as an EMT, firefighter and executive leader in several central Indiana departments. He was sworn in as Plainfield fire chief in 2017.
Indiana EMS Commission 	**Lee Turpen, Chairperson** Lee Turpen serves as the Indiana EMS Commission representative for Private EMS (previously served as the representative for Paramedics). He has served on the Commission as an appointed member, vice chairman and is currently the chairman. Mr. Turpen has served in Indiana EMS for 41 years with the last 36 years as a paramedic and primary instructor. He has been a certified critical care paramedic since 1998. Mr. Turpen also currently serves as the operations manager for AMR Evansville and as a member of the IEMSA Legislative Committee. **Darin Hoggatt, Vice-Chairperson** Darin Hoggatt is a senior project manager in Academic Affairs at IU Health. He recently retired from the Greenwood Fire Department after 26 years and most recently served as fire chief since 2016. He is a licensed paramedic and has over 30 years of EMS experience. Hoggatt has served on the Indiana EMS

	Commission since 2012 and currently is the vice chairperson. **Andrew Bowman, Member** Andrew J. Bowman, MSN, RN, ACNP-BC, NRP, FAEN represents the Indiana EMS Commission. He is also an acute care nurse practitioner with a central Indiana emergency medicine practice group. He has been involved in Indiana EMS and emergency care for 42 years and is devoted to evidence based practice.
Indiana State Fire Marshal	**Steve Jones** State Fire Marshal Jones began his career in public safety in the 1980s as a firefighter with the White River Township Volunteer Fire Department as a firefighter and EMT. He was then employed by the Pike Township Fire Department in 1989 and worked in various capacities, including as a firefighter, EMT and a member of the hazmat team. He also held the positions of deputy fire marshal, division chief of prevention, safety officer, training officer and deputy chief. In addition, he served on the Marion County Hazmat Task Force and was appointed as the hazardous material training coordinator for the Task Force. After 28 years of service with the Pike Township Fire Department, he retired and continued to work as the fire marshal for the Brownsburg Territory for five years. In 2022, Governor Eric Holcomb appointed him as the state fire marshal.
Governor's Staff Liaison	**Rachel Ehlich** Rachael Ehlich was a former senior operations director for the Governor's Office. She was responsible for supporting Indiana's public safety agencies and worked in state government for over a decade.

Indiana Department of Health (IDOH)	**Dr. Lindsay Weaver, M.D.** Lindsay Weaver MD, FACEP represents IDOH and was appointed the state health commissioner in June of 2023. Previously, Weaver served as the chief medical officer for the IDOH starting in February of 2020. Weaver is a board-certified emergency medicine physician and chairs the state Trauma Care Commission. **Alt. Dr. Guy Crowder** Guy Crowder, MD, MPHTM was named the chief medical officer at IDOH in November 2023. He is certified in traveler's health and clinical tropical medicine and his medical specialties include travel/tropical medicine, employee health, public health and family medicine. **Alt. Brian Busching** Brian Busching is the Trauma and Injury Prevention Division director with IDOH. Mr. Busching has served in this capacity since September of 2021. Busching has over 12 years of public health experience, including working in tobacco prevention and cessation, administering the Women, Infants, and Children program, and supporting pandemic response and program implementation.
Indiana Family & Social Services Administration (FSSA)	**Dr. Dan Rusyniak, M.D.**

	Dan Rusyniak has been the secretary of FSSA since August of 2021. Additionally, he holds a position as a professor of Emergency Medicine at the IU School of Medicine's Department of Emergency Medicine and practices clinically at the Eskenazi Emergency Department.
Indiana Statewide 911 Board 	**Jeff Schemmer** Jeff Schemmer is the executive director of the Indiana Statewide 911 Board and has served in that position since May 2022. Schemmer has 37 years of experience in public safety 911 as a frontline 911 telecommunicator, training coordinator and PSAP director, as well as six years in EMS.
Ivy Tech Community College 	**Dr. Matt Connell, Ed.D.** Dr. Matthew Connell is the sector vice president, Healthcare at Ivy Tech Community College. In this system-level position, Connell supports the Ivy Tech School of Health Sciences and the School of Nursing across the state regarding workforce alignment in the healthcare sector. **Alt, Matt Shady** Matt Shady has been in Indiana EMS for decades and currently serves as the dean for the School of Health Sciences at the Fort Wayne Campus. Shady is a member of the Indiana EMS Commission representing EMS training institutions.
Indiana Emergency Services for Children	**Dr. Lindsay Haut** Lindsey Haut, MD serves as the director for the Indiana Emergency Medicine Services for Children (IEMSC) program. She is an assistant professor of Clinical Emergency Medicine in the Department of Emergency Medicine with the Indiana University School of Medicine, and is

	board certified in Pediatrics and Pediatric Emergency Medicine.
Indiana Hospital Association	**Andrew Van Zee** Andrew VanZee represents the Indiana Hospital Association as the vice president for Regulatory and Hospital Operations. As a former EMT for an Indiana hospital-based EMS provider, Van Zee represents hospital viewpoints on the Indiana Trauma Commission and Indiana Rural Health Association Board.
Indiana Rural Health Administration	**Cara Veale** Cara Veale, DHS, FACHE, serves as the chief executive officer of the Indiana Rural Health Association. She is also a limited term lecturer in the Master of Healthcare Administration program at Purdue University. Veale received her bachelor's in psychology, master's in occupational therapy and doctorate in Health Sciences from the University of Indianapolis and is a fellow in the American College of Healthcare Executives. The mission of the Indiana Rural Health Association is to enhance the health and well-being of rural populations through leadership, education, advocacy, collaboration and resource development.
Indiana EMS Association	**Nate Metz** Nathaniel Metz is the president and CEO of Phoenix Paramedic Solutions. Initially working in a hospital setting as a Nurses Aid, Metz' healthcare career has grown through his

	experiences in caring for patients. Before founding Phoenix Paramedic Solutions, Metz served as the Vice-President of Operations for Prompt Ambulance Service. Metz is currently serving his fourth term as the president of the Indiana EMS Association, where he has worked diligently to address key issues facing the EMS industry both at the Indiana Statehouse and through his efforts in working with other EMS services and stakeholders across the nation. Metz is recognized internationally as a leader and advocate for the proliferation of Community Paramedicine models as a means to extend access to care in underserved communities and to address critical gaps in our current healthcare system. **Alt. Gary Miller** Gary T. Miller became the executive director of the Indiana EMS Association after a successful 40+ year career as an ambulance service owner/operator. Miller and his family grew the largest service in the state. He also served as chairman of the EMS Commission for ten years and was active in IEMSA for several years.
Indiana Fire Chief's Association	**Jarrod Sights** Jarrod Sights represents the Indiana Fire Chiefs Association and is the division chief of EMS/Health and Safety with Scott Township Fire and EMS in Evansville, IN. Sights has over 28 years of experience in EMS and the fire service and is passionate about quality EMS care and improvement. **Alt. Danny Sink** Danny Sink represents the Indiana Fire Chief's Association, and he is the fire chief for the Goshen Fire Department. He has been a licensed paramedic since 1983 and served as the chief paramedic until 2000 when he was

	promoted to assistant chief of the department. Sink has experience in teaching ACLS, PALS, PHTLS. Sink also worked as a flight paramedic for Parkview Samaritan from 1991-2010. Sink is also a member of the Indiana Fire Alliance.
Indiana Volunteer Firefighters Association	**Tom Fentress** Thomas Fentress is a committed leader representing the Indiana Volunteer Firefighters Association. By day, Fentress serves as the EMS director at Methodist Hospitals in Gary, IN, where he leads with expertise in emergency medical services. Additionally, he holds the rank of fire chief at Keener Township Volunteer Fire Department, further showcasing his dedication to fire service. Fentress' leadership extends beyond the local level as he also serves as vice president at the Indiana EMS Association. His pursuit of professional excellence is underscored by his master's degree in business administration from Indiana Wesleyan University.
Indiana Professional Firefighters Union	**Tony Murray, President** Tony Murray is the president of the Professional Fire Fighters Union of Indiana, representing over 8,600 career fire fighters, paramedics and EMTs. Murray is a member of the Noblesville Fire Department, where he is a merit engineer-paramedic and EMS duty officer. He is a licensed paramedic and primary instructor with 30 years of experience. **Alt. Patrick Hutchison** Patrick Hutchison has served as EMS Division Chief for the Westfield Fire Department since 2019. Previously Hutchison worked 22 years as an EMS educator and clinical coordinator at Indianapolis EMS/Eskenazi Health where he served as adjunct faculty at the IU School of Medicine. A nationally registered and Indiana

	licensed paramedic, EMS primary instructor; he is also a certified flight paramedic and continues to work at IU Health LifeLine. Hutchison has 41 years experience in rural, suburban and urban EMS systems and obtained state approval for Westfield's Mobile Integrated Health program.
National Association of EMS Physicians	**Dr. Stephanie Gardner, Indiana Chapter President** Dr. Stephanie Gardner is an ER and EMS Dual Board-Certified Physician with Ascension St. Vincent and Hancock Regional Hospitals. She is the EMS medical director for multiple local EMS agencies, StatFlight Air Medical and the Ascension National EMS team. She is representing the Indiana Chapter of the National Association of EMS Physicians on this committee.
National Association of EMTS (NAEMT)	**Jason Scheiderer, Indiana Chapter representative** Jason Scheiderer is currently a flight paramedic with Statflight. Scheiderer has over 20 years of EMS experience in both urban and rural areas serving as a primary instructor and a volunteer firefighter. As a former NAEMT Board member and the NAEMT's Indiana Advocacy coordinator, he served on this committee representing the National Association of EMTs.
Indiana Insurance Representative	**Keith Mason** Keith Mason is the vice president of Business Development, at UnitedHealthcare Community and State. In this position, Keith engages and collaborates with internal and external stakeholders, both nationally and locally, to design and implement strategies to support Medicaid initiatives of the organization. Before joining UnitedHealthcare, Mason held a

	leadership position at the American Heart Association. He also brings experience working with the Centers for Disease Control and Prevention as well as within the pharmaceutical industry at Lilly. He sits on the board of the National Foster Parent Association.
National Association of State EMS Officials (ex-officio / advisory capacity) 	**Dia Gainor, Executive Director** Since 2011, Dia Gainor has served as the executive director for the National Association of State EMS Officials (NASEMSO) and provides strategic leadership to promote and expand the organization's presence and capacity as a national leader in EMS. Gainor was Idaho's State EMS director for 19 years. She served as president and treasurer of NASEMSO, as well as chair of its Highway Incident and Transportations Systems Committee. Gainor's expertise is grounded in a B.S.in emergency health services administration, a master's degree in public administration and 12 years of field experience as a paramedic and firefighter.