

**Washington State Department of Health
EMS & Trauma Care Steering Committee
MEETING MINUTES
November 19, 2025
Meeting held virtually by ZOOM**

ATTENDEES:

EMS & Trauma Steering Committee Members:

P	Carly Bean	P	Josh Pelonio
P	Tom Chavez	P	Michael Previti
P	Christine Clutter	P	Kara Putnam
P	Maika Dang	P	Bryce Robinson
P	Sarah Downen	P	Joey Rodrigues
P	Shaun Ford	P	Erik Roedel
P	Travis Fox	A	Peter Rutherford
P	Jeremy Garrett	A	Eduardo Smith Singares
P	Kevin Hodges	P	Pat Songer
P	Joe Hoffman	P	Cody Staub
P	Lance Jobe	A	Courtney Stewart
A	Sasha Kaiser	A	Richard Utarnachitt
A	Yi Mao	A	Ken Woffenden
A	Patricia McMahon	P	James Young
P	Lila O'Mahony	NA	Trauma Nurse (Vacant)
		NA	Public Member (Vacant)

*P = Present A = Absent E = Excused NA = Not applicable

DOH Staff:

Julie Avery
Melissa Belgau
Amy Carpenter
Ian Corbridge
Eric Dean
Marla Emde
Christina Eickmeyer
Dawn Felt

Jill Hayes
Catie Holstein
Jim Jansen
Ihsan Mahdi
Matt Nelson
Travis Nichols
John Nokes
Jason Norris

Tim Orcutt
Andrea Pedlar
Martravia Reed
Adam Rovang
Jeff Sinanian
Jennifer Snook
Terra Wiens
Scott Williams
Dennis Worsham

Interested Parties:

Patricia Anderson	Jenna Hannity	Wendy Rife
Riley Anderson	Kaila Harmier	Jeremy Rodriguez
Celia Attwell	Chad Heaton	R. Shawn Rogers
Katherine Bendickson	Scott Isenman	Treena Russell
Randi Bieker	Remy Kerr	David Schreier
Giovanni Bonilla	Tom Lamanna	Frank Soto
April Borbon	Elsbeth Mann	Whitman Spencer
Cameron Buck	Brian Mather	Andres Steevens
Jack Busch	Ettore Palazzo, MD	Becky Stermer
Janelle Conner	Matthew Mowry	Traci Stockwell
Rinita Cook	James Nania	Jason Taylor
Joel Edminster	Lewis Neace	Mark Taylor
Tony Escobar	Nicole Newberry	Meeta Vardhan
Tom Fields	Kayla Nored	Matthew Vinci
Janna Finley	Mary Ohare	Matthew Von Steuben
Maren Fraser	Greg Perry	Marvin Wayne
Madeleine Geraghty	Dani Piper	Caitlin Winger
Robert Gray	Paul Priest	Kat Wright
Beki Hammons	Randi Riesenber	Ashleigh Zutter

Welcome, Call to Order & Introductions: Dr. Roedel, MD, Chair

Announcements – Dr. Roedel, Chairperson

The First Annual Recognition of American Heart Association (AHA) Acute Coronary Syndrome (ACS) Awareness Week - The American Heart Association has announced that they are designating the third week of November as ACS Awareness Week. This new initiative aims to enhance the management of ACS, reduce both immediate and long-term complications, and provide meaningful support to cardiovascular care professionals in their vital work.

More than 800,000 Americans experience ACS each year and over 6.5 million of visits to the emergency department are because of chest pain. These trends underscore the urgent need for proactive and improved patient care and education. From November 16-22, AHA will dedicate an entire week to raising awareness about ACS.

AHA will be providing valuable educational content and information during the week of November 16, including a webinar on November 20th, *Get With The Guidelines - CAD in Action: Building Better STEMI Systems of Care*.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

For more details and to register for the webinar, please visit the AHA website. We look forward to your participation in ACS Awareness Week!

Let's come together to make a difference and improve patient outcomes. Your participation is crucial. Stay informed, stay engaged, and let's make the week of November 16th impactful!

Committee Business

Approval of Minutes of September 17, 2025

Email attachment

Motion #1

Approve the September 2025 EMS and Trauma Care Steering Committee meeting minutes.
Approved unanimously.

Membership Update: Dr. Roedel, Chairperson

Committee Vacancy - Denise McCurdy has submitted her resignation to vacate her position on the committee effective October 4, 2025, to pursue an opportunity in another state. Denise has served on the committee since August of 2019 representing Trauma Nurses on behalf of the Washington State Nurses Association. She participated with the Pediatric TAC, Hospital TAC, and her contributions will be missed! The department will post the opening for the position.

DOH Updates: Ian Corbridge, Community Health Systems, Director

PowerPoint Presentation

The 2026 Washington state legislative session begins January 12th and ends on March 12th. This is a short session focused primarily on budget reconciliation. Key dates to note include that pre filed bills will begin appearing December 1st and the governor's proposed budget is due on December 16th.

It's important to recall the budget context that the state continues to face a sizable budget deficit which will influence priorities and available funding.

Legislative focus areas are expected to include access to care, healthcare, affordability and patient safety.

DOH will continue working towards a budget request for the trauma registry to sustain and modernize statewide trauma data collection.

DOH has been collaborating with external partners to refine proposed legislation aimed at improving statewide coordination and outcomes for cardiac and stroke we do anticipate seeing

a new or revised bill introduced this session related to cardiac and stroke system improvements.

DOH has provided input on the statewide grant application for the Rural Health Transformational Plan which is being led by the Health Care Authority. The application is due November 5th, and CMS is expected to notify states of approvals and funding allocations by December 31st.

The application process occurred very quickly, was complex involving multiple state agencies and the governor's office, including scoring rubrics based on statewide rural facility and population factors alignment with grant initiatives and policy priorities identified by CMS.

HCA conducted public webinars and listening sessions and collected input from stakeholders both verbally and in writing and use that input to shape the statewide proposal. Our office had limited visibility into the final EMS related content submitted through HCA's listening sessions. However, we submitted several concepts for EMS consideration, many of which were incorporated into the final draft.

EMS concepts submitted included: increased funding for inner facility ambulance transport from rural to urban hospitals for time sensitive emergencies, funding to sustain trauma designation for rural hospitals, support for EMS programs addressing the opioid crisis in rural communities including community paramedicine and Co response models to improve access for individuals experiencing substance use disorder. Additional concepts that we submitted include expansion of neurosurgical specialty services in rural regions, funding for rural trauma team development and provider training, support for a alcohol and substance use screening and intervention programs in rural communities, funding to enhance medical oversight capacity for EMS based opioid and behavioral response programs using existing physician medical program director, support for EMS workforce. Wellness initiatives include mental health and burnout prevention programs.

EMS Rulemaking: Dawn Felt, DOH

The DOH has concluded rulemaking to amend rules to incorporate changes made by Substitute Senate Bill 5986 (2024) Out of network hospital care charges - ground ambulance billing. The rules clarify the department's role in ground ambulance billing regulations, provide licensed EMS services with visibility of the department's disciplinary role for enforcement of ground ambulance billing regulations and potential actions that the department could take on EMS licenses that violate the standards. The new rules became effective October 24, 2025 and can be found on the department's website.

RCW 18.73.165 - Emergency medical services training course students, passed in 2025 (HB1722 Minors in EMS Education) and required the department to develop a process for authorizing a student who is sixteen years of age to begin an EMS training course administered by a state

approved skill center or bona fide vocational education program approved by OSPI. The DOH filed the CR-101 in October and our kickoff meeting is this afternoon from 1:30 to 3:30.

Trauma Service Assessment Update: Jim Jansen, DOH

Project status:

The Trauma Service Assessment final draft is being posted to the department's website today and includes the department's conclusions as well as the OFM cost assessment.

Timeline update:

Our partner engagement session will be rescheduled to allow adequate time for external partner review of the assessment. At this meeting, partners will have an opportunity to provide feedback on the assessment and will learn about next steps with education and training to Regional EMS & Trauma Care Councils on how to use the assessment.

The current draft can be found on the DOH [website](#). Interested parties can sign up for email notifications [in GovDelivery](#) to stay informed of the work.

Questions about this work can be directed to traumadesignation@doh.wa.gov.

We appreciate your continued commitment to supporting a robust and high-quality trauma system in Washington.

Trauma Registry Update: Jim Jansen, DOH

Trauma Registry data is now available through 2024. Hospitals continue to enter records into the registry through 2025. There are some gaps for certain hospitals for multiple years including 2024 but we feel confident in the data and are going to be moving forward with an analysis.

The DOH is advancing our decision package. The decision package is an ask for funding for the upcoming legislative session to support an upgrade of the registry to the vendor's modern registry solution "Patient Registry".

This is a particularly difficult year for requests for GFS funding. As such, this is not an ask for a full competitive bid which comes at a higher implementation cost. Instead, we have proposed a temporary upgrade with the existing vendor. This solution would last 2-3 years. During which time, we plan to seek additional funding to support a full competitive bid for a long-term registry solution.

Should DOH leadership approve the package, it would go to the Governor's office for consideration. We would expect to see the Governor's budget in December and a final decision from the legislature at the end of March. Should the funding request be approved we would be

able to begin a transition to the new solution in July 2026 and complete that transition no later than June 30, 2027.

TAC Strategic Plan Reports

COST TAC, Eric Dean, DOH

Eric Dean provided an annual update to the Committee from the COST TAC and on the Trauma Care Trust Account.

2027-2029 spending plan development – COST TAC members recommend to the Steering Committee to focus on how to grow the fund as opposed to focusing on how we divide the fund. Unless directed otherwise, the normal process of developing the 2027-2029 spending plan will start in November of 2026.

Trauma Care Fund disbursements – Disbursements have been adjusted to reflect updated trauma registry data; some disbursement amounts may have changed due to updates in patient volumes.

Eric and our colleagues at HCA are monitoring for any impacts to the Trauma Care Fund and disbursements because of HR 1 and will keep the Committee updated of any developments.

Eric informed the Committee about trends in the Trauma Care fund impacted by influences in the economy on the two sources of revenue that support the fund.

Eric reminded the Committee about the methodology and timing for Trauma Care Fund disbursements.

Questions about the Trauma Care Fund can be sent to eric.dean@doh.wa.gov.

Rehabilitation TAC

Rehabilitation Annual Strategic Plan Report, Tim Orcutt, DOH

Tim Orcutt provided the Committee with an update on Rehabilitation Technical Advisory Committee (TAC) activities over the last year.

There are 8 designated trauma rehabilitation facilities, four Level I and four Level II facilities. Note that Providence Regional Medical Center in Everett closed their inpatient Rehab unit and opened a new rehab hospital in Lynnwood. Currently, they are not interested in being a designated trauma rehab center.

Tim provided an overview of the Rehab TAC and its strategies. Key accomplishments include:

- Rehab Awareness and Social Media Campaigns (Trauma Awareness Month May 2025)
- HEAIR Program presentation
- UTI/CAUTI Identification and Improvement
- Spotlight on rehab denials
- WAC 246-976-430 SWOT

The TAC expressed a challenge in understanding and improving insurance denials.

Future goals:

- Develop strategies to lessen insurance denials
- Improve admission to discharge functional ability score change
- Update strategic plan
- Open WAC 246-976-800

Rehab TAC Performance Measures, Ihsan Mahdi, DOH

Presentation slides are available upon request via [this online data request form](#).

Ihsan Mahdi provided a data analysis on Rehab data from the past several years through the first three quarters of 2025. There are currently nine designated rehabilitation facilities in the state who submit data to the rehabilitation registry. No pediatric patient data is included in today's presentation (only patients 15 years and older).

DOH Secretary Worsham Listening Session – Emergency Care System Priorities

Dr. Roedel framed the purpose of the meeting with Secretary Worsham as a need to inform the Secretary about the primary challenge facing the EMS & Trauma Care system – funding. Dr. Roedel socialized a problem statement that some of the EMS & Trauma Care Steering Committee members had connected to draft.

Problem Statement

The Issue

The emergency care system saves lives and reduces disability by providing timely, appropriate care for the sick and injured. It is an essential part of the state's healthcare and public health infrastructure. However, the gap between the cost of providing emergency and trauma care and the reimbursement received is growing and has become unsustainable – which threatens the stability of the system.

If emergency care providers and facilities are unable to maintain services, the remaining providers will face increased strain, and patient access to timely, high-quality emergency and trauma care will be at risk statewide.

Background

The Trauma Care Fund was established in 1997 to preserve access to trauma services and offset the uncompensated costs of readiness and care. Over time, the fund's ability to fulfill this mission has eroded:

- Fee-based revenues have not been adjusted since the fund's creation.
- Revenues have declined while medical inflation and system costs have increased.
- Federal Medicaid policy changes in 2024 have reduced available matching funds.

Meanwhile, the Office of Financial Management projects that the cost of trauma care will increase by 24% over the next decade, while Medicaid payments to trauma hospitals are expected to decline through 2035. The gap between cost and reimbursement for trauma physicians and EMS agencies is widening, and new federal policy proposals (e.g., HR 1) are expected to further reduce Medicaid eligibility and reimbursement rates—worsening an already precarious financial landscape.

The Consequence

Without intervention, Washington risks a reduction in emergency and trauma system capacity, increased inequities in access to care, and decreased readiness for statewide emergencies and disasters.

The Ask

The State EMS and Trauma Care Steering Committee urges the Department of Health to:

1. Prioritize policy development and partnerships aimed at ensuring long-term financial sustainability of Washington's emergency care system.
2. Evaluate and pursue updates to the fees that support the EMS and Trauma Care Fund, reflecting current system costs and needs.
3. Support the evolution of the system to include other time-sensitive conditions, such as cardiac and stroke care, through a sustainable statewide infrastructure.

Responses by participants include:

*A suggestion was made to emphasize how increasing the fund will improve equity in care.

*A suggestion to call out the report – Ask #3 to reflect the Emergency Cardiac and Stroke (ECS) report

*A question if there are people on this committee that will be offering up suggestions and solutions? What are we suggesting and asking and can we come with more specifics to come forward with?

*A suggestion to, in the Background section of the problem statement, add a reference to the history of the Trauma Care Fund (TCF)...how there is more demand on the TCF in the background section as a result of its expanding role on time-sensitive conditions with cardiac, stroke, opioid crisis, etc.

*A suggestion to recruit legislation advocates at the local level to impress upon their state representative a need to fund the Emergency and Trauma Care System

*A suggestion to bring attention to the return on investment, an awareness that spending money is a way to lose less money over time

Emergency Care System Annual Reports

Emergency Care System Strategic Plan Report – Dawn Felt, DOH

Dawn Felt provided a brief overview of the annual strategic plan work that TACs and Committees have accomplished.

Statewide Performance Measures Annual Report – Jim Jansen, DOH

Presentation slides are available upon request via [this online data request form](#).

Jim provided an overview of the 2025 statewide system performance measures.

Trauma Quality Improvement Program Annual Update – Dr. Bryce Robinson, TQIP Chair, Tim Orcutt, DOH

Trauma Quality Improvement Collaborative (TQIP) is a nationwide American College of Surgeons (ACS) quality program. In Washington, Level I and II trauma hospitals participate in TQIP as part of their designation. ACS's semi-annual risk-adjusted benchmark reports show us how we're performing and identify areas for improvement. The ACS reports show box plots to show us where we are as compared to the national statistics. Box plots show percentiles – the good news is that we are not an outlier compared to national statistics. The caterpillar graphs show us how well each of our Washington trauma hospitals are or are not meeting the ACS benchmarks. The reports also show Washington hospital odds ratios by outcome and cohort.

Information was provided about the benefits of a Pediatric TQIP Collaborative. Currently, we don't participate in a Pediatric TQIP Collaborative. This is a gap in our data. Since there are only three trauma hospitals in Washington, a collaborative would likely be a multi-state effort.

Motion

A motion was made to participate in a Pediatric TQIP Collaborative. Motion seconded. Dr. Roedel, called for a vote by Steering Committee members. The motion was approved unanimously without comment.

Trauma Resuscitation Guideline – Tim Orcutt, DOH

Tim presented the new Trauma Resuscitation Guidelines document.

Motion: to publish Trauma Resuscitation Guidelines that would include Joey Rodrigues’s suggestion of adding “Pediatric” or “Geriatric” on the front of bold headings; Tim will make revisions then check with Joey Rodrigues before publishing.

- Motion to approve was received and seconded. Dr. Roedel called for a vote.
 - All members in attendance, meeting a quorum, recommended DOH approve the plans.

EMS Min/Max Changes

- Southwest Region EMS Min/Max Proposal – Clark County – Increasing 1 ALS AMBV
 - Dawn Felt: Request reviewed by DOH and technical guidance was provided without concern; voted on and approved at the local level without comment/concern
 - Motion to approve was received and seconded. Dr. Roedel called for a vote re: SW region.
 - All members in attendance, meeting a quorum, recommended DOH approve the plan.
- East Region EMS Min/Max Proposal – Douglas County – Increasing 2 ALS AIDV
 - Dawn Felt: Request reviewed by DOH and technical guidance was provided without concern; voted on and approved at the local level without comment/concern
 - Motion to approve was received and seconded. Dr. Roedel called for a vote re: East Region – Douglas County.
 - All members in attendance, meeting a quorum, recommended DOH approve the plan.
- East Region EMS Min/Max Proposal – Spokane County – Increasing 1 ALS AMBV
 - Dawn Felt: Regional EMS and Trauma Care Council recommended to move the application forward with the local council’s recommendation to the Steering Committee. Regional Council had additional feedback: the proposal is consistent with the Regional Plan but it’s unclear how the proposal meets underserved or underserved needs, which are currently undefined; the regional council questioned the sustainability of the proposal and its potential impact on the transport service currently contracted with the Spokane Ambulance Service Board - should the volume of transport decrease. The DOH has reviewed, provided technical guidance, and would like the Steering Committee’s input and recommendation on the proposal.
 - Several comments were noted about allowing the local and regional recommendations to prevail.

- Chief Matthew Vinci introduces the Committee to Commissioner Brian Mather of Spokane County Fire District 9 (SCFD9) who reads prepared remarks requesting the Steering Committee to approve the proposal.
- SCFD9 Chief Matthew Vinci informed the committee that there was unanimous support by the East Region Trauma Council for the Proposal and the Spokane County Trauma Council had only one member in opposition. In summary, they are ready to deploy service when this proposal is approved by the Steering Committee and DOH.
- Madeleine Geraghty: Noted this is a good move to improve and tightening of the chain of survival...Spokane Fire is often first on scene and has been transferring patients to AMR; this proposal eliminates the extra transfer step. Spokane Fire District 9 does both in-field care and care during transit, then hands it off to the Emergency Department provider, very impressed by Chief Vinci's work.
- Dawn Felt noted that DOH has provided extensive technical support to local, regional and external partners around this proposal.
- Dr. Roedel called for a motion to approve. A motion to approve was received and seconded.
 - All members in attendance, meeting a quorum, recommended DOH approve the plan.

Technical Advisory Committee Reports

Prehospital TAC, Shaun Ford, TAC Chair

No report, have not met since last Steering Committee meeting

Cost TAC, Eric Dean – DOH

Work on 2027-2029 spending plan will begin in November 2026

Hospital/Trauma Medical Director TAC, Andrea Pedlar – DOH

We welcomed a new Hospital TAC chair- Dr. Smith Singares.

The trauma resuscitation guidelines have been completed and are in the final stages of publication. Next up is the SBIRT Guideline update which has already been started. We are also recruiting for a Guideline Subcommittee chair to replace Dr. Glaser who is resigning from his position for an out-of-state opportunity. We thank Dr. Glaser for his invaluable service.

The trauma designation decision pathway was presented today and the next step for that process is review by the AAG.

The trauma registrar workgroup has an open chair position that we are in the process of recruiting a volunteer for. Denise McCurdy has resigned from her position, and we thank her for her many years of dedication to the trauma system.

Medical Program Directors TAC, Joe Hoffman, MD

- DOH held a quarterly MPD meeting on Nov. 4th virtually
- DOH provided updates on rulemaking and HELMS and the Trauma Service Assessment
- DOH informed the MPDs that the DEA is proposing changes to DEA registration regulations and asked MPDs for initial input.
- DOH provided an overview of the Opioid education resources offered on DOH website
- DOH data team provided a report on the EMS KPIs
- Roundtable discussion

Outcomes TAC Report, Jim Jansen – DOH

Outcomes TAC met in October to review the Rehabilitation TAC data report and the annual ECS System performance measure report. The TAC will meet with Hospital TAC on December 10th from 9:00am - 10:30am to review the Hospital TAC data report.

A special session of the Outcomes TAC to review the final draft of the [Trauma Services Assessment](#) will be held in December (Date/Time TBD). More information can be found on our website and DOH will announce dates in GovDelivery.

ECS TAC, Lance Jobe

No ESC TAC meeting

Peds TAC, Matt Nelson – DOH

Peds TAC met 10/14 and reviewed trauma resuscitation guidelines, reviewed several PECARN studies, and discussed upcoming national pediatric readiness survey and upcoming ED based collaborative. Next meeting 12/9

Meeting adjourned at 1:19.

Next Steering Committee Meeting is scheduled for January 21, 2026