EMS COMMISSION

July 2026 Meeting Minutes

MEETING DETAILS

Date: July 10, 2026
Time: 10:00am
Location: MADE @ Plainfield (*Community Room)* – 1610 Reeves Rd, Plainfield, IN 46168
Meeting Materials: https://www.in.gov/dhs/boards-and-commissions/emsc-meeting-materials/
Live Stream Access: https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZWQyMGMyNjctMzNlZS00YWQ2LTlhNTAtMmY1NDQ2ZjUwOTNm%40thread.v2/0?context=%7b%22Tid%22%3a%222199bfba-a409-4f13-b0c4-18b45933d88d%22%2c%22Oid%22%3a%22002df32b-bab8-4da6-83ce-17722fe9aae6%22%7d
Archived Meetings: https://www.youtube.com/@IDHSBoardsandCommissions

MEMBER INFO

Name	Present		Means of Participation
	Yes	No	
G. Lee Turpen	☒	☐	In Person
Darin Hoggatt	☒	☐	In Person
Dr. Lisa Clunie	☐	☒	NA
Patrick Hutchison	☒	☐	In Person
Matthew Shady	☒	☐	In Person
Jerry Harder	☒	☐	In Person
John Zartman	☒	☐	In Person
Dr. Sara Brown	☒	☐	In Person
Matthew McCullough	☒	☐	In Person
Andrew Bowman	☒	☐	In Person
Mary Ann Dudley	☒	☐	In Person
Dr. Jim Nossett	☒	☐	In Person
Lori Mayle	☒	☐	In Person
Dr. Eric Yazel	☒	☐	Electronic Means (MS Teams)

A) CALL TO ORDER AND ROLL CALL

The meeting was called to order at 10:00am. Roll call was conducted and quorum was met.

B) ADOPTION OF MINUTES

Commissioner Zartman moved to approve the May 8, 2026, meeting minutes as written.

Commissioner Nossett seconded the motion.

Motion to Approve	Vote	
	Yes	No
G. Lee Turpen	☒	☐
Darin Hoggatt	☒	☐
Dr. Lisa Clunie	☐	☐
Patrick Hutchison	☒	☐
Matthew Shady	☒	☐
Jerry Harder	☒	☐
John Zartman	☒	☐
Dr. Sara Brown	☒	☐
Matthew McCullough	☒	☐
Andrew Bowman	☒	☐
Mary Ann Dudley	☒	☐
Dr. Jim Nossett	☒	☐
Lori Mayle	☒	☐
Dr. Eric Yazel	☒	☐

C) HONORARY CERTIFICATES

1. **State EMS Director's Award:** Eric Vonderohe, MD
2. **Emeritus:**
3. **EMS Star of Life:** Harold Osburn
4. **Certificate of Remembrance:** Michael Oberg
5. **Certification of Appreciation:** Aaron Arroyo, Taiya Armstrong, Chris Doll, David Rice, Bailey Thompson, Kyle Wade, Brayden Webster, John Jayne, Ralph Hoffman, Monte Flowers
6. **Stork Award:** Connor Reilly, Jose Bugarin, Matthew Sella, Frederick Seniw, Danny Misiak, Tyler Reidt, Karlene Boze, Kirsten Sheley, JC Hicks, Holly Hudson, Brittany Osborn, Geoffrey Bush, Joshua Chupp, Kris Funk, Lacy Leamon, Jeremy Weaver
7. **Cardiac Saves:** Darin Burton, Kyle Wade, Naaman Umfleet, Ashley Souders, Chad Winkler, Jim Beaman, Steven Hensley, Josiah D Mackey, Macey Baxter, Bryan Bible, Shane Selby, Michael Park, Tyler Richter, Dalton Martin, Ashley Flood, Jacob Ellis, Derrian Gardner, Evan Larkin, Justin Arnes, Brent Meadows, Luther Scott, Taylor Marcum, Tim Wooley, Ross Keasling, Scott Keasling, John Bertch, Tanner Earl, Andrew Stansberry, Jenny Brown, Jason Clark, Zaccheaus Allen, Shawnna Forker,
   Ellie Walker, Seth McCloud, Daryn Clifford, Jacob Finchum, Calvin Dittmar

8. **Retirement:** Alan Hensley, Ralph Hoffman
9. **Honorary Lifetime Certification:**

D) INDIANA DEPARTMENT OF HEALTH

Trauma System Update – Director Kinney updated the Commission on behalf of Vincent Benchino. The Indiana Department of Health's (IDOH) stated agency priorities were: (1) improving maternal and infant health; (2) preventing chronic disease; and (3) strengthening data quality and transparency.

Director Kinney reviewed the IDOH initiatives under the Rural Health Transformation Program, and the Medical Operations Coordination Center (MOCC) was mentioned as a major focus. Regarding the MOCC, IDOH is actively finalizing vendor selection for services (operations component) and systems (technical components). Director Kinney then discussed the Southern Trauma Regional Advisory Council (STRAC), stating the STRAC received their high-fidelity trauma simulation mannequin which can be used for various trauma simulation training scenarios.

Director Kinney discussed funding opportunities, stating that requests for applications remained open for trauma system development. Also, each TRAC received funding for FY2027, and funding was increased compared to FY2026.

Director Kinney discussed upcoming meeting dates of the Trauma Care Commission and various subcommittees. Dr. Yazel mentioned that there were also grant opportunities for telemedicine programs.

E) LEGISLATIVE UPDATE

Director Kinney stated that as of July 1, House Bill 1202 (requires background checks for initial Emergency Medical Services (EMS) certification) was now law. It has not yet been enforced because Indiana Department of Homeland Security (IDHS) is awaiting FBI approval to view and use background check results for certification purposes.

Director Kinney welcomed ideas for the next legislative session. He stated one proposal from IDHS was to require an IDOH representative on the EMS Commission.

F) EMS FOR CHILDREN (IEMSC)

Director Kinney updated the Commission on behalf of Margo Knefelkamp. He mentioned that district forums were still happening and encouraged Pediatric Emergency Care Coordinators (PECC) to attend. Director Kinney also stated that IEMSC was also involved in Rural Health Transformation Initiative 4, which is an obstetrics (OB) maternity pediatric readiness project. IEMSC advise and partner with IDHS on EMS readiness.

G) INDIANA FIRE CHIEF'S ASSOCATION – EMS DIVISION

Jarrod Sights mentioned an upcoming Indiana Fire and EMS Leadership Conference taking place in September. He also stated that Evansville Fire Department is holding a two-day National Fire Academy EMS Supervision Class in October.

H) INDIANA EMERGENCY MEDICAL SERVICES ASSOCIATION (IEMSA)

Tom Fentress stated that the IEMSA conference planning is going well, and almost all of the presenters have secured their space. Agendas should be coming out in August and about 100 people have registered for the conference.

Tom Fentress also mentioned an upcoming Memorial Ride for EMS in Vincennes on September 12th and encouraged participation for those interested. He then stated that an IEMSA meeting was taking place later that day at 1pm at the MADE Facility.

I) EDUCATION OVERSIGHT COMMITTEE

Commissioner Zartman stated that the Education Oversight Committee met multiple times since the Commission last discussed Minimum Patient Contact Requirements for Successful Completion of EMT Education Programs. NASEMSO provided a guidance document regarding EMT student minimum competencies that proposed thirty (30) total patient contacts, with subcategory requirements for adult patients, geriatric patients, and pediatric patients. The EOC determined that adopting the proposed patient contact requirements recommended by NASEMSO would be detrimental to training due to the large shift from the current requirement of ten (10) total patient contacts. Commissioner Zartman stated that he would like the EOC to have additional discussion on the matter before making a decision.

Discussion took place on requiring twenty (20) patient contacts as a middle ground. Concern was expressed that rural providers may struggle to meet the thirty (30) patient contacts requirement due to rural areas often not having hospital clinics. Commissioner Zartman stated that a recommendation for either twenty (20) or thirty (30) patient contacts would also provide that 50% of contacts would be live contacts and 50% could be done by high-fidelity mannequin, mannequin checkoff, or alternative sites (e.g., nursing homes or pediatric centers).

Commissioner Zartman then discussed the new psychomotor exam structure. There will be two integrated scenario examinations. Both the trauma mega code and medical mega code are being investigated. The new exam structure prioritizes clinical assessment, decision-making, treatment integration, communication, and scene leadership. Nothing is currently finalized.

Commissioner Zartman then spoke about AEMT cardiac monitoring. There was significant discussion on that subject at EOC on what they want to accomplish with the request from the Chairman. They are awaiting the results of the survey that went out to training institutions, providers, and advanced EMTs before moving forward.

J) MOBILE INTEGRATED HEALTH COMMITTEE

Director Kinney stated there were two new Mobile Integrated Health (MIH) Program recommendations, those being IU Health Lifeline Critical Care Transport and Letts Community Volunteer Fire Department. He discussed the recent MIH Committee meeting on June 12th, stating the Non-Municipal EMS MIH-CP position was filled by Lea Ann Myers. The Insurance Representative position remains vacant, and the IDOH and FSSA designees are changing.

Emily Castor spoke about the MIH program application process, stating that the process has not changed much, but modifications are underway. The first application, IU Health Lifeline Critical Care Transport, located in Districts 4 and 5, covers Hamilton and Tippecanoe Counties. This program aims to focus on hospital dismissal/post-discharge follow up and readmission prevention. The program is also investigating elderly management programs and post-discharge sepsis. The goals of the program are to reduce preventable hospital readmissions and improve post-discharge outcomes by bridging the gap between discharge and follow up, during which deterioration, non-compliance, and unmet social needs can drive avoidable harm. The program applicant will undergo formal credentialing before deployment, including structured in-person classroom instruction on protocols CP-SEP-001 and CP-FALL-001, clinical assessment pathways, escalation criteria, medication reconciliation, SIRS screening, fall risk tools, SDOH screening, and SBAR standards.

Emily Castor discussed the second application from Letts community Volunteer Fire Department. The applicant is located in District 9, which covers Decatur, Franklin, Jennings, Rush, and Union counties. The applicant is investigating various initiatives, including hospital dismissal/post discharge follow-up and readmission prevention, post-response follow-up for certain emergencies, diabetic counseling and monitoring, chronic disease management, decreased utilization of EMS by high frequency patients, mental illness mitigation, OB/newborn management programs, elderly management programs, and immunization and vaccination initiatives. The broad goals of the program will be to focus on reduction in hospital readmission

rates, reduction in high utilization of EMS, improve health in southern Indiana, and more efficiently transport patients requiring inpatient psychiatric care. Providers will be required to be in good standing with the department's education standards and IBSC-CPP.

Commissioner Zartman moved to approve the applications. Commissioner Shady seconded the motion.

Motion to Approve	Vote	
	Yes	No
G. Lee Turpen	☒	☐
Darin Hoggatt	☒	☐
Dr. Lisa Clunie	☐	☐
Patrick Hutchison	☒	☐
Matthew Shady	☒	☐
Jerry Harder	☒	☐
John Zartman	☒	☐
Dr. Sara Brown	☒	☐
Matthew McCullough	☒	☐
Andrew Bowman	☒	☐
Mary Ann Dudley	☒	☐
Dr. Jim Nossett	☒	☐
Lori Mayle	☒	☐
Dr. Eric Yazel*	☒	☐

**Note*: As an employee of IU Health, Dr. Yazel abstained from approving their application and voted to approve only the application for Letts Volunteer Fire Department.

K) NEW BUSINESS

None

L) OLD BUSINESS

Indiana EMS Rule Rewrites – Director Kinney stated that the rule rewrite is still ongoing, and he raised several concepts for preliminary discussion by the Commission. The first concept raised related to supervising hospitals. Director Kinney stated that IDHS has changed its position and does not feel that removing the supervising hospital requirement altogether would be prudent. Even with waivers for people that cannot get supervising hospitals due to residing in rural areas or other circumstances, it is not a one-size-fits-all approach. The idea offered for discussion was to keep the supervising hospital certification available, but the revised

requirement would require a provider organization to document how they meet the current requirements of a supervising hospital or evidence of an agreement with a supervising hospital.

Concerns were raised by some Commission members that removing the mandatory requirement for supervising hospitals may be a slippery slope and lead to reductions in some of the more invested EMS medical directors and other personnel at hospitals. Roy Johnson stated that some hospitals see EMS education as a loss and if the supervising hospital requirement was removed, more hospitals may stop providing EMS education and stop funding paramedic programs. Director Kinney stated, based on the feedback from Commission members and members of the public, that the draft rules presented to the Commission would retain the supervising hospital requirement.

The second concept presented to the Commission related to a safety requirement and the proposed change would require any object greater than 3lbs in the patient compartment to be secured.

The third concept presented to the Commission related to the current requirement that a paramedic ambulance must have a portable defibrillator with a self-contained cardiac monitor and ECH strip writer, and it must be equipped with defibrillation pads or paddles appropriate for both adult and pediatric defibrillation. The proposed change would require that the paramedic ambulance must have a portable cardiac monitor and associated supplies capable of the following: (1) biphasic defibrillation at national cardiac standard levels appropriate for adult and pediatric patients; (2) external cardiac pacing; (3) synchronized cardioversion; (4) 12-lead EKG function as well as continuous cardiac monitoring in at least 3 cardiac leads; and (5) a reporting system that is capable of either print-outs, electronic transmission of rhythm data, or of transfer of data into and electronic care report. The reporting system must provide immediate 12-lead data capture reporting to a receiving hospital before or at arrival at the facility.

Multiple Commission members expressed that 12-lead capabilities were considered standard of care and that it would be concerning if ambulances were equipped with portable defibrillators without such capabilities. Some members also stated that it should be included in

the rule update, though Director Kinney cautioned that expansion of rules or regulations might be denied.

The fourth concept presented to the Commission related to unaffiliated paramedics, where the current rile has a provision for “inactive status” for licenses of unaffiliated paramedics that are in between jobs. Director Kinney stated that he believes it is misplaced to have an inactive status because it does not create a privilege to practice. If a paramedic applies in another state to practice there, the inactive status can lead to the assumption that the paramedic was sanctioned and suspended from practicing.

Director Kinney recommended that the inactive status designation be removed and the license to practice only be removed if there is an administrative sanction of some kind. This would separate the license from the ability to practice, though the paramedic would still need ALS affiliation and medical director oversight to work. Continuing education in such circumstances would be the same as affiliated paramedics with a requirement to provide skills competency verification, and if an applicant was unaffiliated with a paramedic provider organization at the time of renewal, the applicant must submit a written statement including supporting documentation demonstration that the applicant has participated in a skills competency verification. Based on feedback from Commission members, Director Kinney stated that he would bring this concept back as a proposal and look at including some limitation on how long a paramedic may be unaffiliated and retain their license.

Andrew Bowman raised a potential concept to include, which was the addition of APPs in EMS. Director Kinney stated he was not inclined to include that concept because it would be adding an entirely new certification and is not very commonly used in Indiana.

M) ADMINISTRATIVE PROCEEDINGS

1. Waiver Orders
    i. Personnel Waiver
        1. *836 IAC 4-2-2(a)(1):* Certification Eligibility
            a. EMT Denial
                i. Lockwood, Drake
    ii. Provider Waiver
2. Sanction Orders
    i. Personal

1. Letter of Reprimand
    a. Featherstone, Drake
    b. Wiegand, James
2. Probation – 1 Year
3. Probation – 2 Years
4. Suspension – 7 Days
5. Suspension – 30 Days
6. Suspension – 1 Year
7. Suspension – Emergency Order
    a. Elliott Jr., Ronald
    b. Heflin, Charles
    c. Kemp Sr., Roger
8. Revocation
    a. Stimpson, Nathaniel
9. Censure
10. Initial EMR Denial
    a. Weber, Brandon
11. Surrender

ii. Provider

3. Administrative Rulemaking:
4. Appeals Docket

N) STAFF REPORTS

Data Registry – Robin Stump stated that NERIS was connected in Indiana for the reporting of fire incidents. There was an issue with IOT blocking NERIS, but the issue has been resolved. Robin Stump asked if people, especially fire department personnel, if they had logged into their NERIS account to confirm their reports are being sent. Robin Stump stated that she believed it was only people utilizing the ImageTrend system that were not reporting, but a fire department she visited was not reporting properly. Out of the roughly 834 fire departments in Indiana, 277 were not reporting as of two weeks prior to the Commission meeting. As of the Commission meeting, 378 were reporting to NERIS, a nearly 25% increase. Robin Stump asked everyone to ensure that they log in to NERIS to report their incidents. She also stated that there is a rule requiring all fire departments to report their fire incident information to the State, and everyone not using the State ImageTrend system is currently not compliant with that rule because the data was unable to be exported from NERIS or other fire departments were unable to import

their data. As of the current Commission meeting, that issue was resolved and exporting from NERIS should work.

Regarding EMS reporting, Robin Stump stated that reporting was at 92%, and IDHS will be working with organizations on error issues. Of the roughly 1,300,000 in 2025, about 70,000 runs had no choice input for incident complaint reported by dispatch, and that data is a required data element. The reason there is not 100% reporting is that some departments that may have an ambulance never have a run to transport because another department does the transport and they forget to report that there were no reportable incidents.

Operations Report – Robin Stump stated that Operations has not changed much since the previous meeting. There is a provider form going around and she wants to remind people to ensure that points of contacts are updated in ACADIS for the following: (1) Medical Director; (2) Chief Executive Officer; (3) Day to Day Operations Manager; (4) Pediatric Coordinator; (5) Data Collection Manager; and (6) Training Officer.

Robin Stump also discussed department expiration dates for previous quarters and the current quarter. Five were still expired from January 1st, eight were still expired from April 1st, and eleven were still expired from July 1st.

Certifications and Compliance Report – Corey Wells provided updates on certifications for the 2nd quarter of 2026. There was a total of 26,757 total EMS certifications in Q2, an increase of 198 from the previous quarter. Corey Wells went on to state that 351 audits were conducted during Q2. Seven individuals were sanctioned for certification dishonest in Q2. As well, 28 individuals indicated they had a criminal record, with 3 individuals notifying IDHS of an arrest or conviction during Q2 of 2026. Corey Wells then discussed the individual certification and licensure processing time, stating that processing time averages 24 hours or less if submitted during the week and the first business day if submitted over a weekend.

EMS Education and Training Report – Kari Lanham discussed NREMT exam payments in May, which totaled to $57,019, up from about $23,000 in April. The exams administered in May were the highest amount to date. For EMT Level exams, 438 were administered, with 283 individuals passing, 141 failing, and 14 marked as no shows. For Advanced EMT Level exams,

38 were administered, with 20 individuals passing and 18 failing. For Paramedic Level exams, 31 were administered, with 25 individuals passing and 6 failing.

Regarding JB Learning Student Test Prep codes, Kari Lanham stated that they are currently in the process of determining how to amend the contract so additional codes can be purchased. She stated there were currently about 139 codes, and 759 had been issued since July of 2025.

Kari Lanham provided dates for remaining PI Quarterly Updates for 2026, stating that two were scheduled on September 8 from 9:00-10:00am and 5:00-6:00pm, one was scheduled for December 8 from 9:00-10:00am, and one was scheduled for December 9 from 5:00-6:00pm.

O) STATE EMS DIRECTOR'S REPORT

Director Kinney recognized Kari Lanham in the IDHS Staff Spotlight, stating that she demonstrated what it means to live the IDHS way through her skill, energy, and dedication to helping others be prepared in emergencies.

Director Kinney stated that EMS District Forums are ongoing and run from 8:30-2:00pm EST. They are in ACADIS, and he encouraged people to register if they are planning to attend. He then discussed Ambulance CSR/DEA registration, stating that they are ongoing and there are three options for EMS agencies to transition. The options provided for EMS agencies to transition were: (1) to transition immediately on the effective date established by DEA; (2) to transition at the expiration of their current registration; or (3) to transition three to six months prior to their renewal date. DEA recommends that registrants contact their local DEA field office to complete this transition.

Director Kinney then provided updates on the number of Indiana paramedic providers holding an Indiana CST, with about 113 holding a CSR and about 104 needing a CSR.

For EMS Readiness, the budget has been completed and about $4.1 million was available. The big upcoming initiative is mental health and well-being, and bids were going to be sought from a provider to create a statewide network of mental health practitioners that could provide treatment. Money was also received from FSSA to do responder well-being training, and a mental health resiliency officer course would be created.

Director Kinney then discussed the GROW initiative, stating that programs continue to be developed. He then provided updates on the Medical Operations Coordination Center (MOCC), stating that the goal was to transform the standard 911 system to direct patients to the appropriate location based on their needs. Another stated goal was to establish the MOCC as a centralized 24/7 hub for day-to-day

hospital operational reporting, patient transfer coordination, and EMS resource alignment, acting as a single point of contact for referral requests and life-saving resources, enhancing the remote care services infrastructure. As well, the MOCC is intended to improve coordination and continuity of care across hospitals, primary care, behavioral health, and community-based providers. Dr. Yazel stated they some of the bids received during the process were positive and was confident that a suitable provider would be found.

Director Kinney then provided updates on the GROW Rural Indiana Initiative, which includes a dedicated EMS effort designed to strengthen emergency care capacity in rural hospitals and EMS agencies by improving readiness for pediatric and obstetric emergencies. Activities to be completed included conducting needs assessments, establishing baseline metrics, and providing training, equipment, and technical assistance. Director Kinney then discussed the ten readiness domains and the steps to determine EMS pediatric readiness. A survey is being reviewed with collaboration offered to Indiana EMSC, and participation letter requests were sent out to eligible organizations. The initial registration and participation in the survey must be completed to be eligible for future funding. Corey Wells stated that 145 agencies have received an enrollment request and 11 have responded, and he encouraged designated rural counties to check their emails for the survey and to complete it.

Director Kinney then provided updates on the EMS Compact, stating that ACADIS has completed the transfer connection to the NEMSCD database and practitioners are in the database. About one-third of providers still need to manually enter their Social Security Number into their ACADIS account so they can be linked and have a Privilege to Practice.

Director Kinney provided updates on the National Association of State EMS Officials, stating that he was the President-elect, and the COMPASS Committee continues to develop new state programs such as informatics and investigator training.

P) STATE EMS MEDICAL DIRECTION REPORT

Dr. Yazel clarified that no discussions about moving to a state protocol have happened. Regarding the diversion process, a notification was recently received that the Indiana Hospital Association was going to support the initiative. Dr. Yazel then discussed RHTP Initiative 12, stating that a lot of sustainable programming has come about. He then emphasized the upcoming legislative session was important, stating that the Trauma Commission funding was up for renewal, as well as Health First Indiana funding.

Q) CHAIRMAN'S REPORT AND DIRECTION

Chairman Turpen called attention to driving practices by EMS workers, asking that people ensure they are speaking their workers and making sure they are adhering to best practices for safety, such as wearing seat belts and remaining aware of fatigue and the number of hours being worked at a time.

R) NEXT MEETING

The next EMS Commission meeting will be on Wednesday, September 9, 2026, at 1:00pm at 13700 Conference Center Drive S, Noblesville, IN 46060.

S) ADJOURNMENT

The meeting was adjourned by consensus.