

APPROVED
08.20.26



GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission Meeting Minutes

Thursday, May 21, 2026

9:00 AM – 12:00 PM

City of Madison Meeting Hall

Madison, Georgia

Meeting Recording: <https://youtu.be/CkTJJcOZXIE>

Meeting Attachments: trauma.ga.gov

COMMISSION MEMBERS PRESENT

Dr. Dennis Ashley, Chairman
Dr. James « J » Smith, Vice-Chair
Mr. Pete Quinones, Secretary-Treasurer
Dr. John Bleacher
Mr. Courtney Terwilliger (via Zoom)
Mr. Terry Cobb (via Zoom)
Dr. Alicia Register

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING	ATTENDING
Elizabeth Atkins	Georgia Trauma Commission, Executive Director	In Person
Gabriela Saye	Georgia Trauma Commission, Business Operations Manager	In Person
Crystal Shelnutt	Georgia Trauma Commission, Regional Trauma Systems Development Manager	In Person
Gina Solomon	Georgia Trauma Commission, GQIP Director	In Person
Katie Vaughan	Georgia Trauma Commission, Finance Operations Manager	In Person
Dave Wade	Carroll County Fire, Fire Chief	Virtual
Ashley Bullington	Crisp Regional, TPM	Virtual
Courtney Pettiford	Doctors Hospital of Augusta, TMD	Virtual
Kelly Joiner	DPH OEMST, Deputy Director	In Person
Marie Probst	DPH OEMST, State Trauma Registrar	Virtual
Stacee Smith	DPH OEMST, State Trauma Coordinator	In Person
Kacee Steinbauer	Georgia Trauma Commission, Intern	Virtual
Sydney Jones	Georgia Trauma Commission, Intern	In Person
Brian Dorriety	Georgia Trauma Commission, RTAC 7 Coordinator	In Person
Kristin Spires	Georgia Trauma Commission, RTAC 10 Coordinator/ Education Coordinator	Virtual
Cheryle Ward	Georgia Trauma Foundation, Executive Director	In Person
Pamela Vanderberg	Grady, VP Trauma and Burn Services	Virtual
Rebecca Gaskins	Grady, Director of Trauma Programs	Virtual
Farrah Parker	JMS Burn Center/Region 6 RTAC, Senior Manager/RTAC Coordinator	Virtual
Cianna Pender	John D. Archbold Memorial Hospital, TMD	Virtual

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING	ATTENDING
Mary Beth Goodwin	John D. Archbold Memorial Hospital, Trauma PI Coordinator	Virtual
Christie Mathis	Morgan Medical Center, TPM	Virtual
Matthew Vassy	Northeast Georgia Medical Center, TMD	In Person
Jason Smith	Phoebe Putney Memorial, CMO	Virtual
Brett Buehner	Piedmont Augusta, TPM	Virtual
Jonathan Horsager	Piedmont Augusta, PI Coordinator	Virtual
Jay Connelly	Piedmont Henry, Dir trauma	Virtual
Courtney Adams	Piedmont Newton, Trauma Manager	Virtual
Heather Loftus	Wellstar Spalding, Trauma Program Manager	Virtual
Rachel Hand	Wellstar West Ga, Trauma Program Manager	Virtual
Derick Staley	West Point Fire Department, Fire Chief	Virtual

CALL TO ORDER (00:00:08)

Dr. Dennis Ashley, Georgia Trauma Commission Chair, called the meeting to order at 9:09 AM, with seven of nine Commission members present in person and online, establishing a quorum.

CHAIRMAN REPORT (00:01:06)

Presented by Dr. Dennis Ashley

Dr. Ashley opened by acknowledging EMS Week and expressing appreciation to commissioners, committee members, EMS partners, clinical leaders, and staff for their continued collaboration and service to Georgia's trauma system. Remarks focused on statewide and national trauma system challenges, including workforce pressures, rural access, uncompensated care, reimbursement instability, and long-term sustainability. Dr. Ashley reported on meetings with the Trauma Center Association of America, noting that Georgia is nationally recognized as a mature and collaborative trauma system. Appreciation was also extended to the Finance Committee for completing the fiscal year 2027 funding plan, with emphasis placed on accountability, sustainability, strategic collaboration, operational improvement, and responsible stewardship of public resources. The Chair further highlighted progress in data infrastructure, quality improvement initiatives, educational programming, and regional coordination efforts across the state.

APPROVAL OF MEETING MINUTES (00:04:35)

Presented by Dr. Dennis Ashley

Dr. Ashley requested a motion to approve the February and May meeting minutes (ATTACHMENT A, pp. 3-16)

MOTION GTCNC 2026-05-05:

Motion to approve the February 19, 2026, and May 1, 2026, meeting minutes.

MOTION BY: James Smith

SECOND BY: Pete Quinones

VOTING: All members are in favor of the motion.

ACTION: The motion ***PASSED*** with no objections nor abstentions.

BYLAWS PROPOSED AMENDMENT (00:06:09)

Presented by Liz Atkins

A proposed bylaws amendment (**pp. 17-21**) was introduced to improve operational efficiency in contract execution. The amendment revisions were emailed to Commission members on May 11th. The amendment would authorize the Executive Director to execute grants and agreements totaling less than \$100,000. Agreements of \$100,000 or more would still require approval and the Commission Chair's signature (**page 21**). The proposal was reviewed by counsel from the Attorney General's Office and described as ministerial rather than a delegation of Commission authority.

After discussion regarding procedural requirements under Robert's Rules, the Commission agreed to defer formal action until the next meeting to allow additional review and consideration. Liz invited Commission members to provide comments or feedback on the proposed revisions. No comments or concerns were raised regarding the proposed bylaws amendment.

EXECUTIVE DIRECTORS REPORT (00:10:21)

Presented by Liz Atkins

Liz Atkins referenced the Executive Report noted on **pp. 22-31**:

- The Georgia legislative session concluded with the Commission's budget remaining intact, preserving funding for core priorities and strategic initiatives. Appreciation was expressed to Commission leadership and staff for managing the budget process and coordinating legislative efforts.
- Legislative updates included discussion of House Bill 629, which would expand Stop the Bleed education in schools, noting that the bill did not advance before adjournment despite broad support. Advocacy efforts from healthcare and governmental affairs partners were acknowledged. Optimism was expressed that the legislation would gain momentum and return for consideration in the next legislative session.
- National updates from meetings with the Trauma Center Association of America and related organizations included:
 - Continued federal funding support for Mission Zero and the Trauma Care Readiness and Coordination Program.
 - Ongoing advocacy for expanded federal trauma system funding, workforce readiness, and military-civilian trauma partnerships.
 - Recognition that trauma systems are increasingly viewed as critical preparedness infrastructure.
- Crystal Shelnuttt was congratulated on her appointment to the National EMS Advisory Council as a quality improvement representative.
- Updates were provided on ongoing statewide initiatives, including:
 - Advancement of trauma quality improvement and benchmarking efforts.
 - Challenges related to registry interoperability and data-sharing between systems.
 - Continued development of EMS educational programming and operational coordination.
- International observations from attendance at the World Trauma Congress in Stockholm, Sweden, included:
 - Comparisons between European and U.S. trauma system structures and patient transfer models.
 - Discussions related to trauma preparedness, system response, and large-scale casualty planning.
 - Observations regarding multidisciplinary collaboration among trauma, nursing, and EMS professionals internationally.

- Liz reflected on completing a term as President of the Society of Trauma Nurses and thanked colleagues for their support during that leadership role.
- An announcement was made regarding a joint trauma conference planned for 2027 involving the Society of Trauma Nurses, the Trauma Center Association of America, and the American Trauma Society.

The floor transitioned to the Georgia Quality Improvement Program (GQIP) Report, presented by Gina Solomon

GEORGIA QUALITY IMPROVEMENT REPORT (00:19:58)

Presented by Gina Solomon

Gina Solomon provided a brief update and referenced the report on **page 32**:

- All 2025 data has been uploaded into the ArborMetrix platform, with first-quarter 2026 data expected by June 1st.
- Quarterly trauma center report cards continue to improve and are helping centers identify and correct data issues.
- GQIP is adding new reporting cohorts, including:
 - Blunt multi-system trauma patients.
 - Elderly patient filters.
 - Shock patient cohorts.
- New time-to-care reports are being developed to track PSAP call-to-hospital intervals.
- Leadership continues working with legal counsel on data use and peer protection policies to support collaborative research while maintaining data security.
- The GQIP summer meeting will be held on August 21st at the Jekyll Island Club Resort, with Dr. John Holcomb serving as the keynote speaker.
- The GQIP leadership team recently met to discuss strategic planning, scholar program development, and future initiatives.
- The Scholar Program will transition to a two-year scholar term, with the possibility of expanding to provide additional scholar support.
- The Time to Care Study has been delayed slightly, with preliminary findings expected around June 1st.
- A pediatric non-therapeutic transfer study is underway, examining transferred pediatric patients later discharged from the emergency department.

Commissioners thanked Gina and the GQIP team for continued progress in trauma data and quality improvement efforts.

Gina continued to provide an overview of the RTAC scorecard initiative (**ATTACHMENT B**) developed in collaboration with Crystal to strengthen regional, data-driven trauma system improvement efforts across Georgia. Quarterly scorecards now provide RTACs with actionable regional data, including demographics, injury mechanisms, EMS scene and transport times, time-to-care metrics, and injury prevention indicators. Enhancements to reporting processes and registry integration have improved both efficiency and turnaround time for regional analysis.

Early findings from the scorecards have identified significant regional variation in trauma patterns and system performance, including elevated pediatric injury rates in Region 9, the state's highest penetrating trauma burden in Region 7, and differences in pre-hospital blood utilization across regions. RTACs are using these data to guide

targeted performance improvement initiatives, evaluate operational metrics, and prioritize regional injury prevention strategies.

Current initiatives informed by the scorecards include efforts to reduce prolonged scene times, improve EMS feedback processes, address hypothermia prevention, expand falls-prevention programs for elderly patients, and enhance Stop the Bleed and helmet-safety education. Additional reporting capabilities for prison and nursing home patient populations further support targeted regional interventions.

It was emphasized that the initiative has strengthened collaboration among EMS agencies, trauma centers, and community stakeholders while aligning closely with broader GQIP priorities, particularly time-to-care improvement, elderly trauma care, and falls prevention.

Dr. Ashley commended the initiative as a highly informative and valuable advancement in statewide trauma system performance improvement.

REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) REPORT (00:42:30)

Presented by Crystal Shelnutt

Crystal Shelnutt presented the RTAC and EMS education update (**ATTACHMENT C**), noting that all 10 regional coordinator reports are included in the meeting packet (**ATTACHMENT A, pp. 33-72**).

She highlighted key RTAC and EMS education developments:

- Increased stability and collaboration among RTAC coordinators.
- Cross-regional sharing of protocols, injury prevention projects, and educational resources.
- Development of a centralized resource-sharing system for coordinators.
- Stop the Bleed program updates included:
 - Expanded statewide kit distribution and training efforts, particularly in rural communities.
 - Continued collaboration with EMS, hospitals, law enforcement, schools, and community partners.
 - QR-code tracking system to monitor kit utilization and improve supply replacement/data collection.
- The Georgia Trauma Foundation partnership is expanding Stop the Bleed access in public high schools:
 - Pilot initiative to increase kit availability from 12 to 36 kits per school.
 - Focus on staff and student training, building on lessons learned from recent school violence events.
 - Three pilot schools were identified in each RTAC region.
- EMS Educational Needs Assessment findings showed:
 - Most respondents were experienced paramedics with over 15 years in the field.
 - Highest requested training priorities included:
 - Pediatric trauma.
 - Burns.
 - Mass casualty incidents (MCI).
 - Trauma resuscitation.
 - Pre-hospital blood administration.
 - Nearly half of the respondents reported limited confidence in MCI response readiness.
- EMS education initiatives now include:
 - Regional equipment-sharing programs for trauma simulation and airway training equipment.

- Expanded EMS workforce development grants supporting EMR, EMT, and AEMT training pathways.
- More than 446 EMS students are supported through current grant programs.
- MedEd Prep testing and analytics are being used to:
 - Track student knowledge trends and skill gaps.
 - Provide instructors with targeted educational feedback.
 - Improve instruction in lower-performing trauma topics such as chest trauma and shock management.
- Crystal highlighted the successful launch of the Applied Anatomy and Cadaver Lab program:
 - Pilot training conducted with Lanier Technical College and regional trauma partners.
 - 123 students were trained over four days.
 - Participants reported significant increases in confidence with:
 - Difficult airway management.
 - Trauma resuscitation.
 - Chest trauma management.
 - Participant satisfaction averaged 97/100, with universal agreement that the training was relevant and valuable.
 - Cadaver labs and mobile simulation programs are now being scheduled statewide across multiple RTAC regions.
 - Future plans include:
 - Standardizing cadaver lab programming statewide.
 - Developing EMS instructor cadaver lab training courses.
 - Expanding regional education partnerships and simulation opportunities.

Commission members praised the RTAC and EMS education initiatives for:

- Strong organization and data-driven evaluation methods.
- Meaningful impact on provider confidence and skill development.
- Focused support for rural EMS systems and low-volume/high-acuity trauma care training.

FINANCE & BUDGET COMMITTEE REPORT (01:03:36)

Presented by Pete Quinones and Katie Vaughan

Pete Quinones began the report by updating the Commission that the Surprose Billing Consumer Protection Act has successfully passed and been signed into law by the Governor. Key provisions of the legislation include:

- EMS reimbursement rates will be set at 325% of Medicare reimbursement levels.
- Direct reimbursement payments to EMS agencies rather than patients.
- Implementation effective January 1st.

Pete emphasized that the legislation received broad bipartisan support with no reported opposition votes. It was emphasized that the law will provide meaningful financial support to hospital-based EMS services, government-funded EMS agencies, and private and nonprofit EMS providers.

Pete continued the report by reviewing the annual budget cycle timeline and planning overview (**ATTACHMENT A, pp. 73-74**), then asked Katie Vaughan to provide Georgia Trauma Commission budget updates. Katie reported:

- Current super speeder revenue trends remain slightly above FY25 levels.
- Current FY26 expense-to-budget performance is available through March 2026.

- The FY26 reallocation plan was approved on May 1st, and amendments are being finalized, with funding distributions to trauma centers expected within the following week.
- FY27 budget allocations were also approved on May 1st, with no additional action items required during this session.
- It was noted that the final uncompensated care data from several trauma centers is still pending before completing final departmentalized reporting.

Pete emphasized that the FY27 budget allocation was nearly \$30 million, including more than \$5 million allocated directly to EMS initiatives, and expressed appreciation for the increased EMS investment, noting that expanded education, training, and regional initiatives are expected to improve patient outcomes. New data-tracking and performance initiatives will enable the Commission to better measure the impact of funding investments across the trauma system.

EMS COMMITTEE REPORT (01:09:32)

Presented by Courtney Terwilliger

Courtney referenced his report and provided the following updates (pp. 88-89).

- A \$60,000 investment was approved to improve EMS initial education outcomes by supporting standardized curriculum resources, instructional tools, and strategies to address instructor turnover and inconsistent training quality.
- Expanded use of MedEd Prep will enable statewide tracking of student performance, comparison of outcomes across programs, and identification of gaps in EMS education to improve overall training effectiveness.
- The approved spending plan includes increased funding for EMS education, an additional \$500,000 for the EMS Equipment Grant Program, and an increase in the Pre-Hospital Blood Program from \$250,000 to \$500,000.
- Ongoing discussions regarding the Pre-Hospital Blood Program focus on whether funding should cover equipment, supplies, and potentially blood products themselves, noting that EMS agencies are not currently reimbursed by CMS for blood administration.
- Statewide efforts are underway to improve interfacility transport and rural EMS response efficiency through multiple coordinated committees, including a newly formed group chaired by Dr. Michael Franklin. Rural transformation funding opportunities were discussed as a potential mechanism to place ambulances at rural hospitals to improve emergency transport times and reduce delays in patient transfers.

LIII/IV COMMITTEE REPORT (01:14:28)

Presented by Kelli Vaughn

Kelli Vaughn reported that the committee has not formally met since the last Commission update. Kelli asked Liz Atkins if approval for the recent Committee Chair and Vice-Chair roles was required. Liz Atkins requested formal approval for the new Committee appointments. Dr. Alicia Register made a motion to appoint Dr. Pender as Chair and Kelli Vaughn as Vice-chair, following prior committee consensus.

Courtney Terwilliger clarified that committee chair appointments fall under Commission authority and do not require a formal motion or vote, with final confirmation provided by the Commission Chair in accordance with established governance procedures. It was noted that appointment decisions are typically based on expertise, interest, and willingness to serve, and that both Dr. Pender and Kelli Vaughn had previously expressed support for

their respective roles. The Level III/IV Committee's recommendation was ultimately accepted by Dr. Ashley, Georgia Trauma Commission Chair.

Kelli Vaughn continued the report by sharing that committee priorities include continued development of the Rural Interactive Trauma Simulation course, review of EMS and education survey findings to establish priorities and action plans, and coordination with RTAC leadership and stakeholder groups to align ongoing initiatives.

RURAL INTERACTIVE TRAUMA SIMULATION (RITS) PROGRAM UPDATE (01:20:56)

Presented by Dr. Erika Mabes

Dr. Erika Mabes provided initiative updates (pp.90-97):

- The Rural Education Initiative simulation course has progressed successfully, with roughly 200 rural EMS and emergency department participants in the pilot year (100% actively practicing in rural emergency settings) and a multidisciplinary mix led by nurses, EMS providers, and other clinicians, with outcomes showing statistically significant pre/post improvements in skills such as airway management, needle decompression, tourniquet use, FAST exams, and massive transfusion protocol confidence, alongside strong participant satisfaction and plans to expand targeted content based on regional needs while scaling delivery through regional hubs and instructor development toward a five-year sustainability model.
- The program secured an incoming simulation fellow through the Medical College of Georgia GME system and plans to use that role to help expand and sustain the initiative, while also scheduling six additional courses through December and continuing to refine regional and specialty-focused training delivery.
- The initiative is increasingly integrating regional coordination strategies, including back-to-back course days to improve provider participation, the use of central regional hubs to reach surrounding rural systems, and collaboration with RTAC coordinators and local instructors to strengthen regional capacity building.
- Additional updates included ongoing dissemination efforts through academic channels, continued institutional support from MCG and Georgia organizations, and a stated goal to build a structured instructor manual and an instructor network over the next five years to ensure long-term program sustainability.

Courtney Terwilliger shared that leftover funding from the Emanuel MARCH PAWS grant is available. He requested a reallocation of the remaining \$102,580 to support the AU-led Rural Education Initiative simulation program.

MOTION GTCNC 2026-05-06:

Motion to reallocate leftover MARCH PAWS grant funds, \$102,580, to the Rural Interactive Trauma Simulation program

MOTION BY: Courtney Terwilliger

SECOND BY: Pete Quinones

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions.

Discussion also addressed staffing and funding sustainability challenges for a program coordinator, with a tentative plan for a shared funding model, and partial coordinator support currently planned through MCG, though full long-term funding commitments remain unresolved due to multi-year budgeting limitations.

Dr. Mabes emphasized that, while funding constraints and administrative complexity remain barriers, there is broad institutional support for continuing and scaling the initiative, including exploring creative staffing solutions, such as shared roles and job-sharing arrangements, to support program growth and implementation.

Dr. Mabes expressed gratitude to the Commission for its support.

GEORGIA COMMITTEE FOR TRAUMA EXCELLENCE (GCTE) REPORT (01:32:45)

Presented by Lynn Grant

Lynn Grant referenced the report on (ATTACHMENT A, pp. 98-99 for the Georgia Committee for Trauma Excellence.

- Education Subcommittee: TOPIC course was held May 8th; OPTIMAL course scheduled for August 19th. Lynn expressed gratitude to the Commission for funding the courses and to Gabby Saye for organizing course registration and logistics.
- Pediatric Subcommittee:
 - Pediatric indications for transfer document finalized and released.
 - Pediatric imaging toolkit update in progress; target release Q3 2026.
 - Pediatric trauma quick reference guide approved; formatting pending; Q3 release expected.
- Performance Improvement Subcommittee:
 - Continued development of standardized PI review tools.
 - Shift toward geriatric trauma initiatives across facilities.
 - Shared repository established for statewide resources.
- Registry Subcommittee:
 - Ongoing review of registry vendors during the summer.
 - Basecamp Q&A log created for tracking registry issues and resolutions.
- Injury Prevention & Outreach Subcommittee:
 - Ongoing presentations and sharing of best practices, including ACS verification preparation.
 - Statewide focus on Stop the Bleed Day activities and upcoming Georgia Stay Safe Week (June 21–27).

TRAUMA ADMINISTRATORS COMMITTEE REPORT (01:36:41)

Presented by Dr. Jason Smith

Dr. Smith provided committee updates, **page. 100**:

- The Committee met on May 4th
- RMOCC workgroup formed (cross-committee with trauma medical directors and administrators) to evaluate models and operational needs. Five volunteer administrators were selected to ensure balanced representation.
- The committee elected Dr. Jason Smith as Vice-Chair.
- Performance-Based Pay (PBP) updates and meeting reminders reviewed
- The next committee meeting is scheduled for Aug 20th.

TRAUMA MEDICAL DIRECTORS COMMITTEE REPORT (01:38:22)

Presented by Dr. Matthew Vassy

Dr. Vassy provided committee updates, **pp. 103-104**:

- Significant progress has been made with establishing a joint RMOCC subcommittee composed of representatives from both the Trauma Medical Directors and Trauma Administrators committees. Initial planning discussions will include subject matter experts to review operational requirements, projected

costs, resource needs, and potential legislative considerations necessary for implementation. It was emphasized that the next phase will involve convening the subgroup to refine recommendations and advance statewide coordination planning.

- Long-term governance and leadership continuity were discussed, including the creation of a structured succession model comprising the Vice-chair, Chair, and Immediate Past Chair roles, operating on a two-year rotating cycle.

Commission members highlighted broader statewide concerns regarding healthcare access, regional capacity management, and disaster preparedness following the closure of Atlanta Medical Center and increasing strain on acute care resources. RMOCC development is essential for statewide communication and coordination, patient load balancing across trauma systems, monitoring availability of critical specialty resources and equipment, and strengthening preparedness for large-scale emergencies and cyber-related infrastructure disruptions. The Commission expressed strong support for the collaborative RMOCC effort and recognized it as a significant strategic initiative for Georgia's trauma and acute care system.

TRAUMA SYSTEM PERFORMANCE COMMITTEE REPORT

No updates provided.

GEORGIA TRAUMA FOUNDATION REPORT (01:45:04)

Presented by Dr. John Bleacher

Dr. Bleacher referenced the report on **pp. 105-106:**

- The Foundation's premier annual fundraising event, the "One Georgia Gala," is scheduled for May 30th at the Delta Flight Museum. The event was rebranded to align with the Foundation's "One State, One Standard" vision and is intended to bring together trauma providers, policymakers, advocates, and community stakeholders while expanding statewide fundraising and engagement efforts.
- The Foundation also announced a new strategy of hosting regional outreach events throughout Georgia to increase community-level trauma awareness and public engagement.
- Trauma Awareness Day at the Capitol was reported to be highly successful, with increased participation and strong engagement among trauma providers and state policymakers.

Dr. Ashley emphasized the importance of continued legislative education and advocacy regarding Georgia's trauma system needs.

OFFICE OF EMS AND TRAUMA (OEMST) REPORT (01:49:04)

Presented by Stacey Smith

Stacey Smith reviewed their report on **pp. 107-108.**

- Two Level IV centers are newly designated in Regions 8 and 9. Additional trauma center candidates are anticipated by year-end, and a successful trauma center ACS verification activity is occurring statewide.
- Significant operational and data infrastructure updates were provided, including activation of ESO and ImageTrend registry reporting links for statewide trauma data submission and validation.
- EMS and Trauma leadership highlighted the major expansion of pre-hospital blood product availability across Georgia:
 - 34 counties currently have pre-hospital blood products
 - 8 additional counties are in development,

- A statewide public-facing map is being developed to identify blood product availability and support future expansion efforts.
- Pediatric readiness initiatives were highlighted, including:
 - Designation of 10 pediatric readiness centers statewide
 - Active pediatric readiness surveys for hospitals and EMS agencies
 - Efforts to improve Georgia's participation in national pediatric readiness benchmarking and resource planning.

Commission discussion emphasized the financial and operational challenges of sustaining pre-hospital blood programs, including limited EMS reimbursement models and concerns about product waste, supply logistics, and statewide coordination. Members discussed opportunities for national collaboration and advocacy through the Pre-Hospital Blood Coalition to pursue sustainable funding strategies and to improve reimbursement support for EMS agencies that provide blood products in the field.

ADJOURNMENT (01:58:06)

Following the conclusion of reports and confirmation that no additional business was presented, the Commission approved a motion to adjourn and expressed appreciation to staff and participants for their support of the meeting.

MOTION GTCNC 2026-05-07:

Motion to adjourn

MOTION BY: James Smith

SECOND BY: Pete Quinones

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions.

SUMMARY OF HIGHLIGHTS & ACTION ITEMS

- Bylaws amendment (**ATTACHMENT A, page 21**) was introduced and deferred for approval at the August 20, 2026, Commission meeting.
- Presentation of the RTAC scorecard initiative (**ATTACHMENT B**)
- Presentation of RTAC and EMS education progress (**ATTACHMENT C**)
- Legislation updates:
 - Legislative session concluded with the Commission's budget intact.
 - Senate Bill 462 and House Bill 961, extending surprise billing protections to EMS ground ambulance transport, successfully passed.
 - House Bill 629, which would expand Stop the Bleed education in schools, did not pass, but preparation for the next legislative session continues.
- Commission approved to reallocate leftover MARCH PAWS grant funds, \$102,580, to the Rural Interactive Trauma Simulation program

Minutes Respectfully Submitted by Gabriela Saye