



COMMONWEALTH of VIRGINIA

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January 8, 2026

MEMORANDUM

TO: The Honorable L. Louise Lucas
Chair, Senate Finance Committee

The Honorable Luke E. Torian
Chair, House Appropriations Committee

The Honorable Mark D. Sickles
Vice Chair, House Appropriations Committee
[Click here to change audience/committee](#)

FROM: Karen Shelton, MD
State Health Commissioner, Virginia Department of Health

SUBJECT: Report on the Status of Regional EMS Councils and Planned
Realignment

This report is submitted in compliance with Item 272 E 4 of Chapter 725 of the 2025 Acts of Assembly, which states:

4. The Board of Health shall report annually by September 1 to the General Assembly on (i) the status of existing regional emergency medical services councils; (ii) any changes it plans on making to regional council boundaries; and (iii) the actions it has taken to gather stakeholder input before implementing any changes.

Should you have any questions or need additional information, please feel free to contact me at (804) 864-7002.

KS/KB
Enclosure

Pc: The Honorable Janet Vestal Kelly, Secretary of Health and Human Resources

REPORT ON THE STATUS OF REGIONAL EMERGENCY MEDICAL SERVICES COUNCILS AND PLANNED REALIGNMENT

REPORT TO THE GENERAL ASSEMBLY

2025



OFFICE OF THE SECRETARY OF HEALTH
AND HUMAN RESOURCES

PREFACE

The Virginia Department of Health’s Office of Emergency Medical Services (OEMS), on behalf of the Health and Human Resources Secretariat, was tasked with fulfilling the reporting requirement outlined in Item 272 E.2–E.4 of the 2025 Appropriation Act. The mandate directs the Board of Health to report on the status of Virginia’s existing regional EMS councils, planned changes to their geographic boundaries, and stakeholder engagement actions taken prior to implementing any changes. This report is submitted to the Senate Finance Committee, House Appropriations Committee, and Vice Chair of House Appropriations Committee by the statutory deadline of September 1, 2025.

STUDY CONTRIBUTORS

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EXECUTIVE SUMMARY

The Virginia Department of Health’s Office of Emergency Medical Services (OEMS), acting on behalf of the Board of Health, was tasked under Item 272 E.2–E.4 of the 2025 Appropriation Act to report to the General Assembly on: (i) the status of the Commonwealth’s 11 designated regional emergency medical services (EMS) councils; (ii) any planned changes to regional council geographic boundaries; and (iii) stakeholder engagement efforts undertaken before implementing any such changes.

This report fulfills that mandate and is submitted to the Chair of the Senate Finance Committee, Chair and Vice Chair of the House Appropriations Committee, and the Secretary of Health and Human Resources.

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INTRODUCTION

BUDGET MANDATE

Item 272 E (2-4) of the 2025 Appropriation Act directs the Board of Health to submit an annual report to the General Assembly by September 1. The report must address (i) the status of existing regional emergency medical services councils, (ii) any planned changes to their geographic boundaries, and (iii) actions taken to gather stakeholder input before implementing such changes. The full text of this requirement is included in **Appendix A**

ASSESSMENT ACTIVITIES

In response to the legislative mandate, the Virginia Department of Health's Office of Emergency Medical Services (OEMS) conducted a statewide review of the EMS council structure, coordinated stakeholder engagement, and initiated a redesignation process to transition from 11 to 7 regional councils. Public participation activities included: site visits and leadership meetings, a statewide stakeholder call, and a pre-application webinar. A full chronology of these engagement activities is provided in **Appendix B**.

REPORT OUTLINE

The remainder of this report is organized into three primary sections aligned with the reporting elements required under Item 272 E.2 – E.4 of the 2025 Appropriation Act. First, it provides a summary of the current status of Virginia's 11 regional EMS councils, including their statutory role, geographic coverage, and operational context. Second, it outlines the proposed restructuring to 7 regional councils, detailing the rationale, guiding principles, and anticipated benefits of the realignment. Third, it documents the stakeholder engagement process undertaken to inform these changes, including in-person consultations, regional meetings, statewide calls, and outreach to EMS, healthcare, and public safety partners. Each section includes supporting data and references to provide a comprehensive understanding of the decision-making process.

COUNCIL STRUCTURE AND REALIGNMENT OVERVIEW

Virginia's EMS system has long relied on a decentralized network of 11 Regional Emergency Medical Services (EMS) Councils to support the planning, coordination, and delivery of prehospital care across the Commonwealth. While this structure provided important local responsiveness, recent fiscal, operational, and equity challenges paired with evolving statewide EMS priorities prompted a comprehensive reevaluation of the council model. In response, the Virginia Department of Health's Office of Emergency Medical Services (OEMS), in coordination with the State EMS Advisory Board and regional EMS council presidents, initiated a stakeholder-driven effort in 2024 to explore structural reforms that would enhance efficiency, reduce administrative overhead, and improve access to resources across all regions. This section summarizes the current structure, outlines the proposed transition to a 7-council model, and presents key findings and recommendations informed by stakeholder feedback and public engagement efforts.

VIRGINIA'S REGIONAL EMS COUNCILS

Regional EMS councils serve as critical partners in coordinating, planning, and delivering emergency medical services throughout Virginia. To support a more streamlined, equitable, and responsive EMS system, the Office of Emergency Medical Services initiated a structured process to evaluate and realign council boundaries based on service demand, population distribution, and system capacity. Each subsection below corresponds to one of the three reporting elements required under the legislative mandate. Where relevant, additional detail is provided in footnotes or referenced in the appendices.

Status of the Current 11 Designated Regional Emergency Medical Services Councils

Virginia currently designates nonprofit organizations to operate 11 regional EMS councils as nonprofit organizations under the authority of § 32.1-111.4:2 of the Code of Virginia and governed by 12VAC5-31-2330. These councils serve as vital partners in the planning, coordination, and implementation of local and regional EMS initiatives across the Commonwealth. Their responsibilities include trauma and performance improvement, medical direction support, disaster preparedness, and public information initiatives.

Each council operates within a designated geographic service area with oversight from the Virginia Department of Health's Office of Emergency Medical Services (OEMS). The current 11 councils are: Blue Ridge EMS Council, Central Shenandoah EMS Council, Lord Fairfax EMS Council, Northern Virginia EMS Council, Old Dominion EMS Alliance, Peninsulas EMS Council, Rappahannock EMS Council, Southwest Virginia EMS Council, Thomas Jefferson EMS Council, Tidewater EMS Council, and Western Virginia EMS Council.

As of July 1, 2025, all 11 councils remain active under a six-month designation extension approved by the Commissioner of Health. This extension, granted through a regulatory variance

under 12VAC5-31-2410, allows for continued service delivery and compliance while OEMS finalizes the restructuring and redesignation process.

Planned Changes to Regional Council Geographic Boundaries

In response to growing operational, fiscal, and public health system needs, OEMS is implementing a statewide realignment of Virginia's EMS regional structure. The new model reduces the number of regional EMS councils from 11 to 7, creating more geographically balanced and functionally efficient service regions. This consolidation is intended to eliminate duplication of effort, enhance consistency in service delivery, and ensure that limited resources are aligned with performance and population-based priorities.

The proposed regions were developed collaboratively by multiple EMS stakeholder groups. The State EMS Advisory Board Chair appointed six workgroups on November 15, 2024, to review and make recommendations regarding the structure and function of the statewide EMS system. The Regional EMS Council Workgroup consisting of current regional EMS council volunteer leaders and administrators was tasked with making recommendations regarding the number and structure of the future regional EMS council system. Several potential recommendations regarding regional structure were presented to the Regional EMS Council Workgroup on March 4, 2025. This workgroup approved two possible structures for further review. One proposed model considered geographic alignment with access corridors and current health districts. The presidents of the regional EMS councils subsequently met and voted to approve the proposed Access Corridor and Health District alignment model on March 11, 2025. The EMS Advisory Board was informed of the recommendation and endorsed the recommendation to proceed with the restructuring of the EMS councils at their meeting on May 2, 2025.

OEMS has actively engaged stakeholders throughout the process, ensuring their input is solicited and incorporated prior to finalizing any changes to regional boundaries. OEMS approved the regional boundary recommendations made by these stakeholders.

OEMS is supporting the transition using existing Four-for-Life revenues. Each regional EMS council will continue to operate through a competitive designation and contractual process. The Request for Applications (RFA) for the new seven-region model opened on July 7, 2025, and closed on August 15, 2025. Following the submission deadline, OEMS convened a multidisciplinary review group comprising state, regional, and local stakeholders to evaluate applications and develop designation recommendations. These recommendations were submitted to the Board of Health for approval at its October 2, 2025, meeting. Upon approval, OEMS initiated contractual and operational transition activities to ensure uninterrupted service delivery and full implementation of the seven-region model effective January 1, 2026.

Stakeholder Engagement Efforts Undertaken

Stakeholder consultation was an important element of the regional EMS council realignment process, as mandated by Item 272 E 4 of the 2025 Appropriation Act. To ensure transparency, informed decision-making, and systemwide buy-in, the OEMS conducted a

comprehensive, multi-month engagement initiative with EMS stakeholders across the Commonwealth. Starting in November 2024, several meetings were held with the EMS Advisory Board which comprised of representatives from various stakeholders—as well as with different workgroups and subgroups, all of which included updates from OEMS. From February through June 2025, OEMS held in-person site visits, strategic leadership meetings, virtual briefings, and public webinars involving all 11 regional EMS councils, the Virginia Association of Volunteer Rescue Squads (VAVRS), the Virginia Hospital and Healthcare Association (VHHA), regional healthcare coalitions, and public safety associations. This effort culminated in a statewide stakeholder webinar with over 225 participants. A full chronology of these engagement activities is provided in **Appendix B**.

To further support the transition, OEMS hosted a pre-application webinar on July 16, 2025, to orient potential applicants to the redesignation process and address technical questions related to the proposed 7 region structure.

FINDINGS AND RECOMMENDATIONS

The review and redesign of Virginia’s regional EMS council system led to several key findings that informed both the structural changes and the accompanying policy recommendations. These conclusions reflect the input of regional stakeholders, operational data, and legislative mandates, and are organized into four categories: (1) structural alignment and system performance, (2) governance and funding, (3) stakeholder coordination and regulatory flexibility, and (4) public health leadership perspectives. Each category outlines the rationale for the proposed changes and the anticipated benefits to EMS service delivery across the Commonwealth.

1. Structural Alignment and System Performance

- The current 11 council model contains significant variation in service area size, funding levels, staffing capacity, and program implementation.
- Consolidating to 7 geographically balanced councils will improve alignment with hospital systems, healthcare coalitions, optimize coverage of rural and urban areas, and reduce administrative redundancy.
- A uniform set of expectations across the 7-council model will promote more consistent delivery of EMS training, planning, and system performance improvement (including trauma).

2. Governance and Funding

- Existing councils expressed support for retaining nonprofit governance structures under the new model, which preserves local flexibility while meeting state-level coordination goals.
- Based on current funding, the new designation process will include base funding of up to \$500,000 per council, with the opportunity to compete for up to \$1 million in special service funding depending on population and program scope.

- OEMS will require each designated council to meet new performance benchmarks and reporting requirements beginning January 1, 2026.

3. Stakeholder Coordination and Regulatory Flexibility

- Broad-based stakeholder engagement, including meetings with EMS council presidents, statewide associations, and a 225-participant public call, ensured transparency and consensus on the proposed changes.
- The Board of Health, through the Commissioner, approved a six-month extension of current designations under 12VAC5-31-2410 to allow for an orderly transition.

4. Public Health Leadership Perspectives

- At the April 17, 2025, stakeholder meeting convened by the Secretary of Health and Human Resources, participants emphasized that EMS concerns are a state-level matter requiring significant collaboration across agencies. Stakeholders expressed appreciation for the Virginia Department of Health's (VDH) support during this process, noting the intentional effort to strengthen EMS and Fire as a coordinated system. Secretary of Health and Human Resources Janet Kelly reinforced this perspective by underscoring the critical need for cross-agency collaboration, citing recent public health challenges, and stressing the importance of unified, coordinated response strategies. She further noted that progress begins with active alignment between VDH senior leadership and OEMS, which has been a positive and necessary step in advancing the transition to the restructured council model.

These perspectives, combined with the operational findings, support the recommendation to finalize the 7-council model and proceed with new designations effective January 1, 2026.

Regional EMS Councils Transition Plan

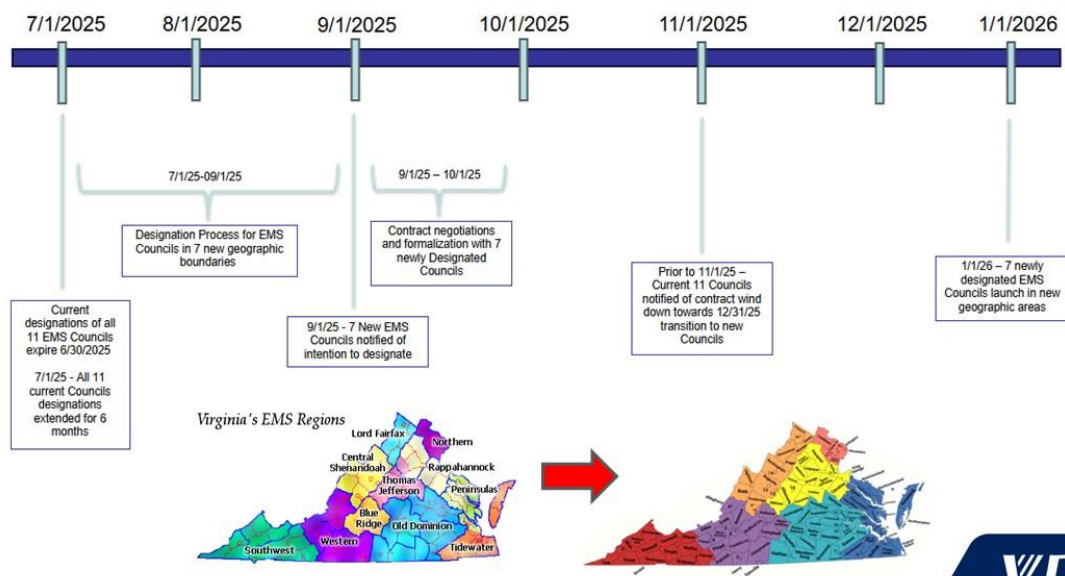


Figure 1. Visual summary of the transition from 11 Regional EMS Councils to 7 Regional EMS Councils, as developed during the 2025 stakeholder engagement process.

APPENDIX A - CHAPTER 2 OF THE 2025 ACTS OF ASSEMBLY

Excerpt from the 2025 Appropriation Act, Chapter 2

Item 272, Paragraphs E.2–E.4

E.2. Notwithstanding any other provision of law, the Board of Health shall not modify the geographic of designated service areas of designated regional emergency medical services councils without consulting relevant stakeholders, including existing regional councils, the Director of the Office of Emergency Medical Services, Emergency Medical Services personnel, community leaders, and any other public, private, and volunteer agency relevant to the decision.

E.3. Prior to making any change to the boundaries of existing regional emergency medical services councils, the Board of Health shall notify the existing councils of the changes it seeks to make.

E.4. The Board of Health shall report annually by September 1 to the General Assembly on (i) the status of existing regional emergency medical services councils; (ii) any changes it plans on making to regional council boundaries; and (iii) the actions it has taken to gather stakeholder input before implementing any changes.

Appendix B– Stakeholder Engagement

This is a listing of meetings held in accordance with the mandate.

November 2024

- **November 13** – Governor’s EMS Advisory Board Executive Committee
 - **November 14** – State EMS Advisory Board
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January 2025

- **January 14** – Regional EMS Council Workgroup
 - **January 29** – Regional EMS Council Workgroup
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February 2025

- **February 11** – Regional EMS Council Workgroup
 - **February 12** – Consultation at Rappahannock EMS Council with EMS Advisory Board Chair
 - **February 18** – Regional Council Structure Sub-group
 - **February 24** – Strategic meeting with Northern Virginia Emergency Response System
 - **February 27** – Regional Council Structure Sub-group
-

March 2025

- **March 4** – Regional EMS Council Workgroup
- **March 11**
 - Regional EMS Council Presidents Meeting
 - OEMS meeting with all 11 council presidents and separate Tidewater EMS site visit
- **March 12**

- Regional EMS Council Update
 - Virtual presentation to council directors and board members
 - **March 17** – Regional Council Structure Sub-group
 - **March 22** – Discussion with Board of Governors, Virginia Association of Volunteer Rescue Squads
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April 2025

- **April 3** – Site visit to Central Shenandoah EMS Council
 - **April 17** - Discussion with Secretary of Health and Human Resources, and other stakeholders.
 - **April 21–22** – Visits to Southwest and Western Virginia EMS Councils
 - **April 29** – Statewide webinar with over 225 stakeholders
 - **April 30**
 - Virginia Office of EMS Virtual Update
 - OEMS-led feedback session during Quarterly Regional Directors Meeting
-

May 2025

- **May 1** – EMS Advisory Board Executive Committee
 - **May 2** – State EMS Advisory Board
 - **May 20** – VAVRS EMS Day attendance
-

June 2025

- **June 24–26** – Final site visits to Old Dominion and Blue Ridge EMS Councils