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ROBERT L. QUINN
COMMISSIONER

State of New Hampshire

DEPARTMENT OF SAFETY
JAMES H. HAYES BLDG. 33 HAZEN DR.
CONCORD, N.H. 03305
(603) 271-2791

RICHARD C. BAILEY, JR.
ASSISTANT COMMISSIONER

EDDIE EDWARDS
ASSISTANT COMMISSIONER

March 9, 2022

His Excellency, Governor Christopher T. Sununu
and the Honorable Executive Council
State House
Concord, NH 03301

REQUESTED ACTION

Pursuant to MOP 1200, authorize the Department of Safety, Division of Fire Standards and Training and Emergency Medical Services, to pay the annual membership dues of \$3,000.00 to the National Association of State EMS Officials (VC#172949 B001), Falls Church, VA for membership. Effective upon approval Governor and Council approval for the period of July 1, 2022 through June 30, 2023. Funding Source: 100% Revolving Funds.

Funds are anticipated to be available in SFY 2023.

02-23-23-237010-40650000 Dept. of Safety Div of FST&EMS – Administration
026-500251 Organizational Dues, Membership Fees

FY2023
\$3,000.00

EXPLANATION

This request is for authorization to pay membership dues to the National Association of State EMS Officials (NASEMSO). The association provides not only a sounding board for all 50 states for all EMS systems, but also a unified front from within the government and non-governmental organizations.

Listed below are answers to standard questions required for Governor and Council organization dues and membership approval submissions:

1. *How long has this organization been in-existence and how long has the agency been a member of this organization?* NASEMSO was formed in 1980 and New Hampshire has been a member for over twenty years.
2. *Is there is no other organization which provides the same or similar benefits which your agency belongs to?* No
3. *How many other state's belonging to this organization and is your agency the sole New Hampshire state agency that is a member?* There are 56 total entities that belong to this organization; 50 States as well as the District of Columbia and the 5 territories.
4. *How is the dues structure established? (Standard fee for all states, based on population, based on other criteria, etc.)* The standard fee is \$3,000.00 for up to 8 State officials. There is a standard fee of \$250.00 each additional member.
5. *What benefit does the state receive from participating in this membership?* NASEMSO membership affords a variety of opportunities to participate in activities with state EMS officials. Benefits

include: representation and advocacy on EMS issues; a twice-monthly newsletter with EMS issues updates; a professional journal; "mini-survey" short data collection projects on specific EMS issues; opportunities for committee service and networking; an Annual Meeting and Expo; the EMS Leadership Skills Workshop.

6. *Are training or educational research materials included in the membership? If so, is the cost included? Explain in detail.* Included in the membership dues are the following: a twice-monthly newsletter with EMS issues updates, a professional journal, "mini-survey" short data collection projects on specific EMS issues, an Annual Meeting and Expo; the EMS Leadership Skills Workshop.
7. *Is the membership required to receive any federal grants or required in order to receive or participate in licensing or certification exams? Explain.* This membership is not required to receive any federal grants or required in order to receive or participate in licensing or certification exams.
8. *Is there any travel included with this membership fee? Explain in detail any travel to include the number of employees involved, the number of trips, destination if known and purposes of membership supported trips.* There is no travel included with this membership fee.
9. *Which state agency employees are directly involved with this organization? (Indicate if they are members, voting members, committee members, and/or officers of the organization).* The state agency employees are directly involved with this organization are as follows: 1) Acting as State Director to organization, Bureau Chief Justin Romanello; 2) Acting as State Data Manager, Captain Richard Cooper; 3) Acting as State Health and Medical Preparedness Coordinator, Bureau Chief Justin Romanello; 4) Acting as State Medical Director, Dr. Joey Scollan; 4) Acting as State Alternate Member, Assistant Director Jeffrey Phillips; 5) Acting as State Pediatric Emergency Care Coordinator, Anna Sessa; 6) Acting as State Personal Licensure Coordinator, Captain Kathy Doolan; 7) Acting as State Trauma Manager, Vicki Blanchard; 8) Acting as State Alternate Member, Director Justin Cutting.
10. *Explain in detail any negative impact to the State if the Agency did not belong to this organization.* NAEMSO is a nationally recognized organization that provides multiple benefits, as indicated above, to its members across the United States. At this time the organization has representation to all fifty States as well as the District of Columbia and the five territories. By electing to not participate in the organization we would lose the opportunity to collaborate with all of the other representatives on both daily and long-term operational needs. By not participating would also alienate our State from the rest of the country.

Respectfully submitted,


Robert L. Quinn
Commissioner of Safety



Please note any address correction to the below info:

Justin Romanello
Bureau Chief
NH Dept. of Safety, Div. of Fire & EMS
33 Hazen Drive
Concord NH 03305-0003

NASEMSO Headquarters
201 Park Washington Court
Falls Church, VA 22046-4527
703-538-1799
Fax: 703-241-5603
info@nasemso.org
http://www.nasemso.org

Phone: 603-223-4211
Fax: 603-271-1091
Email: justin.s.romanello@dos.nh.gov
Web Address:

Membership Category: D State EMS Office Membership
Expiration Date: 07/01/2023

Invoice Number: 157878
Invoice Date: 02/21/2022

National Association of State EMS Officials
Membership Dues Invoice

for July 01, 2022 through June 30, 2023 ; balance due by August 15, 2022

Instructions:

1. Please check the above name, address, etc to ensure proper information is listed, and clearly type or write any corrections.
2. Return payment with a copy of this invoice.
3. Call Sharon at headquarters if we can help with any special paperwork requirements (purchase order processing, difference invoice format, etc.).

All fees are in US Dollars:

\$3,000.00 = State EMS Office Membership

Payment Options

Check enclosed.

Charge my credit card (Visa/Mastercard/AmEx).

(all fields below are required if paying by credit card)

Acct # _____ expiration: _____

Security Code # _____

Credit Card Holder Name _____

Credit Card billing address _____

Authorization Signature _____

The following signature authorizes amount due and payment to be made