

**KY Trauma Advisory Committee
General Membership Meeting Minutes
May 19, 2026 @ 3 PM ET (via Zoom)**



The meeting was called to order by Dr. Andrew Bernard, Acting KyTAC Chair.

Dr. Bernard began by summarizing that the Rural Health Transformation Program (RHTP) federal grant which Kentucky received has five focus areas. This includes a Crisis to Care working group that is working on some programs to enhance rural EMS. There are plans to help expand EMS education, a review of potential updated guidance for “Treat in Place” (TIP), “Treat at an Alternate Destination” (TAD); and there is discussion on the development of a Rural Medical Operation Coordination Center (RMOCC) for eastern and western Kentucky in the future. These RMOCCs would have access to regional “Bed Boards” showing where there are available beds of varying types, and coordination with rural EMS to help facilitate transportation/transfer.

With regards to EMS education, there is funding now available to establish or expand Community Paramedicine Programs through the RHTP. This opportunity supports efforts to:

- ✓ Deliver in-home and community-based care
- ✓ Reduce unnecessary emergency department visits
- ✓ Strengthen care coordination and rural health partnerships
- ✓ Enhance behavioral health crisis response and follow-up.

There has been a lot of discussion about how successful the “hybrid” paramedic programs have been to date. This current model, which has a hub in Hopkinsville which does didactic programs on a virtual platform like Zoom, are recorded and can be played by a student later (when work schedules allow) – and then there are partner agencies *across the state* that will hold the “hands on” education and training to allow students to work with the equipment, and practice developing skills. Not only has the pass rate been very good, but these hybrid courses have brought the cost per student down significantly.

Up to \$20-million is available statewide in Year 1 of the RHT program. Eligible applicants include nonprofit and publicly funded EMS agencies serving rural Kentucky communities. The *application deadlines is June 12*, and funding would begin August 1, 2026.

Learn more at: https://ruralhealthplan.ky.gov/pages/request_for_Applications.aspx

Morgan Scaggs, KY EMS-C, spoke on the National Pediatric Readiness Assessment (NPRA) that is currently going on until the end of May. About 75% of the hospitals with an ED have completed the 2026 NPRA to date, and the rest are encouraged to submit their NPRA by May 31st. It is recommended that facilities which haven’t done their assessment yet download the PDF version of the 2026 NPRA as a kind of practice guide, and when they have all the information gathered/ready then do the on-line assessment (since this is one-done situation during the National assessment timeframe.) If there are questions, please work directly with Morgan Scaggs. morgan.scaggs@ky.gov

On the future of the Trauma Care System, Dr. Bernard has indicated that leadership of KyTAC has asked for a meeting with Dr. Langefeld, the Commissioner for Public Health (DPH), and Dr. Steven Stack, who is now Secretary for the Cabinet for Health and Family Services (CHFS). Legally, the Trauma Care System belongs to DPH under KRS 211.494. State funding that was included in a contract between CHFS & KY DPH, runs out on June 30th, and there is no additional state funding in the renewal agreement that starts July 1st. KHA is going to fund Mr. Bartlett and his related trauma work through the end of 2026. At that point Mr. Bartlett has announced that he is retiring/stepping away. Reportedly, there is some potential trauma system funding inside a 2026 year-end budget reconciliation bill (HB 757), but it will need action to authorize the funding by the General Assembly in their January 2027 Session. It currently appears that there will likely be a trauma funding gap that will then exist at least until at least July, 2027. And that assumes the General Assembly supports the authorization needed, otherwise the funding problem will continue.

Dr. Bernard went over some research that a planning group he formed has done with two other state trauma systems (Pennsylvania and Mississippi). (A summary of these meetings is attached.)

The first was with Amy Kempinski, President of the Pennsylvania Trauma System Foundation (PTSF). They were created about 1985 through legislation, and have a 20-member Board. They do all the verifications in Pennsylvania, including Levels I-IV. They are primarily funded through various participation fees which can range from about \$64,000/year for a Level-I, to about \$35,140 to \$17,580 for a Level-IV. There are other fees charged as well for their trauma registry and education. There is no state line-item funding, but they do get some funding from moving

violations. They also reportedly get some funding to help facilities with uncompensated and under-funded patient care.

The Mississippi Trauma Care Trust Fund (TCTF) was started around 2019/2020 in partnership with the Mississippi Hospital Association (as we are here in Kentucky), which contracted with their Department of Health. They created a Trauma Care Foundation that is housed within the hospital association. Director Matt Edwards said they have a “voluntary” system, but they also have a “Pay or Play” fee for non-participation at the assessed level. They have a tax on ATVs, and there is an extra feed on some traffic violations. They also have a program that distributes funds to participating facilities based on severity, using info from their trauma registry.

After addressing some questions Dr. Bernard indicated that going forward, we need to look at how to continue supporting and operating the trauma system, and will likely need to explore some other funding models – which could include charges to trauma centers for participation. There will be additional updates as the planning group learns more and has its meeting with Doctors Stack and Langefeld.

The next General Membership Meeting on our regular schedule will be June 16th at 3 PM ET. We will use the regular UofL Trauma Institute Zoom meeting link:

Join KyTAC Zoom Meeting: <https://uoflhealth.zoom.us/j/91963079643>

Meeting ID: 919 6307 9643

Audio Only (312) 626-6799

There being no other business, the meeting was adjourned.



Richard Bartlett, Secretary
KY Trauma Advisory Committee

Attachments (2):

- Summary of PTSF Call 5-13-26
- Summary of MTCSF Call 5-14-26

----- Committee Member Attendance -----

KyTAC Appointed Members in attendance on May 19, 2026

Title	First Name	Last Name	Suffix	Organization	Representative for
Mr.	Richard	Bartlett (3)	MEd	KY Hospital Association	KY Hospital Association
Dr.	Andrew	Bernard (1)	MD	UK Chandler Hospital	Level-I Adult Trauma Cntr
Dr.	Mary	Fallat	MD	Norton Children's/KY EMS-C	KY Bd of Medical Licensure.
Ms.	Kim	Howard	RN	University of Louisville Trauma	At-Large
Mr.	Dale	Morton	RN	Pikeville Medical Center	KY Emerg. Nurses Assoc.
Ms.	Morgan	Scaggs	EMT-P	KY EMS for Children Program	Pediatric Trauma
Dr.	Bryan	Shouse	MD	Frankfort Reg. Medical Center	Level-III Trauma Center
Ms.	Sandy	Tackett	RN	Pikeville Medical Center	Level-II Trauma Center

Note: (1)=Acting KyTAC Chair; (2)=KyTAC Vice Chair; (3)=KyTAC Secretary

KyTAC Appointed Members absent on May 19, 2026

Title	First Name	Last Name	Suffix	Organization	Representative for
Dr.	Julia	Costich (2)	JD, PhD	KIPRC	Injury Prevention Programs
Mr.	Chase	Deaton		KY Trans Cab. Incident Mgmt.	KY Transportation Cab.
Dr.	Tony	Decker	MD	Owensboro Health Reg. Hospital	ACS, KY Chapter COT
Ms.	Fayetta	Gauze	RN	Tug Valley ARH Hospital	Level-IV Trauma Centers
Dr.	Brian	Harbrecht	MD	UofL Dept. of Surgery	Level-I AdultTrauma Cntr
Ms.	Shannon	Hogan	RN	Norton Children's Hospital	Level-I Pediatric Trauma Cntr
Mr.	Chris	Lokits	EMT-P	Louisville Metro EMS	KY Board of EMS
Ms.	Amber	Powell	APRN	Deaconess Union Co. Hospital	KY Board of Nursing
Dr.	Karan	Shah	MD	Physician Care Coord. Consult.	ACEP, KY Chapter
Dr.	Ryan	Stanton	MD	Central Emergency Physicians	KY Medical Association

Others identified appearing on the meeting call:

Debbie Baker, RN, CHI St. Joseph, London
Samantha Baker, UofL Trauma Program
Austin Barnett
K. Blair
Michelle Broers, UofL Burn Program Manager
B. Dave
Amy Clayborn
Trish Cooper, UK Lead Trauma Registrar
Marie Cull
Aubren Espinosa, UK HealthCare
Eric Hagin, Medical Center
Tiffany Loy, Frankfort Regional Medical Center
Brittany Maggard
Kim Maxey, Ephraim McDowell Reg. Med. Center
Emily McGuffey
Keith Miller, UofL Health
Ashley Ritter, TJ Regional Health
T. Taylor
Zach Warriner

(There were also several others on the call only identified by log-in abbreviations or phone numbers.)



Summary of Conference Call on May 13 2026 with Amy Kempinski, President Pennsylvania Trauma System Foundation

This conference call involved Amy Kempinski, Dr. Andrew Bernard, Julia Costich, Dr. Keith Miller, Dr. Brian Shouse, Dr. Brian Harbrecht, Kim Howard and Richard Bartlett.

Ms. Kempinski indicated that their foundation was created by an EMS Act passed in 1985, it is written into the state legislation that they are the lead agency for trauma. They have a 20-member board that includes five members from the hospital association, five from the Pennsylvania Medical Society of Surgeons, four from EMS, one from the Department for Public Health, and four state legislative delegates. Currently they have 59 accredited trauma programs, including 5 Critical Access Hospitals. There are 8 facilities in pursuit of trauma center status at this time. They do have some restrictions on trauma center locations related to their proximity to Level I and II trauma centers. <[Link to their By-Laws](#).>

They are funded primarily through an Annual Participation Fee based on the level of accreditation (for example, a Level-I facility's fees is \$64,000/year, and a Level-IV will run between \$35,140 to \$17,580 for a CAH facility). Their verification site visits range from \$28,000 to \$10,210. They also have a one-time education fee of \$4,000 for trauma centers that are "in pursuit of a future designation. There is a \$9,000 one-time software fee to use the statewide database. (See the [PTSF Fees Schedule](#) here.)

They have a staff of fifteen (13 FT/2 PT). The program uses [IQVIA](#) and the TQIP portal for quality assurance programs. Their budget includes their registry, PI programs and reports, a reliability model, central office operation, and various application software.

There is no special legislation, and no line item in the state budget. They do get some funding from moving traffic violations. There is no "Super Speeder" law. They reportedly do get some funding from the state to help facilities with under- and uncompensated care.

Ms. Kempinski indicated that they do both virtual and in-person verification site visits, and they have a "[Virtual Survey Guidebook](#)" available to assist facilities. When they do a facility survey the information from the site visit is submitted in a redacted format (no facility identification), and submitted to their Board to vote on.



**Summary of Conference Call on May 14, 2026, with
Matt Edwards, Director of Trauma Systems
Mississippi Trauma Care System Foundation**

This conference call occurred at the end of a called Trauma System Planning Meeting on May 14th led by Dr. Bernard.

Mr. Edwards indicated that their system started around 2019/2020 in partnership with the Mississippi Hospital Association, which had a contract with their Department of Health, and created the Trauma Care System Foundation. They have a thirteen member Board of Directors that includes the CEO of the Mississippi Hospital Association and the Chair of their Board of Governors. They also have a liaison with some of their out-of-state trauma centers.

There is a Trauma Care Trust Fund (TCTF) shall serve as the financial support mechanism for developing the Mississippi Trauma Care System. MTCSF shall distribute trauma care funds to designated trauma centers and EMS providers as provided for by statute and Trauma System Rules and Regulations.

Their [website](#) says that they have 87 designated trauma centers in their system. Sixty-five Level-IV trauma centers, four Level-I, three Level-II, and 15 Level-III's, though Matt that they now have 68 Level-I's, and 17-18 Level-IV's. The website also shows two in-state designated burn centers, and two out-of-state designated burn centers. There are also two "non-designated" hospitals on their list.

It is voluntary participation program, but they do have a fairly hefty "pay or play" fee for not participating at the assessed level. They have a tax on All-Terrain Vehicles that goes to their trauma fund, and there is an extra fee on traffic violations. They have a program that distributes funds to their participating facilities based on severity, using information from their trauma registry. They are using the pulsara software to interface with their EMS system.

They do public programs to promote injury prevention and public awareness, and professional education programs, including TNCC, registry, and a trauma symposium.