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1. NASEMSO EMS Performance Measures Project Draft Available for Review

The EMS Performance Measures Project's goal is to develop 25 to 30 general EMS performance measures for use by systems nationwide. The project is staffed by NASEMSO and supported by NHTSA, with a steering committee of national association and federal agency representatives. The steering committee will meet at the end of August to consider comments of the draft EMS Performance Measures Project report. To view the report, visit <http://www.MeasureEMS.org>. Comments are due by Aug. 28, 2006. A teleconference discussion on the draft will be held on Monday, Aug. 21, 2006, at 4:00 p.m. Eastern. Any NASEMSO member is welcome to participate. Contact Program Advisor Kevin McGinnis to participate at mcginnis@nasemso.org.

2. NASEMSO Provides Input on ASTHO's State Public Health Service Project

The Association of State and Territorial Health Officials (ASTHO) is currently undertaking a project to explore the feasibility of developing a common definition of the public health services a citizen should be able to expect from his or her state government. The project is funded by The Robert Wood Johnson Foundation, with hopes that a common understanding of the role of governmental public health at the state level will help to demonstrate performance, promote accountability, and strengthen interactions among partners. ASTHO is working with all partners that may have a stake in a shared definition by

exploring the feasibility of conducting such a project. Dia Gainor, chief of the Idaho Emergency Medical Services Bureau, was interviewed and provided NASEMSO's comments. Her responses centered on the role of EMS as the public health safety net, inclusion and integration of EMS into state public health planning, and the importance of using evidence-based approaches to the evaluation and improvement of EMS systems. For more information on the project, contact ASTHO's Adam Reichardt at areichardt@astho.org.

3. NASEMSO Responds to FCC Hurricane Katrina Panel Findings on Public Safety Communications

The Federal Communications Commission's (FCC) Independent Panel on Hurricane Katrina issued its report in June and is available at <http://www.fcc.gov/eb/hkip/REPORTS.html>. The FCC sought comments on the report, which were due Aug. 7. NASEMSO joined in a broad statement of response on public safety communications with the National Public Safety Telecommunications Council (NPSTC), but also filed separately on a number of EMS issues. The NASEMSO response document is available at <http://www.nasemso.org>. The panel provided several EMS specific findings, including: "The FCC should work to assist the emergency medical community to facilitate the resiliency and effectiveness of their emergency communications systems. Among other things, the FCC should: a. educate the emergency medical community about emergency communications and help to coordinate this sector's emergency communications efforts; b. educate the emergency medical community about various priority communications services (i.e., GETS, WPS and TSP) and urge them to subscribe; c. work with Congress and other appropriate federal departments and agencies to ensure that emergency medical personnel are treated as public safety personnel under the Stafford Act; and d. support DHS efforts to make emergency medical providers eligible for funding for emergency communications equipment under the State Homeland Security Grant Program."

4. IRCP Creates Forums on Community Paramedicine and Rural Health Care Delivery

Based on feedback received from a survey of this year's participants of the Second Annual International Roundtable on Community Paramedicine and Rural Health Care Delivery (IRCP), forums have been added to the IRCP Web site. Anyone may view posts, but you must register on the site in order to place posts. Registration is easy and free. Current forums included: The Future of EMS and Healthcare Integration; Research; Research Funding; Curricula; Data; Cost-Benefit Analysis; and Expanded Role Versus Expanded Scope. There are also forums for comments on past meetings and suggestions for future meetings. Additional forums or forum groups will be added as needed. The forum board is only as useful as the posts it gets. To join, visit <http://ircp.ncemsi.org>.

5. IRCP Meeting in Rochester Deemed Success – Actions to Follow

The International Roundtable on Community Paramedicine and Rural Healthcare Delivery (IRCP) met at the Mayo Clinic, in Rochester, Minn., July 24-27, 2006. The agenda for the meeting has been posted at <http://ircp.ncemsi.org>. The meeting was sponsored by the Mayo Clinic, the North Central EMS Institute, ZOLL Data and ImageTrend. Chris Tilden, Mike McKeage and Bobby Brown were invaluable in planning this year's meeting. Next year's meeting will be hosted by Neil Kirby and Russell Bowles in Queensland, Australia. Information will be provided at a later date. A series of conference calls will be conducted over the next year in preparation for the 2007 meeting. The topics of the calls are:

October 2006 – Recap of the U.S. IOM's "The Future of Emergency Care," England's "Transforming NHS Ambulance Services," and the EMS Chiefs of Canada's "The Future of EMS in Canada."

November 2006 – "A Catalog of Existing IRCP Research."

January 2007 – “Options for Funding IRCP Research and Analysis” and “Is There Interest by National Programs, Foundations or Other Sources in Funding IRCP Specific Research?”

February 2007 – “A Catalog of Existing IRCP Curricula” and “Can/Should There Be an Internationally Standardized IRCP Curriculum?”

March 2007 – “Existing or Planned State, Provincial and National Data Sets” and “Can/Should There Be an Internationally Standardized EMS/IRCP Data Set and Data Format?”

April 2007 – “Cost/Benefit Analysis Template of IRCP Programs.”

For more information on these conference calls or the 2007 meeting, contact Gary Wingrove at (612) 366-3532.

6. New Regulations Facilitate Adoption of Health Information Technology

On Aug. 1, 2006, Health and Human Services (HHS) Secretary Mike Leavitt announced final regulations that will support physician adoption of electronic prescribing and electronic health records technology. Electronic prescribing enables a physician to transmit a prescription electronically to the patient's choice of pharmacy or ancillary provider. It can improve patient safety by decreasing prescription errors due to hard-to-read physician handwriting and communication errors, automating the process of checking for drug interactions and allergies and eliminating duplicative laboratory and diagnostic tests. Electronic prescribing also enables physicians and pharmacies to obtain from drug plans information about the patient's eligibility and medication history. Having this information at the point of care makes writing, transmitting, and filing prescriptions quicker and easier, and also makes it possible for physicians to make informed decisions about the availability of lower-cost, therapeutically appropriate alternatives to the prescribed medicine. Electronic health records technology, when interoperable among health care providers in various settings, offers benefits similar to the benefits of electronic prescribing in terms of reducing medical errors, coordinating care and improving efficiency. The implementation of interoperable electronic health records technology is a critical step in achieving secure and seamless information exchange and improving our health care system. The regulations are posted at <http://www.oig.hhs.gov/authorities/docs/06/OIG%20E-Prescribing%20Final%20Rule%20080806.pdf>.

7. House Approves New Health IT Legislation

On July 27, 2006, the U.S. House of Representatives passed the Health Information Technology Promotion Act of 2006 (H.R. 4157), a bill that sets out to improve care, reduce medical errors, and ease the exchange of essential health information via health IT adoption and the implementation of standards, among other tactics. The bill empowers the HHS Office of the National Coordinator for Health IT to oversee standards for storing medical-related data and standards development relating to interoperability. Another major part of the legislation includes a section established to create a “Safe Harbor” within Stark and anti-kickback laws to ease the process through which hospitals and other organizations can provide physicians with technology and support services. The bill has been sent to the Senate. The bill may be downloaded and actions tracked by querying for the bill number at <http://thomas.loc.gov>.

8. New Test Can Determine Need for Trip to Hospital After Cardiac Arrest

A new test can help paramedics determine whether it would be worthwhile to take cardiac arrest patients to the hospital, according to a study published Aug. 3, 2006, in the *New England Journal of Medicine*. Few people survive cardiac arrest, which is caused by an abnormal heart rhythm. For the study, led by Laurie Morrison of the University of Toronto, researchers reviewed medical records, developed an assessment test and evaluated the test when applied to cardiac arrest patients in urban and rural areas

of Ontario. About 41, or three percent, of the 1,240 cardiac arrest patients involved in the study survived. All of the patients received cardiopulmonary resuscitation at the scene, an electric shock from a defibrillator to return their heart to normal rhythm, and a trip to the hospital. Later, paramedics completed a form and applied the assessment test to each patient. The test recommends that paramedics not take patients to the hospital when they cannot restore a pulse, when the defibrillator indicates patients should not receive an electric shock, and when paramedics did not witness the cardiac arrest. Overall, 776 patients met the three criteria, and all but four of those patients died – a survival rate of 0.5 percent, the study finds. Researchers said that use of the test would reduce by about two-thirds the number of cardiac arrest patients taken to the hospital. An abstract of the article is available at <http://content.nejm.org/cgi/content/abstract/355/5/478>.

9. NYCHWS Publishes Report on the Emergency Care Workforce

As part of a broader study on the future of emergency care in the U.S. health system, the Institute of Medicine commissioned the New York Center for Health Workforce Studies (NYCHWS) to develop a report on the emergency care workforce. This paper reviews the composition of the workforce in emergency care in the United States; describes the educational background and relevant experience of the physicians, nurses, physician assistants, emergency medical technicians, and other providers of emergency care; and examines a wide range of workforce issues. Given the projected increases in demand for emergency medical care services in the United States, several professions could potentially face shortages, including registered nurses, board-certified emergency medicine physicians, and emergency medical technicians. The paper is available at <http://chws.albany.edu/>.

10. New Colorado Law Will Cause EMT Certification Changes

On July 31, 2006, the Colorado Governor signed a new law into effect regarding immigration issues. The Colorado legislature was called into a special session in July to consider steps addressing immigration problems. Ultimately, H.B. 1023 was passed. It requires state agencies to verify citizenship and/or legal immigration status prior to providing any state benefit. EMT certification is included as a benefit and the state is making appropriate changes in its internal certification process, including addressing EMT certification applications that are already in process. D. Randy Kuykendall, MLS, NREMT-P, chief of the Emergency Medical and Trauma Services Section in the Colorado Department of Public Health & Environment, shared this information with NASEMSO members. Questions should be directed to him at Rkuykend@smtpgate.dphe.state.co.us.

11. New Law Sets up Workers' Compensation Registry for 9/11 Responders and Cleanup Workers, Eliminating Normal Two-Year Filing Deadline

On Aug. 14, 2006, New York Governor Pataki signed a bill that sets up a workers' compensation registry for workers and volunteers who did rescue, recovery or cleanup work after 9/11. For 9/11 workers and volunteers who register during the next year, the law eliminates the two-year cut-off for filing a workers' compensation claim. By registering, workers and volunteers who are not sick will have the right to obtain workers' compensation if they become sick in the future. Workers and volunteers who are sick, but missed the 2003 deadline to file a claim, can register and file a claim at the same time. The new law also applies to volunteer workers, making them eligible for workers' compensation even though their work was unpaid. The deadline to file a claim or to register with the Workers' Compensation Board under the new law is Aug. 14, 2007. A fact sheet of detailed information about the new law is available at http://www.nycosh.org/environment_wtc/WTC/2006WCFactSheet.pdf. To obtain information about the procedure to file a claim or to register, contact the New York State Workers' Compensation Board at 877-632-4996.

12. NVFC Supports New Legislation to Clarify Tax Status of LOSAP

On Aug. 2, legislation was introduced that would clarify the treatment of length of service award programs (LOSAP) in the federal tax code. LOSAPs are pension-like programs for volunteer emergency services personnel. Nearly 20 percent of the volunteer firefighters in the United States participate in some form of a LOSAP. The National Volunteer Fire Council (NVFC) LOSAP Committee worked closely with Congressman King (R-NY) and other fire groups to develop H.R. 6027. The treatment of LOSAPs in the existing tax structure is ambiguous at best, and it hasn't been updated legislatively since 1996. The point of LOSAP is to provide participants with a financial benefit after they reach a certain age and length of service. As with pension plans, a LOSAPs should be taxed when a beneficiary begins drawing from it, not each year when a payment is made into the LOSAP account. H.R. 6027 would fix this problem. Another major change that H.R. 6027 makes is to increase the limit on how much can be contributed into an individual's LOSAP account each year from \$3,000 to \$5,000. The bill also creates a mechanism for adjusting the \$5,000 limit based on inflation. For a copy of the bill or to track its progress, visit <http://thomas.loc.gov> and search by bill number.

13. EMSC Offers New TI Grant Funding

In fiscal year 2007, the EMSC Program plans to offer a new Targeted Issues (TI) grant competition. Subject to funding and competition approval, an anticipated seven new awards at up to \$200,000 a year for three years will be available. The application guidance will be released on Dec. 5, 2006. The application due date will be March 5, 2007, and the award date will be on Sept. 1, 2007. More information will be available later this year.

14. Citizen Corps Urges Assistance with Pandemic Flu Preparedness Awareness

As part of a Homeland Security Council initiative on Pandemic Flu Action Planning, Citizen Corps has been working with the Department of Homeland Security (DHS) chief medical officer and the Department of Health and Human Services (HHS) to spread the word about pandemic flu preparedness. Citizen Corps has created a pan flu link from its home page and encourages others to help as well by adding links from partner Web sites. In addition to acknowledging Citizen Corps as a partner on your Web site and including a link to the <http://www.citizencorps.gov> Web site, they would like you also to include a link to the HHS Web site <http://www.pandemicflu.gov>. This Web site includes extensive information about pandemic influenza, tracks confirmed cases of avian influenza, details global activities, and provides planning guidance for individuals, businesses, schools, and communities. In addition, Citizen Corps would like to highlight what other organizations are doing for pan flu outreach and education, including newsletters, additional Web sites, training, exercises, or community events. Send any information that highlights your organization's efforts to Leiloni Stainsby at lstainsby@dfi-intl.com and Jackie Snelling at Jacqueline.snelling@dhs.gov.

15. AARC Provides Guidance on Ventilator Acquisitions

To assist state and local agencies in planning for a pandemic flu or other mass casualty events, the American Association for Respiratory Care (AARC) has issued a guidance document giving recommendations about ventilator acquisitions and other planning issues that should be considered. The purpose of the document is to provide guidance to the agencies that are making decisions about ventilator acquisitions and to help them address the supplemental issues of personnel, training, supplies and other equipment needed in the event of a pandemic flu or other mass casualty event. The guidance is available at http://www.aarc.org/headlines/ventilator_acquisitions/index.cfm.

16. Federal Departments Are Expanding Wild Bird Monitoring for H5N1 Avian Influenza

On Aug. 9, 2006, Agriculture Secretary Mike Johanns and Interior Secretary Dirk Kempthorne announced that their departments are expanding wild bird monitoring for highly pathogenic H5N1 avian influenza (HPAI H5N1) beyond Alaska through cooperative agreements and projects made with the

lower 48 states, Hawaii and other Pacific islands. A robust monitoring effort helps to ensure early detection should migratory birds carry this virus to North America. Interior's U.S. Fish and Wildlife Service has finalized cooperative agreements with California, Idaho, Montana, Nevada, Oregon, Utah, and Washington, as well as an agreement with Hawaii which will be completed soon. Thus far, these states and other cooperators have received \$1.9 million from the Service to implement monitoring strategies in each state's surveillance plan. The five monitoring strategies were developed cooperatively among USDA, DOI and the states to ensure that priority wild bird species are sampled comprehensively throughout the southern Pacific Flyway and Pacific Islands. Together with Alaska, these are the priority areas identified by the national strategy because birds migrating from Asia intermingle with those that nest or winter primarily in these locations. For more information about USDA's and DOI's avian influenza efforts, visit <http://www.usda.gov/birdflu> and <http://www.doi.gov/issues/avianflu>.

17. Collaboration between NHPCO and Promoting Excellence Will Keep Valuable Resources Online

Promoting Excellence, a program initiated by the Robert Wood Johnson Foundation in 1997, was created to examine ways that the healthcare system cares for people during their final days of life. While the Promoting Excellence program office has closed, the work lives on. Promoting Excellence has partnered with the National Hospice and Palliative Care Organization (NHPCO) to ensure that the wide range of reports, monographs, and in-depth information about demonstration projects will continue to be available at the Web site at <http://www.promotingexcellence.org>.

18. NHTSA Has Open Position in the Office of Emergency Medical Services

The National Highway Traffic Safety Administration (NHTSA) has posted a job announcement for a highway safety specialist (GS-2125-09) in the Office of Emergency Medical Services, Research and Program Development division. The office has national responsibility for developing, promoting, implementing, and evaluating new programs, providing technical assistance, guidance and support, and coordinating program activities relative to statewide EMS systems, EMS research, and national education standards. The application period ends Aug. 1, 2006. The job announcement is located at <http://jobsearch.usajobs.opm.gov/getjob.asp?JobID=46283269&AVSDM=2006%2D08%2D01+00%3A01%3A01&Logo=0&q=nhtsa&FedEmp=Y&sort=rv&vw=d&brd+3876&ss=0&FedPub=Y&SUBMIT1.x=10>.

19. ASTHO Is Recruiting for Three Positions

The Association of State and Territorial Health Officials (ASTHO) is the national non-profit organization representing the state and territorial public health agencies of the United States, the U.S. territories, and the District of Columbia. ASTHO's members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy, and to assuring excellence in state-based public health practice. The organization currently is recruiting for three positions: senior principal director, public health excellence; policy analyst, public health informatics; and senior analyst, public health systems. Job descriptions and application procedures are posted in the employment section of the ASTHO Web site at <http://www.astho.org>.

20. Upcoming Events (denotes event is newly added)**

"Improving EMS Medical Direction for Pediatric Patients, An Internet Webcast," August 22, 2006, 3:00-4:00 pm EDT. Information is available from <http://www.mchcom.com>.

NEDARC Scientific Writing Workshop, August 23-25, 2006, Swissotel, Chicago, IL. Information is available from http://www.nedarc.org/workshopsTutorials/workshopDetails.jsp?workshop_id=5.

Annual NEMSIS Software Developer's Meeting, August 26, 2006, Clearwater Beach, FL. Information is available from <http://www.emlrc.org/index.htm>.

Technologies for Critical Incident Preparedness Conference and Expo, September 6-8, 2006, Hyatt Regency, Atlanta, GA. Information is available from <http://www.ctc.org>.

17th Annual State of the States in Head Injury Meeting: Economics, Ethics, & Enlightenment, September 6-9, 2006, Wyndham Inner Harbor, Baltimore, MD. Information is available from <http://www.nashia.org>.

IOM Dissemination Workshop: Pediatric Emergency Care and Emergency Care in Rural Areas, September 7, 2006, Primary Children's Medical Center Multipurpose Room, Salt Lake City, UT. Information is available from <http://www.iom.edu/emergencycare/workshops>.

ASTHO Annual Meeting, September 12-15, 2006, Atlanta, GA. For more information, visit http://www.astho.org/?template=annual_meeting.html.

Ethical and Legal Consideration in Mitigating Pandemic Disease Workshop, September 19-20, 2006, hosted by IOM's Forum on Microbial Threats, Keck Center, National Academies, Washington, DC. Information is available at <http://iom.edu/CMS/3783/3924/35857.aspx>.

NAEMT Annual Meeting, September 25-29, 2006, Las Vegas Convention Center, Las Vegas, NV. Information is available at <http://www.naemt.org>.

EMS Expo, September 25-29, 2006, Las Vegas Convention Center, Las Vegas, NV. Information is available at <http://www.emsexpo2006.com>.

"Program Evaluation in EMS & EMSC": NEDARC Workshop, September 27-29, 2006, Hawthorn Suites San Antonio Riverwalk Hotel, San Antonio, TX. For more information, visit <http://www.nedarc.org/workshop/details.jsp?workshopid=8>.

NASEMSO 2006 Annual meeting, October 3-6, 2006, Embassy Suites, Charleston, WV. Information is available at <http://www.nasemso.org>.

FMD Summit, October 10-11, 2006. Information is available from Karen Cannon at kcannon@beef.org.

IOM Dissemination Workshop: Workforce Issues and Operations/IT Issues, October 27, 2006, Northwestern Memorial Hospital Pritzker Auditorium, Chicago, IL. Information is available from <http://www.iom.edu/emergencycare/workshops>.

IOM Dissemination Workshop: EMS and Disaster Preparedness, November 2, 2006, Tulane university Medical Center, New Orleans, LA. Information is available from <http://www.iom.edu/emergencycare/workshops>.

**National Native American EMS Association Annual Educational Conference, Nov. 6-10, 2006, Orleans Hotel & Casino, Las Vegas, NV. Information is available at <http://heds.org/nnaemsa.htm>.

Transportation Disaster Response – Family Assistance: NTSB Training Course, Nov. 14-16, 2006, NTSB Academy, Ashburn, VA. Information is available at <http://www.nts.gov/academy>.

Traffic Incident Management & Planned Special Events, November 29-December 1, 2006, Hyatt Regency Newport Beach Hotel, Newport Beach, CA. For more information, visit <http://www.i95coalition.org/PDF/Calendar/TIM&PSEweb03-13-06.pdf>.

IOM Dissemination Workshop: Capstone Workshop, December 11, 2006, NAS Building, Washington, DC. Information is available from <http://www.iom.edu/emergencycare/workshops>.

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