



Washington Update

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December 31, 2009

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1. NASEMSO Comments to FCC on Healthcare Broadband Deployment

NASEMSO has provided written comment to the Federal Communications Commission on issues related to Public Safety Broadband, Rural Public Safety, and Health Care Broadband Deployment. These comments are now available for review on the NASEMSO [web site](#).

2. Senate Health Reform Package Impacts EMS

On December 21, Majority Leader Reid (D-NV) released the Manager's Amendment to the base Senate health reform bill. The Manager's Amendment prevents a funding gap from occurring between Jan. 1, 2010 and March 2010. During this time, the urban ground base rate increase of 2% and the rural ground increase of 3% would have expired until they were set to be reinstated in April 2010. (The air-specific rural definition was impacted by the same funding gap.) The Manager's Amendment prevents the lapse in payments from occurring. In addition, the Super Rural 22.6% ground bonus payments that were set to expire on Dec. 31, 2009, were continued through calendar year 2010. ([See provisions starting on page 162 of the legislative text.](#)) Additional information is available on the NASEMSO [web site](#).

The full document passed by the Senate is available at http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590eas.txt.pdf. To review a range of EMS provisions, readers are encouraged to download the document and search keywords related to EMS, such as "ambulance," "trauma," and "emergency medical services."

3. New GAO Report Focuses on State Government Retiree Benefits

The Government Accounting Office (GAO) was recently asked to provide information on governments' retiree health liabilities. GAO described (1) what has been reported in state and local governments' comprehensive annual financial reports (CAFR) regarding OPEB liabilities, (2) actions state and local governments have taken to address retiree health liabilities, and (3) the overall fiscal pressures these governments face. GAO reviewed the CAFRs for 50 states and the 39 local governments with at least \$2 billion in total revenue. GAO also reviewed the actions taken to address retiree health liabilities by 10 state and local governments, selected based on geography and variation in approaches to address their liability. Finally, GAO simulated the fiscal outlook for the state and local sector and projected health care costs for state and local retirees. To read the GAO's findings, "*State and Local Government Retiree Health Benefits: Liabilities Are Largely Unfunded, but Some Governments Are Taking Action*" go to [GAO-10-61](#). For highlights - <http://www.gao.gov/highlights/d1061high.pdf>

4. HHS announces \$60M Program to Fund Strategic Health IT Advanced Research Projects

David Blumenthal, M.D., Department of Health and Human Services' (HHS) National Coordinator for Health Information Technology, has announced plans to make available \$60 million to support the development of Strategic Health IT Advanced Research Projects (SHARP). SHARP projects will conduct focused research in critical areas where breakthrough advances are needed to address existing barriers to the adoption and meaningful use of health information technology (health IT). Information about the SHARP program and the cooperative agreement applications can be found at <http://HealthIT.HHS.gov/sharp> and at www.grants.gov. View the [press release...](#)

5. President Obama Releases National Strategy for Countering Biological Threats

President Obama has released the *National Strategy for Countering Biological Threats*. This Strategy outlines the President’s vision for addressing the challenges from proliferation of biological weapons or their use by terrorists. It highlights the beneficial nature of advances in the life sciences and their importance in combating infectious diseases of natural, accidental, and deliberate origin. It also outlines how the risks associated with misuse and potential consequences of a biological attack require tailored actions to prevent biological threats. The press release is available [here](#). Click [HERE](#) for the Strategy.

6. NIOSH Extends Comment Deadline for TIL Requirements

The National Institute for Occupational Safety and Health (NIOSH) proposes to establish total inward leakage (TIL) requirements under 42 CFR Part 84 for half-mask air-purifying particulate respirators, including both elastomeric facepiece and filtering facepiece types. The proposed new requirements specify TIL minimum performance requirements and testing to be conducted by NIOSH and respirator manufacturers to demonstrate that these respirators, when selected and used correctly, provide effective respiratory protection to intended users against toxic dusts, mists, fumes, fibers, and biological and infectious aerosols (e.g. influenza A(H5N1), severe acute respiratory syndrome (SARS) corona virus, and Mycobacterium tuberculosis). NIOSH published a proposed rule on total inward leakage requirements for respirators on October 30, 2009 and requested comments on this proposed rule on or before December 29, 2009 (74 FR 56141). The deadline has been extended to March 29, 2010. For more information go to <http://www.cdc.gov/niosh/docket/nioshdocket0137.html> .

7. New Call Center Workbook for Pan Flu Available from CDC

NASEMSO Past President Fergus Laughridge served as the association’s liaison to "Coordinating Call Centers for Responding to Pandemic Influenza and Other Public Health Emergencies" Workbook for state and local planners now posted on CDC’s Website. To access this workbook you may navigate to the Healthcare Preparedness part of the CDC Emergency Preparedness website at <http://emergency.cdc.gov/healthcare/> , and click on the section "Emergency Responders and 9-1-1" or go directly to the document [here](#).

8. “Ready or Not” Ready for Review

Trust for America’s Health (TFAH) and the Robert Wood Johnson Foundation (RWJF) released the seventh annual *Ready or Not? Protecting the Public’s Health from Diseases, Disasters, and Bioterrorism* report, which finds that the H1N1 flu outbreak has exposed serious underlying gaps in the nation’s ability to respond to public health emergencies and that the economic crisis is straining an already fragile public health system. The report contains state-by-state health preparedness scores based on 10 key indicators to assess health emergency preparedness capabilities. Twenty states scored six or less out of 10 key indicators of public health emergency preparedness. Nearly two-thirds of states scored seven or less. Eight states tied for the highest score of nine out of 10: Arkansas, Delaware, New York, North Carolina, North Dakota, Oklahoma, Texas, and Vermont. The preparedness indicators are developed in consultation with leading public health experts based on data from publicly available sources or information provided by public officials. Click [here](#) for more information.

9. New GAO Report Focuses on Biosurveillance

Recently, there has been an increased focus on developing the ability to provide early detection of and situational awareness during a disease outbreak. The Implementing Recommendations of the 9/11 Commission Act sought to enhance this capability, in part, by creating the National Biosurveillance Integration Center (NBIC) within the Department of Homeland Security. NBIC is to help provide early detection and situational awareness by integrating information and supporting an interagency biosurveillance community. The act directed the Government

Accountability Office (GAO) to report on the state of biosurveillance and resource use in federal, state, local, and tribal governments. This report is one in a series responding to that mandate. This report focuses on the actions taken by NBIC to (1) acquire resources to accomplish its mission and (2) effectively collaborate with its federal partners. To conduct this work, GAO reviewed documents, such as NBIC's Concept of Operations, and interviewed officials at NBIC and 11 federal partners. To read "*Biosurveillance: Developing a Collaboration Strategy Is Essential to Fostering Interagency Data and Resource Sharing*," go to [GAO-10-171](#). Click for the 2009 [Summary](#) or [Highlights Page](#).

10. EMSC Reauthorization Included in Health Reform Legislation Passed by Senate

On Thursday, December 24, the Senate passed H.R. 3590, the Patient Protection and Affordable Care Act, by a vote of 60-39. The bill, which is the Senate's version of health care reform legislation, includes a provision to reauthorize the EMSC Program for five years, from fiscal year (FY) 2010 to FY 2014. The bill also changes the grant cycle from three years with an optional fourth year to four years with an optional fifth year. It authorizes an appropriation of \$25 million for the Program in FY 2010, increasing to \$30.4 million in FY 2014. These amounts, however, are simply a guide as to how much funding Congress believes the Program should receive; recall that actual funding is provided through the annual appropriations process. Next, the House of Representatives and the Senate will have to reconcile the differences between their respective versions of health care reform legislation and vote on a final, compromise bill. You may recall that the version approved by the House of Representatives earlier this year does not include language related to EMSC reauthorization; in March, however, the House passed H.R. 479, the Wakefield Act, to reauthorize the Program.

11. New DOT Consumer Rule Limits Airline Tarmac Delays, Provides Other Passenger Protections

U.S. Transportation Secretary Ray LaHood recently announced a new rule that significantly strengthens protections afforded to consumers by, among other things, establishing a hard time limit after which U.S. airlines must allow passengers to deplane from domestic flights. The new rule prohibits U.S. airlines operating domestic flights from permitting an aircraft to remain on the tarmac for more than three hours without deplaning passengers, with exceptions allowed only for safety or security or if air traffic control advises the pilot in command that returning to the terminal would disrupt airport operations. U.S. carriers operating international flights departing from or arriving in the United States must specify, in advance, their own time limits for deplaning passengers, with the same exceptions applicable. Carriers are required to provide adequate food and potable drinking water for passengers within two hours of the aircraft being delayed on the tarmac and to maintain operable lavatories and, if necessary, provide medical attention. The rule goes into effect 120 days after date of publication in the Federal Register. The rule may be obtained on the Internet at www.regulations.gov, docket DOT-OST-2007-0022.

12. FDA Issues Product Recall for Popular OTC Medication

McNeil Consumer Healthcare and FDA notified consumers that it is expanding a voluntary recall to include all available product lots of TYLENOL Arthritis Pain Caplet 100 count bottles, with the distinctive red EZ-OPEN CAP (Full list of lot numbers provided in press release at link below). In November 2009, 5 lots of this product were recalled due to consumer reports of an unusual moldy, musty, or mildew-like odor that was associated with nausea, stomach pain, vomiting and diarrhea. The odor is caused by the presence of a chemical 2,4,6-tribromoanisole, believed to be the breakdown of a chemical used to treat wooden pallets that transport and store packaging materials. The health effects of this compound have not been well studied, and to date all of the observed events reported to McNeil were temporary and non-serious. Consumers who purchased TYLENOL Arthritis Pain Caplet 100 count bottles with the distinctive red EZ-OPEN CAP from the lots included in this recall should stop using the product and contact McNeil for instructions on a refund or replacement. Read the complete

MedWatch 2009 Safety summary, including a link to the firm's press release [here](#). Only the TYLENOL® Arthritis Pain Caplet 100's with the distinctive red EZ-OPEN CAP are affected by this action. All other TYLENOL® Arthritis Pain products remain commercially available. McNeil Consumer Healthcare will reintroduce the TYLENOL® Arthritis Pain Caplet 100 count product by January, 2010 after moving production to a new facility.

13. Arkansas Health Department Recruiting for New Trauma Positions

The Arkansas Department of Health in Little Rock announces the availability of new positions to assist in the implementation and administration of Arkansas' new Trauma System, funded by the Arkansas Legislature in 2009. The Trauma Section Chief will require the formal education equivalent of a bachelor's degree in public health, public administration, or related field; in addition, four years of work-related experience, including two years of supervisory experience and will be responsible for hiring and supervising staff, establishing and enforcing policies and procedures, and liaison with a wide variety of individuals and organizations. The Department is also recruiting three Registered Nurses to assist with the coordination of the State's trauma center designation process and Trauma Regional Advisory Council meetings, providing education and outreach to the State's trauma centers, and furnishing oversight to the Trauma Quality Improvement Organization process. For more information, contact Sandra Thomas, Recruitment Coordinator at (501) 661-2115

14. IV Drug Administration During Out-of-Hospital Cardiac Arrest Outcomes Challenge ACLS Protocols

Theresa M. Olasveengen; Kjetil Sunde; Cathrine Brunborg; Jon Thowsen; Petter A. Steen; Lars Wik Intravenous Drug Administration During Out-of-Hospital Cardiac Arrest: A Randomized Trial. *JAMA*. 2009;302(20):2222-2229.

Context: Intravenous access and drug administration are included in advanced cardiac life support (ACLS) guidelines despite a lack of evidence for improved outcomes. Epinephrine was an independent predictor of poor outcome in a large epidemiological study, possibly due to toxicity of the drug or cardiopulmonary resuscitation (CPR) interruptions secondary to establishing an intravenous line and drug administration. **Objective:** To determine whether removing intravenous drug administration from an ACLS protocol would improve survival to hospital discharge after out-of-hospital cardiac arrest. **Conclusion:** Compared with patients who received ACLS without intravenous drug administration following out-of-hospital cardiac arrest, patients with intravenous access and drug administration had higher rates of short-term survival with no statistically significant improvement in survival to hospital discharge, quality of CPR, or long-term survival. Click [here](#) for more info...



UPCOMING EVENTS

*****STATEWIDE EMS CONFERENCES*****

*ITLS Ohio Emergency Care Conference, Ohio Chapter, International Trauma Life Support
 Crowne Plaza Columbus North, Columbus, OH. February 25 – 28, 2010. Contact: ITLS Ohio at 888/464-2857 or info@itraumaohio.org " Website: itraumaohio.org.

*****National Conferences and Special Meetings*****

EMSC Town Hall Conference Calls 2:00 pm to 3:30 pm (eastern) January 26, 2010. The local number is (202) 476-6338 or call toll-free dial (877) 355-6338 and enter EMSC (3672) for the meeting ID#.

NAEMSP 2010 Conference -- January 7-9, 2010 Pointe Hilton Tapatio Cliffs Resort Phoenix, Arizona. For more information, go to <http://www.naemsp.org/meetings.html>.

Institute of Medicine Forum on Medical and Public Health Preparedness for Catastrophic Events. January 13-14, 2010 Washington, DC. See <http://www.iom.edu/en/Activities/PublicHealth/MedPrep.aspx> for more information.

2010 Big National Conference for Leaders of Little and Medium EMS Agencies. February 1-5, 2010. East St. Louis, IL. For more information, go to <http://bnc.ncemsi.org/>.

***Do you use video in your public safety role? The Third Video Quality in Public Safety Workshop is seeking more EMS participants!!** February 1-3, 2010 in Boulder, CO. Through the *VQiPS* initiative, public safety practitioners, Federal partners, manufacturers, and representatives of standards making bodies are working to improve the way in which video technologies serve the public safety community. The VQiPS workshop is a collaborative working session for these entities to coordinate efforts in establishing quality requirements for video use in public safety. For more information, go to http://www.pscr.gov/projects/video_quality/vqips/vqips_workshop_feb1-3_2010.php.

ENA Leadership Conference. February 17-21, 2010. Hyatt Regency Chicago. Chicago, IL. For more information, go to www.ena.org.

The NIOSH Personal Protective Technology Program will host the 3rd Annual Stakeholders' Meeting on March 2 and 3, 2010 at the Hyatt Regency Pittsburgh Airport.

EMS Today. JEMS Conference and Exposition. March 2-6, 2010. Baltimore Convention Center, Baltimore, MD. More information at www.EMSToday.com.

2010 AAMS Spring Conference. March 17-19, 2010 Washington Marriott at Metro Center, Washington, DC. For more information, go to www.aams.org.

EMSC Town Hall Conference Call. April 14, 2010 from 3:30 pm to 5:00 pm (eastern). The local number is (202) 476-6338 or call toll-free dial (877) 355-6338 and enter EMSC (3672) for the meeting ID#.

IAFC's Fire Rescue Med Conference. May 1-5, 2010. Orleans Hotel, Las Vegas, NV. For more information, go to <http://www.iafc.org/displaycommon.cfm?an=1&subarticlenbr=6>.

EMS ON THE HILL DAY, May 3-4, 2010, Washington, D.C. Updates and more information on the event will be posted on the NAEMT web site, www.naemt.org.

*ITS America Annual Meeting and Exposition. May 3-5, 2010. Houston, TX. For more information go to <http://www.itsa.org/annualmeeting.html>.

ACEP 2010 Leadership and Advocacy Conference. May 16-19, 2010. Washington, DC. Go to www.acep.org for more information.

Joint NASEMSO Mid-Year/EMSC Grantee Meeting. May 25-27, 2010. Doubletree Hotel, Bethesda, MD. More info at www.nasemso.org.

Institute of Medicine Forum on Medical and Public Health Preparedness for Catastrophic Events. June 9-10, 2010. Washington, DC. See <http://www.iom.edu/en/Activities/PublicHealth/MedPrep.aspx> for more information.

EMSC Town Hall Conference Calls 3:30 pm to 5:00 pm (eastern) July 14, 2010. The local number is (202) 476-6338 or call toll-free dial (877) 355-6338 and enter EMSC (3672) for the meeting ID#.

Pinnacle 2010. July 26-30, 2010. Sheraton San Diego Hotel and Marina. San Diego, CA For more information, go to www.pinnacle-ems.com.

15th Annual NAEMSE Symposium. September 7-12, 2010. Renaissance Hotel & Convention Center in Schaumburg, IL. For more information, go to <http://www.naemse.org/symposium>.

NAEMT Annual Meeting at EMS EXPO 2010 - Sept. 27 – Oct. 1, 2010. Dallas Convention Center, Dallas, TX. For more information, go to <http://www.firehouseevents.com/>.

ACEP Scientific Assembly 2010. September 28 - October 1, 2010. Mandalay Bay, Las Vegas, NV. For more information, go to www.acep.org.

Institute of Medicine Forum on Medical and Public Health Preparedness for Catastrophic Events. October 6-7, 2010. Washington, DC. See <http://www.iom.edu/en/Activities/PublicHealth/MedPrep.aspx> for more information.

NASEMSO Annual Meeting. October 10-15, 2010, Norfolk Marriott Waterside/Waterside Convention Center Norfolk, Virginia. More info available at www.nasemso.org. Sponsorship and exhibitor information [now available](#).

2010 Air Medical Transport Conference October 11-13, 2010. Ft. Lauderdale, FL. For more information, go to www.aams.org.

ECCU 2010. Emergency Cardiac Care Update, December 8-11, 2010. San Diego, CA. Sponsored by the Citizen CPR Foundation. For more information, go to <http://eccu2010.com/>.

See more EMS Events on NASEMSO's web site at <http://www.nasemso.org/Resources/Calendar/index.asp>

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The Washington Update is supported by a cooperative agreement between NASEMSO and NHTSA OEMS, with funds also provided by HRSA/EMSC. Feel free to share this publication with your colleagues. To subscribe to receive the *Washington Update* bi-weekly by e-mail, please click [here](#).