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NASEMSO NEWS

1. NASEMSO Spring Meeting Registration Now Available

The preliminary program for the NASEMSO Spring Meeting has been posted and the online registration link is active. Four of the five councils will be meeting, as well as several committees and special projects. We look forward to seeing many of you in Bethesda, Maryland, April 4-6, 2016. For more information about the 3-day meeting, including hotel information, see <https://www.nasemso.org/Meetings/MidYear/index.asp>.

2. NASEMSO Now Offers Quick Links to Human Trafficking Resources on Web Site

“One hundred and fifty years ago, our Nation codified the fundamental truth that slavery is an affront to human dignity. Still, the bitter fact remains that millions of men, women, and children around the globe, including here at home, are subject to modern-day slavery: the cruel, inhumane practice of human trafficking. This month, we rededicate ourselves to assisting victims of human trafficking and to combating it in all its forms.” --President Barack Obama, proclaiming National Slavery and Human Trafficking Prevention Month, 2016. The NASEMSO Domestic Preparedness Committee has collected an array of resources intended to assist in your state’s efforts to educate EMS practitioners to recognize victims of human trafficking and find resources intended to assist them. [For more information...](#)

FOR THE STATES

3. FDA Seeks Comment on Management of Cybersecurity in Medical Devices

The Food and Drug Administration (FDA) has issued draft guidance for industry and FDA staff on *“Postmarket Management of Cybersecurity in Medical Devices”* that is now available for public comment. A growing number of medical devices are designed to be networked to facilitate patient care. Networked medical devices, like other networked computer systems, incorporate software that may be vulnerable to cybersecurity threats. In addition to the specific recommendations contained in the guidance, manufacturers are encouraged to address cybersecurity throughout the product lifecycle, including during the design, development, production, distribution, deployment and maintenance of the device. The exploitation of vulnerabilities may represent a risk to the safety and effectiveness of medical devices and typically requires continual maintenance throughout the product life cycle to assure an adequate degree of protection against such exploits. Proactively addressing cybersecurity risks in medical devices reduces the patient safety impact and the overall risk to public health. [For more information...](#) The Federal Register Notice is posted [here](#).

4. IOM Offers New Workshop Summary on Public-Private Partnerships in Health Systems Strengthening

On June 25–26, 2015, the National Academies of Sciences, Engineering, and Medicine Forum on Public–Private Partnerships for Global Health and Safety (PPP Forum) held a workshop on the role of public–private partnerships (PPPs) in health systems strengthening. The workshop brought together stakeholders from the public and private

sectors to examine a range of incentives, innovations, and opportunities for relevant sectors and stakeholders in strengthening health systems through partnerships; to explore lessons learned from previous and ongoing efforts with the goal of illuminating how to improve performance and outcomes going forward; and to discuss measuring the value and outcomes of investments and documenting success in partnerships focused on health systems strengthening. This report provides a summary account of the presentations given at the workshop. [For more information...](#)

5. NPHL Posts 50 State Compilation of State Laws Addressing Epi-Pen Use in Schools

Most states have laws and policies on food allergy management in schools that include guidelines for the administration of epinephrine. A new 50-State Compilation from the Network for Public Health Law (NPHL) provides a summary of the state laws addressing EpiPen use in schools. The NPHL is comprised of federal, tribal, state and local public health agencies and officials; public health attorneys; public health advocacy organizations and individual advocates; public health researchers and organizations; policy-makers (including elected and appointed officials); and other organizations or individuals committed to using the law to improve public health. [For more information...](#)

COMMUNICATIONS

6. NTIA Invites Input to State/Local Implementation Grant Program Reporting Requirements

In an effort to comply with the Paperwork Reduction Act of 1995, the National Telecommunications and Information Administration (NTIA) has posted a notice related to the nationwide public safety broadband network (NPSBN) operated by FirstNet. The State and Local Implementation Grant Program (SLIGP) assists state, regional, tribal, and local jurisdictions with identifying, planning, and implementing the most efficient and effective means to use and integrate the infrastructure, equipment, and other architecture associated with the NPSBN to satisfy the wireless broadband and data services needs of their jurisdictions. To ensure effective grant oversight and management, SLIGP developed a quarterly performance progress report (PPR) form for recipients to complete as part of post-award monitoring throughout the period of performance. The current form has an expiration date of August 31, 2016. NTIA seeks to extend the approval of this form, with a minor adjustment to the wording on the form to more clearly indicate to recipients how they are to report each measure. The publication of a notice allows NTIA to begin the process to extend the approval for the standard three years. Written comments must be submitted on or before March 21, 2016. The SLIGP program office awarded \$116.5 million in grant funds to 54 active state and territorial recipients between July 2013 and June 2014. [For more information...](#)

7. FirstNet RFP Focuses on Nationwide LTE Network for First Responders

The First Responder Network Authority released its official request for proposals for the nationwide LTE network for public safety it is responsible for planning and building, and asked potential partners to respond by April 29. The FirstNet RFP has been the organization’s major focus for more than a year, informed by outreach and discussions with the wireless industry and public safety stakeholders. This particular contract will provide for a single interoperable Nationwide Public Safety Broadband Network (NPSBN) as specified in the announcement. The anticipated contract resulting from this RFP will be a single award Indefinite-Delivery-Indefinite-Quantity with fixed price payments to FirstNet by the Contractor for each of the 56 states and territories resulting from this solicitation. [For more information...](#)

DATA

8. Archive of “Why is NEMSIS V3 Important” Webinar Now Available

On January 11, 2016, the Health Resources and Services Administration, Maternal and Child Health Bureau, Emergency Medical Services for Children Program partnered with the National Highway Traffic Safety Administration (NHTSA) Office of EMS to host the webinar "Why is NEMSIS V3 Important." If you were unable to join the webinar, it has now been archived. Mr. Noah Smith, project manager for the National EMS Information System (NEMSIS) at NHTSA's Office of EMS, discussed the following:

- Ongoing transition from NEMSIS version 2 to version 3
- Innovative capabilities of version 3 systems and how they can help you do your job better
- "HL7 compliance" and its importance to EMS and the EMSC program
- The relationship between NEMSIS version 3, the EMS Compass Initiative and evidence-based medicine
- Some of the known barriers and costs to implementation of version 3 and how to overcome them
- Answered questions from program managers

[For more information...](#)

In related news, readers are encouraged to also view the archived EMS Focus Webinar “Using Data to Improve EMS Systems of Care,” which featured a roundtable discussion to address how EMS systems use data to benchmark performance and guide quality improvement efforts to provide better care for patients and communities. To access the presentation, click [here](#).

DOMESTIC PREPAREDNESS

9. CDC Issues Health Advisory on Zika Virus

In May 2015, the World Health Organization reported the first local transmission of Zika virus in the Western Hemisphere, with autochthonous (locally acquired) cases identified in Brazil. As of January 15, 2016, local transmission had been identified in at least 14 countries or territories in the Americas, including Puerto Rico. Further spread to other countries in the region is likely. Local transmission of Zika virus has not been documented in the continental United States. However, Zika virus infections have been reported in travelers returning to the United States. With the recent outbreaks in the Americas, the number of Zika virus disease cases among travelers visiting or returning to the United States likely will increase. These imported cases may result in local spread of the virus in some areas of the continental United States, meaning these imported cases may result in human-to-mosquito-to-human spread of the virus. Clinical disease usually is mild. However, during the current outbreak, Zika virus infections have been confirmed in several infants with microcephaly and in fetal losses in women infected during pregnancy. More information is available on the [CDC web site](#) including *new [Interim Guidelines for Pregnant Women During a Zika Virus Outbreak-- United States, 2016](#)*.

10. OIG Scrutinizes Federal Response to Ebola

The Department of Homeland Security Office of Inspector General (DHS OIG) released a report on the federal government's Ebola response in 2014. In the report, entitled "DHS' Ebola Response Needs Better Coordination, Training, and Execution" (OIG-16-18)." the Inspector General found that coordination between DHS and HHS was lacking and the agencies failed to effectively clarify their roles and responsibilities. Also, DHS' failure to effectively oversee implementation of its procedures related to Ebola screening or the use of personal protective equipment jeopardized the health and safety of the DHS workforce, particularly at Customs and Border Protection and the U.S. Coast Guard. [For more information...](#)

11. NIOSH Pilot Study Supports Annual Fit-Testing Requirement

The National Institute for Occupational Safety and Health (NIOSH) conducted a pilot study of 10 subjects to investigate the variation in fit test data to assess the background failure rate. The subjects were tested in order to match them with a properly-fitted respirator. The subjects repeated the tests two and four weeks after the initial tests. Adequate fit was maintained for all 10 subjects during this time period. After conducting this pilot study, researchers were ready for the three-year large scale study that would examine the link between how often someone is fit tested and the changes in N95 FFR fit when weight fluctuation occurs and alters facial dimensions. The results: Twenty-four percent of subjects who lost ≥ 20 lb had an unacceptable fit; these percentages ranged from 7 to 17% for subjects with lower weight losses or any degree of weight gain. Results support the current OSHA requirement for annual fit testing and suggest that respirator users who lose more than 20 lb should be re-tested for respirator fit. [For more information...](#)

12. CDC Highlights Mechanisms for Tribal Declarations

Tribal and federal laws establish mechanisms through which emergencies can be declared on tribal lands, either directly by a tribe or through state or federal governments. This article reviewed several types of declarations that can be made on tribal lands and the implications of such declarations. Tribes can examine inherent authorities, tribal constitutions, and laws when considering an emergency declaration. Download Sunshine G, Hoss A. *Emergency declarations and tribes: mechanisms under tribal and federal law. Michigan State International Law Review* 2015;24:33–44 [here](#). (Free access)

13. AAP Offers Policy Statement on MCM for Kids in PHE, Disasters, Terrorism

According to the American Academy of Pediatrics (AAP), major gaps still remain related to medical countermeasures (MCM) for children, a population highly vulnerable to the effects of exposure to such threats, because many vaccines and pharmaceuticals approved for use by adults as MCMs do not yet have pediatric formulations, dosing information, or safety information. As a result, the nation’s stockpiles and other caches (designated supply of MCMs) where pharmacotherapeutic and other MCMs are stored are less prepared to address the needs of children compared with those of adults in the event of a disaster. A new policy statement from the AAP provides recommendations to close the remaining gaps for the development and use of MCMs in children during public health emergencies or disasters. [For more information...](#)

14. ASPR TRACIE Webinar Offered to Explain Available Services

ASPR’s Technical Resources, Assistance Center, and Information Exchange (TRACIE) is a healthcare emergency preparedness information gateway, that ensures that all stakeholders – at the federal, state, local, tribal, territory, non-profit, and for-profit levels – have access to information and resources to improve preparedness, response, recovery, and mitigation efforts. Join ASPR’s webinar on Wednesday, February 10, 2016 at 2pm ET to hear more about ASPR TRACIE and how you can utilize its services to support your work! During the webinar, you’ll hear more about how ASPR TRACIE can help provide resources and connections to agencies seeking to: Maintain, sustain collaboration with healthcare coalitions & other healthcare partners; Learn more about accessing ASPR TRACIE resources applicable to all disciplines, such as CBRNE/HAZMAT, Training & Evaluation, Response and Recovery Operations, Fatality Management, Mass Care, Mass / Workplace Violence, Pre-Hospital (EMS, first responders), and Social Media Monitoring for Response; Request technical assistance to receive customized support with access to a cadre of subject matter experts; and, Access password protected ASPR TRACIE Information Exchange to collaborate in multi-disciplinary discussions, collaboration, sharing. ASPR’s Technical Resources, Assistance Center, and Information Exchange (TRACIE) webinar will be held on February 10, 2016 at 2:00 PM EST. [Register now!](#)

GOVERNMENT INFORMATION

15. Proposed Bill Would Protect “Standing Order” Policies for EMS

The Protecting Patient Access to Emergency Medications Act of 2016 (H.R. 4365) was introduced Jan. 12, 2016, by Rep. Richard Hudson (R-NC). H.R. 4365 would codify the practice of allowing EMS providers to administer controlled substances per standing order by a physician medical director. In addition, it would allow the EMS agency to register for the DEA number, rather than rely on the physician medical director’s DEA registration.

[Download bill text here.](#)

In related news, the National Association of EMS Physicians posted a toolkit to encourage grassroots support of H.R. 4365, in order to gain co-sponsors and support for the bill. The toolkit, [available here](#), provides a sample letter, talking points, a fact sheet, and contact information for the health care legislative aid for each office.

PEDIATRIC EMERGENCY CARE

16. Youth Sports Traumatic Brain Injury Laws Map Now Available

Each year as many as 300,000 young people suffer traumatic brain injuries (TBIs), or what is more commonly known as a concussion, from playing sports. TBIs can have serious short and long-term health effects and most states have passed laws aimed at reducing harm from brain injuries occurring at scholastic youth sports activities. This map identifies and displays key features of such laws across all 50 states and the District of Columbia, and over time, from January 1, 2009 to May 1, 2015. This page has been updated through May 1, 2015. To explore the variation in youth sports TBI laws, click [here](#).

17. School-Based Health Alliance Offers Health and Education Mapping Tool

The School-Based Health Alliance’s Children’s Health and Education Mapping Tool, developed in partnership with HealthLandscape, allows users to harness the power of geographic information systems (GIS) technology for data-driven decision-making. County level information on child health, education, and socioeconomic status is available to be searched, mapped, downloaded, and compared to national averages. Public school and School-Based Health Center locations as well as other healthcare facilities can be mapped, filtered, and key characteristics displayed. The tool can be used to assess community child and adolescent health, identify geographic areas of need and plan for where to target new services, examine characteristics of public schools, identify partners for collaboration, and develop effective visuals and relevant data for grant applications. [For more information...](#)

RURAL EMS

18. National Rural EMS Conference Info Now Available

The annual rural EMS conference hosted jointly by NASEMSO and the National Organization of State Offices of Rural Health (NOSORH) will be held April 21-22, 2016 in San Antonio, TX. Rural EMS Directors, State EMS Officials, State Offices of Rural Health, Flex Program Managers, hospital administrators, elected officials, medical directors, EMS chiefs and personnel & other interested EMS partners are invited to attend to learn about the future of rural EMS, rural frontier EMS, community paramedicine, EMS sustainability, medical oversight for EMS, EMS policy changes and more. [For more information...](#)



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UPCOMING EVENTS

PLEASE NOTE: CALENDAR ITEMS ARE ALWAYS WELCOME!!! Send to robinson@nasemso.org

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

PA Annual Conference. September 21-23, 2016. Doubletree Resort Lancaster, PA. [For more information...](#)

*NJ Statewide EMS Conference. November 16-19, 2016. Harrah's Waterfront Convention Center, Atlantic City, NJ. For more information...

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

[NAEMSE Instructor Course Level 1](#)

Los Angeles, CA: February 19-21, 2016

Atlanta, GA: March 11-13, 2016

New Martinsville, WV: March 18-20, 2016

Tulsa, OK: April 1-3, 2016

Winchester, VA: April 15-17, 2016

[NAEMSE Instructor Course Level 2](#)

Albuquerque, NM: February 5-6, 2016

[CAAHEP Accreditation Update & Evaluating Student Competency Workshops](#)

TBA

NAEMSE/NREMT Regional Scenario Development Workshops

Every month-check web site for listing and registration

National EMS Memorial Bike Ride: Honor EMS personnel who have died and those who continue to serve the public everyday with long distance cycling events and by promoting healthy lifestyles. muddyangels.com

2016 Dates:

- *East Coast Route May 14-20, 2016 Boston, MA/Arlington, VA
- *Midwest Route June 26-30, 2016 Chicago, IL/Woodbury, MN
- *Colorado Route August 19-20-2016 Fort Collins, CO/Littleton, CO
- *West Coast Route September 26-October 1, 2016 Reno, NV/San Francisco, CA



National EMS Stakeholder Meeting on Fatigue in EMS. February 2, 2016. DOT Headquarters in Washington DC. [For more information...](#)

American Academy of Emergency Medicine Annual Meeting. February 17-21, 2016. Las Vegas, NV. www.aaem.org

EMS Today 2016. February 25-27, 2016. Baltimore, MD. <http://www.emstoday.com/index.html>

NASEMSO Spring Meeting. April 4-6, 2016. Bethesda, MD. [For more information...](#)

Critical Care Transport Medicine Conference. April 11-13, 2016. Charlotte, NC. [For more information...](#)

*Mobile Integrated Healthcare (MIH) Summit. "Beyond MIH: Transforming EMS" April 19, 2016 Washington, DC. Learn more and register [here](#).

National EMS Advisory Council. April 18-19, 2016 in Washington DC. For more information, go to EMS.gov.

*Health Information Exchange Summit. The 3rd California HIE in EMS Summit will be held April 19-20, 2016 in Garden Grove. More information will be provided soon. In the meantime, please hold this date on your calendar. [For more information...](#)

*EMS On The Hill Day. April 20, 2016 (with a briefing Apr. 19) in Washington, DC. Open to all EMS professionals. Learn more and register: <http://www.naemt.org/advocacy/emsonthehillday.aspx>

*National Rural EMS Leadership Conference. April 21-22, 2016. San Antonio, TX.
DRAFT AGENDA: [Click here](#). REGISTRATION: <https://www.regonline.com/EMS16> LODGING: San Antonio Marriott Riverwalk, 889 East Market Street, San Antonio, TX 78205. For reservations phone: 877-622-3056 or use hotel

reservations link: <https://resweb.passkey.com/go/nremsc2016>. Group rates from \$120/night plus taxes. Room block name: National Rural EMS Conference. Reservation deadline is: March 30, 2016

Society for Academic Emergency Medicine Annual Meeting. May 10-13, 2016. New Orleans, LA.
<http://saem.org/annual-meeting>

EMS Week. May 15-21, 2016

Fire Rescue Med. (IAFC EMS Section Annual Meeting) May 21-25, 2016. Henderson, NV
<http://www.iafc.org/micrositeFRMconf/FRMhome.cfm?ItemNumber=8046>

Pinnacle 2016. July 18-22, 2016. San Antonio, TX. <http://pinnacle-ems.com/>

National Association of EMS Educators Annual Meeting. Preconference August 1-3 and symposium August 4-6, 2016. Fort Worth, TX. www.naemse.org

IAFC Annual Conference. Fire-Rescue International. August 17-20, 2016. San Antonio, TX. www.iafc.org/fri

National EMS Safety Summit. August 23-26, 2016. Denver, CO. <http://www.milehighretac.org/>

National EMS Advisory Council. September 7-8, 2016 in Washington DC. For more information, go to EMS.gov.

Emergency Nurses Association Annual Meeting. September 14-17, 2016. Los Angeles, CA. www.ena.org

National Association of State EMS Officials Fall Meeting. September 19-23, 2016. Albuquerque, NM.
www.nasemso.org

Air Medical Transport Conference. September 26-28, 2016. Charlotte. NC

American College of Emergency Physicians Annual Meeting. October 15-18, 2016. Las Vegas, NV. www.acep.org

EMS World Expo. October 3-7, 2016. New Orleans, LA. <http://www.emsworldexpo.com/>

International Association of Emergency Management Annual Meeting. October 14-20, 2016. Savannah, GA

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

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