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April 2016

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NASEMSO NEWS

1. NASEMSO Spring Meeting Right Around the Corner!

It's not too late to register and participate in NASEMSO's Spring Meeting at the Hyatt Regency in Bethesda, MD April 4-6, 2016. The NASEMSO Spring Meeting's purpose is to address emergency medical services and homeland security legislative and regulatory issues; the EMS work force; NASEMSO project updates (model rules for ambulance vehicle design, model interstate compact for personnel licensure, model EMS clinical guidelines, air medical task force, intelligent transportation and traffic incident management developments, and model trauma plan); and more. The schedule is available online and via Guidebook. [For more information...](#)

2. Inaugural Fatigue in EMS Expert Panel Meeting Scheduled April 26-27 in Washington, DC

The National Highway Traffic Safety Administration (NHTSA) recently announced its new initiative with the National Association of State EMS Officials (NASEMSO) to develop evidence based voluntary fatigue risk management guidelines and resources tailored to the EMS occupation. NHTSA is announcing the first in a series of expert panel meetings to develop evidence-based guidelines for fatigue management in the Emergency Medical Services (EMS) community to be held April 26-27, 2016 at DOT Headquarters in Washington, DC. This meeting will focus on generating research questions germane to fatigue mitigation in EMS settings as well as inclusion criteria for the evidence based guideline literature review. Members of the public are encouraged to attend the meeting and make comments about the topic during times set aside specifically for this purpose. Due to space limitations, attendance at the meeting is limited to invited participants and those who register in advance at www.emsfatigue.org. Written comments can also be made on <http://www.regulations.gov> (Docket No. NHTSA-2015-0121). The tentative agenda topics are as follows:

- Background on Fatigue in EMS and our approach to EBG development
- Overview of the GRADE methodology
- Expert Panel & Research Team presentations
- Panel Discussion
- Public Comment

FOR THE STATES

3. Reminder: ED "Patient Parking" Violates EMTALA; Conditions of Participation for Hospitals for ES

As a reminder to states, the practice of "patient parking" in the emergency department (preventing EMS from transferring patients from an ambulance stretcher to a hospital bed or gurney) for extended periods of time has been cited by the Centers for Medicare and Medicaid (CMS) as a violation of the Emergency Medical Treatment and Labor Act (EMTALA.) According to CMS, "A hospital has an EMTALA obligation as soon as a patient 'presents' at a hospital's dedicated emergency department, or on hospital property (as defined at 42 CFR 489.24(b)) other than the dedicated emergency department, and a request is made on the individual's behalf for examination or treatment of an emergency medical condition." Additionally, CMS has indicated this practice may also result in a violation of 42 CFR 482.55, the Conditions of Participation for Hospitals for Emergency Services, which requires that a hospital meet the emergency needs of patients in accordance with acceptable standards of practice. CMS documentation of their opinion, *EMTALA- "Parking" of Emergency Medical Service Patients in Hospitals*, is available in a letter to State Survey Agency Directors. [For more information...](#)

4. Overdose Rescue Laws Highlighted in Recent Stateline Article

Stateline, the state policy newsletter from the Pew Charitable Trusts, has posted an interesting article on the issue of naloxone access, *“Building a Ground Army to Fight Heroin Deaths.”* The story focuses on health department efforts to make the opioid reversal agent available at local pharmacies as well as information on its use by local distribution points. According to the Centers for Disease Control and Prevention (CDC), from 1996-2014-- 152,283 people have received overdose reversal kits from community groups and 26,463 overdose rescues have been made using the kits. [For more information...](#)

In related news, states are reminded of a resource from The Network for Public Health Law entitled *“Legal Interventions to Reduce Overdose Mortality: Naloxone Access and Overdose Good Samaritan Laws”* available [here](#).

5. President Obama Outlines Additional Actions to Address Opioid Abuse and Heroin Epidemic

At the National Rx Drug Abuse and Heroin Summit in Atlanta, GA this week, President Obama announced further steps to expand access to treatment, prevent overdose deaths and increase community prevention strategies and build on the President’s proposal for \$1.1 billion in new funding to combat the problem, including:

- Expanding Access to Treatment
- Expanding and Implementing a Mental Health and Substance Abuse Disorder Parity Plan
- \$11 million funding opportunity to states to purchase and distribute naloxone (including training for first responders)
- Expand Public Health-Public Safety Partnerships and Community Policing to Combat the Spread of Heroin
- Tackle Substance Abuse in Rural Communities
- Implement Syringe Services Programs

In connection with these Federal announcements, more than 60 medical schools are announcing that, beginning in fall 2016, they will require their students to take some form of prescriber education, in line with the newly released Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain, in order to graduate. [For more information...](#)

In related news, the Centers for Disease Control and Prevention (CDC) has announced CDC-RFA-CE16-1606, *Prescription Drug Overdose: Data-Driven Prevention Initiative (DDPI)* for state health departments. The purpose of this funding is to advance and evaluate state-level prevention for opioid overuse, misuse, abuse, and overdose. The FOA advances a two-tiered strategy to allow for the fact that the needs of states vary considerably. [For more information...](#)

AIR MEDICAL

6. ABC News Report on Air Ambulance Balanced Billing Stirs Industry Response

A recent investigative report by ABC News has resulted in a flurry of responses from various media outlets. The [ABC News investigation found](#) numerous cases of patients being billed \$40,000 or \$50,000 for a short helicopter ride -- with their bills offsetting balances the providers say they can’t collect from poor or uninsured patients. Following a request to their consumer reporter hotline, The Fixer, ABC describes a scenario that a patient received a bill that consisted of “a base fee of \$30,823 to lift off, with a charge of \$289.63 per mile for 83 miles traveled, which resulted in a huge \$54,862.29 bill.” Air Methods, the focus of ABC’s investigation, issued a [public statement](#) following the report. ABC has encouraged its affiliates to follow-up with local reports, and several have emerged:

- <http://komonews.com/news/consumer/air-ambulance-sticker-shock-life-saving-flight-can-leave-you-buried-in-debt>

- http://helenair.com/news/politics/state/disparity-in-life-flight-companies-profitability-reviewed/article_f4d30598-9843-5507-b569-b79b5b7e3841.html
- <http://www.beckershospitalreview.com/payer-issues/ohio-air-ambulance-company-sues-medical-mutual-for-3-5m.html>
- <http://www.wkow.com/story/31499399/2016/03/17/uw-healths-medflight-responds-following-abcs-investigation-into-air-ambulance-ride-debt>
- <http://abc7chicago.com/news/air-ambulance-patients-complain-of-sky-high-bills/1249183/>
- <http://6abc.com/health/sky-high-air-ambulance-bills-shock-to-patients/1249411/>
- <http://www.wday.com/news/north-dakota/3993378-judge-rejects-north-dakota-air-ambulance-law>
- <http://www.bizjournals.com/washington/news/2016/03/15/carefirst-air-ambulance-company-reach-agreement-on.html>

The Airline Deregulation Act (ADA), which deregulated the airline industry in the 1970's, prevents states from capping the amount air ambulances can charge.

7. Senate Commerce Committee Votes on FAA Reauthorization

The Senate Committee on Commerce, Science, and Transportation recently approved the reauthorization for the Federal Aviation Administration (FAA) through September 30, 2017. S. 2658, the Federal Aviation Administration Reauthorization Act of 2016, passed on a voice vote and now goes to the full Senate for consideration of its provisions funding the FAA for another year. The bill addresses drone safety and privacy concerns, improves aircraft certification processes and forces airlines to be more transparent about their fees, among other things. **Of interest to emergency services personnel, Sec 2134 includes a provision on Aviation Emergency Safety Public Services Disruptions that prohibits aircraft activities (specifically, unmanned aircraft systems commonly known as drones) "as to interfere with firefighting, law enforcement, or emergency response activities" with civil penalties up to \$20,000.** [For more information...](#)

8. FAA Doubles "Blanket" Altitude for Many UAS Flights

After a comprehensive risk analysis, the Federal Aviation Administration (FAA) has raised the unmanned aircraft (UAS) "blanket" altitude authorization for Section 333 exemption holders and government aircraft operators to 400 feet. Previously, the agency had put in place a nationwide Certificate of Waiver or Authorization (COA) for such flights up to 200 feet. The new COA policy allows small-unmanned aircraft -- operated as other than model aircraft (i.e. commercial use) -- to fly up to 400 feet anywhere in the country except restricted airspace and other areas, such as major cities, where the agency prohibits UAS operations. Under the blanket COA, the FAA will permit flights at or below 400 feet for UAS operators with a Section 333 exemption for aircraft weighing less than 55 pounds and for government UAS operations. Operators must fly under daytime Visual Flight Rules, keep the UAS within visual line of sight of the pilot and stay certain distances away from airports or heliports:

- Five nautical miles (NM) from an airport having an operational control tower; or
- Three NM from an airport with a published instrument flight procedure, but not an operational tower; or
- Two NM from an airport without a published instrument flight procedure or an operational tower; or
- Two NM from a heliport with a published instrument flight procedure.

The FAA expects the move will reduce the workload for COA applications for industry UAS operators, government agencies and the FAA's Air Traffic Organization. The agency also estimates the move will lessen the need for individual COAs by 30 to 40 percent. Other provisions of an FAA authorization, such as registering the UAS and making sure pilots have the proper certification, still apply.

In related news, the FAA recently released an updated list of pilot, air traffic controller and citizen reports of possible encounters with unmanned aircraft systems (UAS). (The FAA receives more than 100 such reports each month.) The latest report covers August 22, 2015 through January 31, 2016. Reports of unmanned aircraft have increased dramatically since 2014. Safely integrating unmanned aircraft into the national airspace system is one of the FAA's top priorities, and the agency wants to send a clear message that operating drones around airplanes and helicopters is dangerous and illegal. [For more information...](#)

COMMUNICATIONS

9. How Will EMS and Hospitals Use Telemedicine?

The National Public Safety Telecommunications Council (NPSTC) has released a comprehensive report on the use of video technology by EMS agencies and the hospitals and trauma centers they interact with. More than 670 public safety personnel responded to a nationwide questionnaire seeking input on how public safety broadband services may impact the clinical and operational environment in EMS. The [EMS Telemedicine Report: Prehospital Use of Video Technologies](#) describes an effort to assess this question. It is based on the results of a comprehensive nationwide questionnaire that provided input from EMS providers, hospital emergency department directors, trauma center directors, EMS medical directors, and online EMS medical control physicians.

10. NG911 Office Announces Next “State of 911” Webinar

Hosted by the National 911 Program, the webinar series brings together NG911 early adopter case studies and Federal and 911 community resources, to provide a combination of useful tools, expert advice, and real stories about NG911 transitions. The next webinar will address new educational videos for first responders and dispatchers regarding the appropriate response during railroad incidents, and Washington State's efforts to craft and evaluate RFPs for the development of an ESInet. [For more information...](#)

11. NG911 Legislation: 2015 Updates Now Available

Each year, State legislatures pass a variety of measures in support of improved public safety and enhanced communication with emergency services. In coordination with the National 911 Program, the National Conference of State Legislatures (NCSL) recently announced that updates for all 2015 911-related state legislation are now available in its [911 Legislation Tracking Database](#). Since 2012, this tool has served as a resource for States in improving public emergency communication services to prepare for NG911 transition and collaboration with FirstNet. The searchable database of 911 legislation in the 50 States and the District of Columbia provides insight into other States’ legislative efforts and allows for comparison of recently enacted laws or modifications to existing laws. A summary report of all [2015 enacted 911 legislation](#) is also available.

COMMUNITY PARAMEDICINE

12. Study Focuses on Effectiveness of Patient-Centered Medical Homes

According to the National Committee for Quality Assurance (NCQA), the Annals of Internal Medicine has published a very timely 5-year longitudinal cohort study of primary care practices from the Taconic Independence Practice Association in New York’s Hudson Valley that achieved Level 3 status on the NCQA 2008 Patient-Centered Medical Home (PCMH) standards. The study collected extensive data on quality measures and utilization of care, and was done in collaboration with 6 health plans, initially focusing on a set of 8 ambulatory care quality measures from [HEDIS](#). However, over time, “clinical transformation needed to achieve changes in health care utilization” became a greater priority. In the final year of the study (2012), the PCMH practices demonstrated modest and statistically

significant differences in the rate of change compared to the two control groups on 6 of 7 utilization measures: 7-9% more primary care visits; 10% fewer specialty visits; 4-8% fewer laboratory tests; 4-8% fewer radiologic tests; 21-23% fewer hospitalizations and 57-60% fewer re-hospitalizations for every 100 patients. Only the rate of ED visits did not improve relative to the control groups. [For more information...](#)

Citation: Kern LM, Edwards A, Kaushal R. The Patient-Centered Medical Home and Associations With Health Care Quality and Utilization: A 5-Year Cohort Study. *Ann Intern Med.* 2016;164:395-405. doi:10.7326/M14-2633 [Free abstract...](#)

DOMESTIC PREPAREDNESS

13. Senate Committee Hears Annual Testimony on Worldwide Threats

The Director of National Intelligence presents the Worldwide Threat Assessment annually to Congress, and before that office was created, it was presented by the CIA Director in his position as the Director of National Intelligence. In recent testimony, DNI James Clapper deemed cyber threats as the top global threat facing the United States, stating that the “innovation and increased reliance on information technology in the next few years on both our society’s way of life in general and how we in the Intelligence Community specifically perform our mission will probably be far greater in scope and impact than ever.” The threat assessment testimony is one of the most informative top-level products of the US Intelligence Community that is publicly available, but because it is only available as the text of the testimony, a [multi-media production](#) of the Center for Homeland Defense and Security at the Naval Postgraduate School has been developed to make the information more widely available. The topics covered included:

- Cyber and Technology
- Terrorism
- Weapons of Mass Destruction and Proliferation
- Space and Counterspace
- Counterintelligence
- Transnational Organized Crime
- Economics and Natural Resources
- Human Security (health, environment, etc.)
- Regional Threats

Interested persons can also [Read the testimony](#) | [Watch the full hearing](#).

14. FDA Approves New Treatment for Inhalation Anthrax

The U.S. Food and Drug Administration has approved Anthim (obiltoximab) injection to treat inhalational anthrax in combination with appropriate antibacterial drugs. Anthim is also approved to prevent inhalational anthrax when alternative therapies are not available or not appropriate. [For more information...](#)

15. MAP: ZIKA IS COMING

New research in PLOS Current Outbreaks projects the relative risk of a Zika outbreak in 50 U.S. cities, based on factors like climate and travel. In short: Bad news, Miami. Good news, Minneapolis. Read the study: <http://bit.ly/1pvCOX0> - See the map of Zika risks by city: <http://bit.ly/1Mos9GY>

In related news, ASPR TRACIE has released "[Zika: Resources at Your Fingertips](#)," providing resources and an overview of public health and healthcare system considerations and implications that are applicable to

professionals in those systems, emergency management stakeholders, and other audiences. The document was updated on March 9, 2016 to reflect updated resources and new information. As the situation unfolds and new information is released, ASPR TRACIE will update the document (and indicate changes in red font with the date), so be sure to check back often.

16. NIOSH Offers Fact Sheet on Aftermarket Respirator Parts

The National Institute for Occupational Safety and Health (NIOSH) warns that worker safety can be compromised by using replacement component parts or accessories that are not NIOSH-approved for the specific respirator. Although NIOSH-approved respirators are comprised of various component parts, they are approved as a complete unit. The use of components which are not part of the approved assembly results in a respirator that has not been evaluated and certified by NIOSH. This applies not only to parts supplied by other vendors, but also to those supplied by the original equipment manufacturer, if the component parts have not been evaluated by NIOSH as part of the respirator. Unevaluated respirator assemblies may not function at the expected level of protection, putting the worker at risk for exposure to airborne hazards. Manufacturers' quality systems confirm replacement components for use, fit and function, and ensure reliability and repeatable performance. The National Personal Protective Technology Laboratory (NPPTL) is happy to announce the release of a new fact sheet, [The Use of Aftermarket Replacement Component Parts for NIOSH-Approved Respirators](#).

17. GAO Report Highlights Interoperability of Emergency Communications in NCR

The National Capitol Region (NCR) is considered at high risk for various threats and hazards. Federal, state, and local agencies in the NCR continue to face challenges with emergency communications interoperability—that is, the ability to use radios to communicate across entities when needed. The federal government has taken actions to improve interoperability in the NCR including allocating almost \$720 million through a DHS grant program to enhance regional preparedness since fiscal year 2002, and establishing the Office of National Capitol Region Coordination (ONCRC) to coordinate NCR entities on homeland security activities, including interoperability. A new report from the Government Accountability Office (GAO) examines (1) actions the ONCRC has taken to help improve emergency communications interoperability in the NCR and (2) status of the ONCRC's efforts to coordinate with federal agencies to help improve emergency preparedness in the NCR, including communications interoperability. [For more information...](#)

18. DHS Enters Final Phase of REAL ID Implementation

Effective January 22, 2018, air travelers with a driver's license or identification card issued by a state that does not meet the requirements of the REAL ID Act (unless that state has been granted an extension to comply with the Act) must present an alternative form of identification acceptable to the Transportation Security Administration (TSA) in order to board a commercial domestic flight. At present, 23 states are fully compliant with the REAL ID Act, and the Department has used its authority to grant states extensions when they demonstrate steps toward compliance. Thus, 27 states and territories have been granted extensions for a period of time to become compliant. Six states and territories – Illinois, Minnesota, Missouri, New Mexico, Washington, and American Samoa – are noncompliant and do not currently have extensions. To check whether your state is compliant or has an extension, click [here](#). Passengers with driver's licenses issued by a state that is compliant with REAL ID (or a state that has been issued an extension) will still be able to use their driver's licenses or identification cards. Starting October 1, 2020, every air traveler will need a REAL ID-compliant license, or [another acceptable form of identification](#), for domestic air travel.

HIGHWAY SAFETY

19. NHTSA Addresses Drowsy Driving in New Research and Program Plan

The National Highway Traffic Safety Administration (NHTSA) Drowsy Driving Research and Program Plan was developed to guide the agency’s efforts to address the problem over the next several years. This is the first time that NHTSA has developed an initiative directed at curtailing drowsy driving. The plan includes Background and Overview sections and it addresses six broad focus areas: Measurement and Problem Identification, Public Awareness and Education, Policy Development, High-Risk Populations, Vehicle Technology, and Infrastructure. A total of 10 projects are included under these focus areas. Each project will be underway by late 2016. Some have short-term outcomes, whereas others will be long-term. This plan is an initial effort by NHTSA to enhance the science and program initiatives around drowsy driving. [For more information...](#)

In related news, the Centers for Disease Control and Prevention (CDC) has posted the first published report to document state-based estimates of self-reported healthy sleep duration for all 50 states and the District of Columbia. [For more information...](#)

20. TIM Network Offers Excellent New Resource for Emergency Responders

Over the past three decades: fire, EMS, and law enforcement agencies have recognized the need to provide support to personnel impacted by traumatic events. These efforts have featured as a central focus with the use of peer support personnel to provide the initial response and support. The models used have evolved and changed in order to reflect current best practice and evidence-informed approaches. However, response to transportation incidents involves more than public safety personnel and support programs have not been widely recognized as necessary or implemented. A new resource from the Traffic Incident Management (TIM) Network, *Annex: Supporting Responders to Effectively Deal with Atypical Stressful Events*, seeks to help fill this gap and ensure that the national TIM program addresses this vital topic by providing a succinct, relevant resource that outlines key information about dealing with potentially traumatic events including those involving transportation incidents. It is a “must read” for every EMS agency manager and practitioner. [For more information...](#)

MEDICAL DIRECTION

21. AHA Publishes Recommendations on Wearable Defibrillators

The American Heart Association has published its first scientific advisory (free access) on the use of wearable cardioverter-defibrillators in Circulation. The authors caution that no randomized trials on these devices have been published yet, and clinicians should engage in shared decision-making with patients. The recommendations include the following:

- In patients with a definite indication for an implanted or permanent device but a temporary contraindication to or interruption in ICD care (e.g., an infection), wearable defibrillators are a reasonable option.
- Wearable defibrillators may also be reasonable when clinicians are concerned about elevated risk for sudden cardiac death that may improve with time (e.g., during treatment of left ventricular dysfunction).
- The devices may also be used as a bridge to other treatment, such as a heart transplant.
- The devices shouldn't be used in instances where nonarrhythmic risks outweigh arrhythmic risks, especially in patients with an expected lifespan of 6 months or less.

[For more information...](#)

22. FDA Examines Safety of INR Point-of-Care Tests

The FDA recently convened a panel of experts to examine the accuracy of point-of-care tests to measure international normalized ratio (INR) in patients taking warfarin, the Wall Street Journal reports. The agency says such tests have performed poorly in thousands of patients since their approval, with potentially false readings linked to 18 deaths in 2014 and 2015. Two such tests, INRatio and INRatio2, were withdrawn from the market in 2014 over concerns that they gave faulty readings. INRatio has recently received much attention over its use in the ROCKET AF trial, which led to approval of the anticoagulant rivaroxaban (Xarelto). Critics assert that in ROCKET AF, falsely low INR readings with INRatio would have prompted higher warfarin doses — resulting in higher bleeding risks with the drug and thus making rivaroxaban seem relatively safer. The researchers reanalyzed their data, however, and concluded that the test did not significantly affect the trial's primary outcomes. (Source: NEJM Journal Watch By Amy Orciari Herman Edited by Susan Sadoughi, MD, and André Sofair, MD, MPH) The WSJ article is available [here](#) (subscription required.)

PEDIATRIC EMERGENCY CARE

23. FDA Establishes Public Docket on Pediatric Studies of Lorazepam; Deadline to Comment is April 28, 2016

The Food and Drug Administration (FDA) has established a public docket to make available a report of the pediatric studies of Lorazepam that were conducted in accordance with the Public Health Service Act (PHS Act) and submitted to the Director of the National Institutes of Health (NIH) and the Commissioner of Food and Drugs. Lorazepam is commonly used in pediatric practice as a first-line agent for the initial treatment of status epilepticus. All [related documents](#) including instructions to submit comments by April 28, 2016 are available via Docket # FDA-2015-N-3037 at www.regulations.gov.

24. NIH to Convene Workshop on Advancing Research To Prevent Youth Suicide

The National Institutes of Health will convene a [Pathways to Prevention workshop](#) to assess the available scientific evidence to better understand the importance of identifying efforts that could be effective in preventing suicidal thoughts and behaviors as early as possible. An impartial, independent panel will identify research gaps and future research priorities. The workshop will seek to clarify:

- How can national, state, and community data systems be linked to existing data from suicide prevention efforts in order to add possible value for stakeholders? What methods are available to link the data systems?
- Which statistical methods are reliable and valid for understanding possible mediators and moderators in suicide prevention programs to improve targeting interventions to populations?
- Which statistical methods are reliable and valid for analyzing linked national, state, and community data systems and suicide prevention data to avoid misleading conclusions?
- Given the current state of research, what types of methodological/analytic advances would promote further evaluation of youth suicide prevention efforts (e.g., new approaches to data linkage; increased use of common data elements; approaches to intervention harmonization) and facilitate intervention selection and implementation decisions by local community and state-level policymakers?
- What is the way forward that will help the suicide prevention research community realize the potential benefits of early prevention? What are the immediate and longer-term research investments needed to accomplish this?

This workshop is free and open to the public. To [register](#), and for additional information, visit the ODP website at <http://www.prevention.nih.gov>.

25. MCHB Provides Opportunity to Comment on Use of Performance Measures

The Maternal and Child Health Bureau's (MCHB) Discretionary Grant Information System (DGIS) electronically captures performance measure, program, financial, and abstract data, and products and publications about these discretionary grants from the grantees. The data collected are used by MCHB project officers to monitor and assess grantee performance as well as assist in monitoring and evaluating MCHB's programs. The HRSA EMSC Program would like to remind you that the new and continuing EMSC State Partnership performance measures are now available for a second public comment period. The revised list of measures were recently emailed to state grantees. **The complete Federal Register Notice may be viewed at:** <https://www.gpo.gov/fdsys/pkg/FR-2016-03-15/pdf/2016-05730.pdf>. An FAQ document as well as the DGIS Detail Sheets have been posted under the PEC Document Downloads section of the NASEMSO [web site](#). (Member login required.)

26. CDC Resources Offered to Assist Pediatric Preparedness Efforts

The Centers for Disease Control and Prevention (CDC) describes efforts related to a tabletop exercise involving an infectious disease outbreak in the pediatric population in a recent blog post. Pediatric clinicians and public health representatives within federal region VI, (i.e. the "TALON" states of Texas, Arkansas, Louisiana, Oklahoma, and New Mexico) worked in teams to develop responses to a simulated outbreak of pediatric smallpox. Several public resources are available. [For more information...](#)

TRAUMA

27. \$15.9 Million Available Through SAMHSA STOP Grants

The Sober Truth on Preventing Underage Drinking (STOP) Act program was created to strengthen collaboration among the federal, state, local, and tribal governments and communities to more effectively reduce alcohol use among youth. This mission includes disseminating timely information to communities about state-of-the-art practices and initiatives that are proven to be effective in preventing and reducing alcohol use among youth. The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for up to a total of \$15.9 million over the next four years for STOP Act grants designed to prevent alcohol use among underage youth in communities across the nation. SAMHSA plans to fund up to 80 grantees up to \$50,000 annually in individual grants for up to a four-year period. Actual amounts may vary, depending on the availability of funds. Domestic public and private nonprofit entities that are current or former Drug Free Communities Support Program (DFC) recipients and past STOP Act recipients are eligible to apply. [For more information...](#)

28. House Committee Holds Roundtable on Concussions

The House Energy and Commerce Committee held a "Broad Review on Concussions: Initial Roundtable" (webcast available) examining the state of knowledge concerning the causes, effects, and treatments of concussions and head trauma. The discussion, featured input from experts representing the medical, military, athletic, and research communities, was focused on building a collaborative body of knowledge to help improve the diagnosis and treatments of concussions. Most notably, in discussion with Rep. Jan Schakowsky (D-IL) Jeff Miller, the National Football League's senior vice president for health and safety, confirmed a connection between football and chronic traumatic encephalopathy. [For more information...](#)

29. Senator Urges CDC to Conduct Research on Gun Violence

Senator Tom Carper (DE), the top Democrat on the Homeland Security and Governmental Affairs Committee (HSGAC), sent a letter to CDC Director Dr. Tom Frieden urging the agency to continue conducting research on gun violence. In the letter, Senator Carper outlines the importance of gun violence research to reduce the 117,000

deaths that occur annually due to firearms and the benefits of research to making communities safer. Since 1996, when former Congressman Jay Dickey (AR) proposed an amendment that prohibited the use of CDC funds for advocacy for gun control, gun research has been suspended at CDC. [For more information...](#)

FEDERAL PARTNERS

30. FluView Data Shows Regional Peaks Occurring Now

While seasonal flu outbreaks can happen as early as October, most of the time flu activity peaks between December and February, although activity can last as late as May. Current data from the Centers for Disease Control and Prevention (CDC) FluView shows regional flu activity is remaining elevated. It's not too late to get flu vaccine to prevent illness in the current season. [For more information...](#)

31. FDA Proposes Ban on Powdered Surgical Gloves

The Food and Drug Administration (FDA or Agency) has determined that Powdered Surgeon's Gloves, Powdered Patient Examination Gloves, and Absorbable Powder for Lubricating a Surgeon's Glove present an unreasonable and substantial risk of illness or injury and that the risk cannot be corrected or eliminated by labeling or a change in labeling. Consequently, FDA is proposing these devices be banned. Public comments are invited by June 20, 2016. View the Federal Register Notice [here](#).

32. FDA Issues Class I Recall on Arrow IAB Kits

Arrow International Inc. is recalling the Intra-Aortic Balloon Catheter Kits and Percutaneous Insertion Kits because the sheath body may separate from the sheath hub during the insertion procedure. This may cause significant bleeding if not addressed promptly and an interruption of the inflating-deflating balloon therapy. The FDA has received 13 medical device reports of serious adverse health consequences, including one death related to this device malfunction. [For more information...](#)

33. FDA Issues Class I Recall Involving Glidescope Titanium

Verathon Incorporated is recalling the GlideScope Titanium Single-Use Video Laryngoscope because of a potential disruption in the video feed from the camera in the laryngoscope blades to the monitor. A disrupted or unstable video image may lead to delayed tracheal tube insertion, intubation failure and other serious adverse health consequences, including low levels of oxygen in the blood (hypoxemia), end organ damage or death. See the [Recall Notice](#) for a listing of affected model codes and lot numbers.

34. FDA Issues "Stop Use" Advisory on OxySure Portable Emergency Oxygen System Model 615

The Food and Drug Administration (FDA) is recommending consumers, businesses, schools, and health care providers stop using OxySure Portable Emergency Oxygen System, Model 615 because of several device malfunctions, including ineffective oxygen delivery, and chemical reactions in the canisters that could cause them to explode. Due to adverse event reports to the FDA and the company's failure to address the device's safety issues noted during inspections and in the FDA's warning letter, the FDA is concerned that patients and other users of OxySure Portable Emergency Oxygen System, Model 615 are at risk for serious adverse health consequences, such as burns and death. The FDA will continue to work with OxySure Therapeutics, Inc. to bring these devices into regulatory compliance and will keep the public informed if significant new information becomes available. The FDA recommends customers stop using the OxySure Portable Emergency Oxygen System, Model 615 and immediately transition to an alternative FDA-cleared emergency oxygen device. [For more information...](#)

35. Scientists Discover Non-Opioid Pathway in the Brain

Results from a new study, funded in part by the National Center for Complementary and Integrative Health, demonstrate that mindfulness meditation works on a different pain pathway in the brain than opioid pain relievers. The researchers noted that because opioid and non-opioid mechanisms of pain relief interact synergistically, the results of this study suggest that combining mindfulness-based and pharmacologic/nonpharmacologic pain-relieving approaches that rely on opioid signaling may be particularly effective in treating pain. Previous research has shown that mindfulness meditation helps relieve pain, but researchers have been unclear about how the practice induces pain relief — specifically, if meditation is associated with the release of naturally occurring opiates. [For more information...](#)

36. FDA Panel Supports Approval of Biodegradable Coronary Stent

A recent executive summary provided by the Food and Drug Administration (FDA) for its Circulatory System Devices Advisory Panel describes the first-of-a-kind fully absorbable drug-eluting coronary stent, the Absorb GT1™ Bioresorbable Vascular Scaffold (BVS) System by Abbott Laboratories. The Advisory Panel, by a vote of 9-0, supported use of the stent. The Absorb GT1 BVS aims to be an alternative to permanent metal stents in patients with ischemic heart disease. It releases everolimus for 1 year and then degrades over the next 2 years. The independent panel determined that the benefits of Absorb outweigh the risks and also voted positively on safety and effectiveness. The device is reportedly already approved for use in Europe. Before it can be marketed, the FDA will need to formally approve the device for use in the US. [For more information...](#)

37. NCIPC Publishes Strategic Vision for Preventing Violence

The different forms of violence—child abuse and neglect, youth violence, intimate partner violence, sexual violence, elder abuse, and suicidal behavior—are strongly connected to each other in many important ways. Understanding and addressing the interconnections among these forms of violence is the central tenet of this 5-year vision to prevent violence developed by the CDC’s Division of Violence Prevention (DVP). This document describes this vision—articulating why a cross-cutting approach is important to achieving measureable reductions in violence; the areas where CDC will strategically focus our attention; and priorities for advancing practice, effectively reaching intended audiences, generating new knowledge, and monitoring and evaluating progress. Read [Preventing Multiple Forms of Violence: A Strategic Vision for Connecting the Dots](#). Atlanta, GA: Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2016.

38. OSHA Evaluates First Year of Severe Injury Reporting Program

Under a requirement that took effect January 1, 2015, employers must report to the Occupational Safety and Health Administration (OSHA) any work-related amputation, in-patient hospitalization, or loss of an eye within 24 hours of the incident. (The requirement for reporting a fatality within 8 hours remained unchanged.) During the first full year of the new [reporting requirement](#), employers reported 10,388 severe injuries, including 7,636 hospitalizations and 2,644 amputations. The reports were from federal OSHA states only and do not include injuries from states that administer their own safety and health programs. Even so, the numbers amount to 30 work-related severe injuries a day — evidence that, despite decades of progress, many U.S. worksites remain hazardous to workers. For more statistics and the evaluation of the impact of the new requirements, see the [full report](#). To learn more about OSHA State Plans, click [here](#).

39. CDC Issues Final Opioid Guidelines for Chronic Pain

Following months of wrangling with professional organizations and consumer groups, the Centers for Disease Control and Prevention (CDC) has issued guidelines that provide recommendations for primary care clinicians who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. The guideline addresses 1) when to initiate or continue opioids for chronic pain; 2) opioid selection, dosage, duration, follow-up, and discontinuation; and 3) assessing risk and addressing harms of opioid use. CDC developed the guideline using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) framework, and recommendations are made on the basis of a systematic review of the scientific evidence while considering benefits and harms, values and preferences, and resource allocation. CDC obtained input from experts, stakeholders, the public, peer reviewers, and a federally chartered advisory committee. This guideline is intended to improve communication between clinicians and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder, overdose, and death. CDC has provided a checklist for prescribing opioids for chronic pain (<http://stacks.cdc.gov/view/cdc/38025>) as well as a website (<http://www.cdc.gov/drugoverdose/prescribingresources.html>) with additional tools to guide clinicians in implementing the recommendations. The Guidelines have been endorsed by the American Pain Society, a multidisciplinary organization of scientists, clinicians, and other professionals.

In related news, CDC just released a handful of [new resources](#) as part of its ongoing fight to address deaths from heroin and prescription pain pill overdoses. Those include a [checklist](#) to use when prescribing opioids, a [fact sheet](#) about some of the alternative treatments for chronic pain, and [tips](#) on calculating the safest dosage of drugs like hydrocodone and oxycodone.

40. HHS Releases National Pain Strategy

The HHS Office of the Assistant Secretary of Health has released a National Pain Strategy. The Strategy outlines the Federal government's first coordinated plan for reducing the burden of chronic pain and is a roadmap toward achieving a system of care in which all people receive appropriate, high-quality and evidence-based care for pain. The Strategy outlines steps to improve provider education on pain management practices and overcome barriers to improve the quality of pain care for vulnerable, stigmatized and underserved Americans. [For more information...](#)

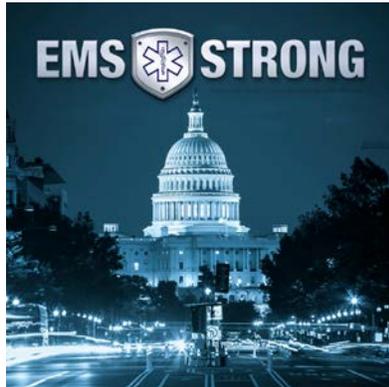
INDUSTRY NEWS

41. CAAS Releases Ground Vehicle Standard for Ambulances

Following a consensus-based process 2 years in the making, the Commission on Accreditation of Ambulance Services (CAAS) has announced the publication of its long awaited Ground Vehicle Standard for Ambulances, CAAS *GVS v.1.0 Final*. CAAS is an ANSI accredited Standards Developer Organization that defines the “gold standard” for operations in the medical transportation industry. The GVS standard will have an effective date of July 1, 2016, and is available now for [free download](#). The GVS website will eventually contain a portal for providers or regulators to connect with the GVS Technical Committee for questions or interpretations regarding the standard. The organization anticipates its potential for use as a successor to the KKK-A-1822 specification. [For more information...](#)

42. A Federal Perspective: 50 Years of Helping EMS Systems Improve

On the 50th anniversary of the birth of modern EMS, EMS Strong reflects on the role the federal government has had in helping local agencies and care providers serve their communities.



Often cited as the foundation of modern emergency medical services, this year EMS recognizes the 50th anniversary of the groundbreaking whitepaper, *Accidental Death and Disability: The Neglected Disease of Modern Society*. The paper, released by the National Academy of Sciences in 1966, assessed the mortality and injury rate among civilians during a time in which the number of people killed on the nation’s roadways was near epidemic proportions. The findings and recommendations in the report led to the development of an EMS system that is much more sophisticated than the report’s authors likely predicted. As the industry looks ahead and plans for the next 50 years of EMS innovation, it’s important to reflect on the

profession’s history, those who have and continue to shape the EMS landscape and the major milestones that helped create modern EMS. [For more information...](#)

43. IOM Implementing Name and Brand Change

On March 15, 2016, the division of the National Academies of Sciences, Engineering, and Medicine (the Academies) that focuses on health and medicine was renamed the Health and Medicine Division (HMD) instead of using the name Institute of Medicine (IOM). This new name builds on the heritage of the IOM’s work in medicine while emphasizing its increased focus on a wider range of health matters. The Health and Medicine Division will maintain the quality and soundness of past health policy advice to the nation through rigorous study processes and the independent, objective analysis and advice for which the IOM and the Academies have been known. HMD will continue to conduct consensus studies and convening activities through the six core boards that were part of the IOM. HMD is now fully integrated into the broader work of the National Academies of Sciences, Engineering, and Medicine, which is facilitating more collaborative and interdisciplinary approaches to the most pressing challenges facing the nation and the world. This integration results from organizational changes that took place in July 2015, when the National Academy of Medicine was formed and joined the National Academy of Sciences and the National Academy of Engineering in overseeing the seven program divisions of the Academies. [For more information...](#)

INTERESTING ABSTRACTS

44. Community Paramedicine -- Addressing Questions as Programs Expand (New England Journal of Medicine) The Massachusetts acute community care program is one of numerous new initiatives in the US using emergency medical services personnel. [For more information...](#)

45. Laitio R, Hynninen M, Arola O, et al. Effect of Inhaled Xenon on Cerebral White Matter Damage in Comatose Survivors of Out-of-Hospital Cardiac Arrest: A Randomized Clinical Trial. *JAMA*. 2016;315(11):1120-1128. doi:10.1001/jama.2016.1933. [Free abstract...](#)

46. Phadke VK, Bednarczyk RA, Salmon DA, Omer SB. Association Between Vaccine Refusal and Vaccine-Preventable Diseases in the United States: A Review of Measles and Pertussis. *JAMA*. 2016;315(11):1149-1158. doi:10.1001/jama.2016.1353. [Free abstract...](#)



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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*****

Use these links to access monthly course schedules and registration info related to:

[NAEMSE Instructor Course Level 1](#)

[NAEMSE Instructor Course Level 2](#)

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

[NAEMSE/NREMT Regional Scenario Development Workshops](#)

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 Rout 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



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...](#)

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. [For more information...](#)

Pinnacle 2016. July 18-22, 2016. San Antonio, TX. [For more information...](#)

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. [For more information...](#)

National EMS Safety Summit. August 23-26, 2016. Denver, CO. [For more information...](#)

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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