



# Washington Update

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**1. NASEMSO Annual Meeting Update**

Important information is now available for the 2014 Annual Meeting! The preliminary program, hotel reservation information, and registration form have now been posted. We are excited about meeting in Cleveland (home of the Rock and Roll Hall of Fame) where our hosts promise an educational and fun-filled meeting. And don't miss the opportunity to enter the inaugural **NASEMSO Poster Competition**. For those whose states restrict employees to staying at hotels charging the per diem rate, please note that the hotel is offering a limited number of "per diem" rate rooms on a first come, first serve basis. You will be required to show state ID card when checking in. [For more information...](#)

**2. Equipment for Ground Ambulances Revision Now Available**

The 2014 Joint Policy Statement (American Academy of Pediatrics, American College of Emergency Physicians, American College of Surgeons Committee on Trauma, Emergency Medical Services for Children, Emergency Nurses Association, the National Association of EMS Physicians, and the National Association of State EMS Officials) that informs and in some cases mandates equipment that must be available on ground ambulances has been published in final form and is now freely available in html and pdf versions on the publisher's [web site](#). NASEMSO wishes to take this opportunity to thank Informa Healthcare and Prehospital Emergency Care for making this information available without a subscription or fee.

**3. NASEMSO Joins EMS Organizations to Comment on FCC Proposed Rule Making**

The National Association of State EMS Officials (NASEMSO), the National Association of EMS Physicians (NAEMSP), the National Association of EMTs (NAEMT), and the National EMS Management Association (NEMSMA) have collaboratively joined forces to support proposed rules by the Federal Communications Commission (FCC) to require indoor location accuracy as a means to enhance the E911 system. As part of the Federal Docket No. 07-114, the group submitted formal comment and continues to monitor the proposal. [For more information...](#)

**4. New Information Available on Local Health Department Services and Resources**

The National Association of County and City Health Officials (NACCHO) has launched a new [website](#) for the National Profile of Local Health Departments (Profile) study. The website contains information from the most comprehensive survey of local health departments, including data on workforce, programs and services and partnerships. Here are several ways to make the most of the website:

- The State Reports section contains two-page summaries for 44 states.
- Research Briefs look in-depth at cross-jurisdictional sharing of services among local health departments and their engagement with accreditation.
- In the Figures section, download figures from the report into Microsoft Word or Powerpoint.

**5. ASTHO Proposes Guiding Principles for Public Health Block Grants**

The Association for State and Territorial Health Officials (ASTHO) has released proposed principles to frame the Preventive Health and Health Services Block Grant (PHHSBG) guidance and will share these principles with CDC for review and consideration. In collaboration with the Affiliate Council, ASTHO developed five key guiding principles for the PHHSBG to ensure that it demonstrates its importance and impact as a high-performing program. The proposed guiding principles promote alignment of the PHHSBG and related prevention programs and introduce potential levels of measurement associated with national prevention initiatives. ASTHO believes the use of these guiding principles will ensure effective implementation of the PHHSBG and improve the health and safety of people in every state and territory. [For more information...](#)

**6. New NSADAD Report Includes Naloxone Distribution Data**

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) has released a new report, *Heroin and Prescription Drug Abuse*, that provides "the results of a membership inquiry describing the scope of the prescription drug abuse and heroin problem along with actions State substance abuse agencies are taking to address these challenges." The report finds that, "State substance abuse agencies are implementing a number of initiatives and strategies related to opioid issues. In turn, the report may serve as a "States-helping-States" tool. Information includes expanding access to naloxone as an "overdose prevention" strategy. [For more information...](#)

On a related note, the CDC Public Health Law Program, in partnership with the CDC National Center for Injury Prevention and Control, has added a new item to its prescription drug menu library providing an inventory of various state laws aimed at inhibiting diversion of prescription drugs by establishing [requirements for tamper-resistant prescription forms](#).

**7. CDC NCHS Releases Health, United States 2013**

The National Center for Health Statistics (NCHS) released Health, United States 2013. Each year the report focuses on a topic of importance to public health in the United States. A variety of resources can be found on the Health, United States webpage, including:

- The full report featuring a [chartbook](#) and [trend tables](#).
- A special abridged edition, [Health, United States, 2013: In Brief](#)
- A power point with figures from the In Brief in available on the main webpage.
- Trend tables are available as downloadable spreadsheet files for data manipulation or graphical analysis.

**8. TFAH and RWJF Release Annual Health Report**

Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF) released [Investing in America's Health: A State-by-State Look at Public Health Funding and Key Health Facts](#). This is the ninth time the report has been released. In *Investing*, TFAH and RWJF examine public health funding and key health facts for each state, finding:

- Wide variations in health statistics by state
- Cuts in state and local funding
- Flat federal funding

Overall, the report concludes that the nation must shore up core ongoing funds for public health. [For more information...](#)

**9. Frontier Emergency Phone Service Will Target Rural Areas**

Frontier Communications has announced plans to offer a landline phone service designed for emergency use only, including a residential VoIP product to be launched in the second half of this year. Frontier believes there is a market for an emergency landline phone, which would be capable only of dialing Frontier or a 911 operator. The service will have "four nines" reliability (telecom jargon for a service that is available 99.99% of the time.) [For more information...](#)

**10. 9-1-1 Text Availability Now Live**

For those who are nonverbal, deaf or otherwise have difficulty communicating via traditional telephone calls, a new option to seek emergency help is on the way. Starting this month, the nation's four main wireless networks now have the capability to support text messages sent to 911. The move is a significant step toward making the service available on a broader scale. Text-to-911 is expected to be particularly meaningful to individuals who may

have difficulty hearing or speaking. Currently, it is possible to text 911 in communities in 16 states where emergency call centers are set up to receive and respond to the messages, according to the Federal Communications Commission. Vermont recently became the first to deploy the service statewide with all four major wireless carriers. [For more information...](#)

**11. GETS Priority Calls Jeopardized by AT&T Plan**

The Government Emergency Telecommunications Service (GETS) supports Federal, State, local, tribal and territorial governments and other authorized national security and emergency preparedness (NS/EP) users during large-scale disasters. GETS is intended to be used in an emergency or crisis situation when the landline network is congested and the probability of completing a normal call is reduced. According to a recent article in the Washington Post, “U.S. telecom operators are shifting away from their old, copper networks in favor of high-speed fiber optic cables. This transition will effectively turn every phone call into a piece of data, enabling new technologies, such as high-definition voice and video calls and enhanced 911 services. AT&T is [conducting field trials](#) of the technology in two towns in Florida and Alabama, in part to help federal regulators determine what rules to apply to telecom companies as the transition continues.” AT&T has expressed an interest to configure its fiberoptic network to recognize priority calls but any strategy is reported to be far from operational.

**12. My Own Network, Powered by AHRQ**

MONAHRQ® is a desktop software tool that enables organizations - **such as state and local data organizations**, regional reporting collaboratives, hospitals and hospital systems, and health plans - to quickly and easily generate a health care reporting Website. MONAHRQ® analyzes, summarizes, and presents information in a format ready for use by consumers and other decision makers on:

- Quality of care at the hospital level,
- Health care utilization at the hospital level,
- Preventable hospitalizations at the area level, and
- Rates of conditions and procedures at the area level.
- Estimated costs and cost-savings related to the quality of care

MONAHRQ® lets you create a Website using inpatient discharge data, pre-calculated AHRQ Quality Indicators results, inpatient and outpatient measures from CMS Hospital Compare, and/or HCAHPS survey measures. [For more information...](#) Register now for a free [webinar](#) about the new software, scheduled for June 4 from 3:30 to 4:30 p.m. ET.

**13. Effective Communication for People with Disabilities Before, During, and After Emergencies Evaluated**

A new report by the National Council on Disability (NCD), an independent federal agency, examines the accessibility of communication before, during, and after emergencies for people with sensory disabilities (deaf, hard of hearing, blind, low-vision, deaf-blind, and speech disabilities) as well as people with intellectual, developmental, and/or psychiatric disabilities. In the report, NCD documented successful practices and barriers to effective emergency communications. This study, released during National Hurricane Preparedness Week, was conducted to help emergency planners and state and local officials provide effective communication to people with disabilities before, during, and after emergencies. [For more information...](#)

**14. Free Online Course Highlights Legal Aspects of Public Health Preparedness**

Public health law, whether in an emergency or in routine situations, is a balancing act between keeping the public healthy and protecting individual freedoms. Although we don’t always think about it ahead of time, emergencies create unique legal circumstances for public health agencies and their staff. During emergencies, public health

agencies need to know what powers public health officials will have, when they can request assistance from other jurisdictions, and how they will handle volunteers. A new online course is intended as an overview and introduction to public health law in emergency preparedness. The content was developed in partnership with the Network for Public Health Law Western Region Office at the Sandra Day O'Connor College of Law, Arizona State University. It is part of a series of courses and resources funded by the Robert Wood Johnson Foundation to support public health law training. [For more information...](#)

**15. EMI to Host HSEEP Basic Course**

FEMA's Emergency Management Institute has announced the upcoming schedule for the Homeland Security Exercise Evaluation Program (HSEEP). Participants will gain a better understanding of what constitutes an HSEEP consistent exercise. Anyone who will be a member of an exercise design team or fulfill a role in one of the following areas of the exercise design process: design, development, conduct, evaluation or improvement process for an exercise are encouraged to attend this online training. [For more information...](#)

**16. Operation Dragon Fire to Roll This Summer**

In a recent blog posted by Dr. Ali Khan, Office of Public Health Preparedness and Response at the CDC, Dr. Khan reveals an exciting new social media tool to assist with targeted messages, Code Name: Operation Dragon Fire (ODF). ODF aims to integrate strategies among federal agencies, NGOs, and community organizations to transform how public health information is gathered, analyzed, disseminated and used. ODF is a major agency-wide, multi-partner social media emergency management project, which is coordinated by the [National Voluntary Organizations Active in Disaster \(NVOAD\)](#). The purpose of ODF is to obtain and provide real-time public health information before, during, and after a public health emergency to responders and individuals from a wide range of sources. By empowering individuals to share on-the-scene information using whatever social network they prefer – Facebook, Twitter, Instagram, and others – and combining that with local news coverage and traditional surveillance data, we will create crowd-sourced data linking people with information – anywhere and anytime. NVOAD will have more information on their website by mid-summer for those interested in learning more.

**17. NHC to Issue Potential Storm Surge Flooding Maps**

Beginning with the 2014 Atlantic hurricane season, NOAA's National Hurricane Center (NHC) will issue the Potential Storm Surge Flooding Map for those areas along the Gulf and Atlantic coasts of the United States at risk of storm surge from a tropical cyclone. Developed over the course of several years in consultation with emergency managers, broadcast meteorologists, and others, this new map will show:

- Geographical areas where inundation from storm surge could occur
- How high above ground the water could reach in those areas

The Potential Storm Surge Flooding Map is an experimental National Weather Service product that provides valuable new information on the storm surge hazard associated with tropical cyclones. [For more information...](#)

**18. Changes in Submission Requirements for State Mitigation Plans**

A recent final rule provided by the Federal Emergency Management Agency (FEMA) reduces the frequency by which States must submit updates to FEMA on their State Mitigation Plans. Previously, entities prepared and submitted updates with FEMA for review and approval every 3 years. Now, entities will prepare and submit updates with FEMA for review and approval every 5 years. [For more information...](#)

In related news, the Senate Subcommittee on Emergency Management, Intergovernmental Relations, and the District of Columbia recently held hearings to examine the potential relationship between investment in mitigation

and disaster response and recovery expenditures, discuss the potential impact of mitigation investments on the sustainability and success of the National Flood Insurance Program, highlight innovative examples of mitigation incentives (including public private partnerships) across the country, and offer suggestions for how to overcome barriers that may prevent or deter mitigation from being utilized across the Federal government. Tim Manning, FEMA's Deputy Administrator for Protection and National Preparedness, testified that states spend a majority of grant funds on planning and therefore the agency's budget for the coming year does not request any new funding for pre-disaster mitigation. Manning also noted that the National Protection Framework (focuses on addressing the challenges stemming from an imminent terrorist threat) is nearing final completion. The hearing was recorded and the entire proceedings can be viewed [here](#).

**19. CRS Issues Primer on Emergency Response**

The Congressional Research Service (CRS) recently released a [Congressional Primer on Responding to Major Disasters and Emergencies](#). The report provides an overview of disaster response and recovery responsibilities of the federal government and the requesting state or tribal government. The report also describe the roles for congressional offices to play in providing information to the federal response and recovery teams in their respective states and districts.

**20. Update: CAAHEP Standards Revision Process**

The draft of the proposed CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions* has been approved by the CAAHEP Standards Committee and the CoAEMSP Board of Directors. The proposed *Standards* will be presented to the communities of interest. The CoAEMSP will hold listening sessions via web meeting and face-to-face sessions at EMS related meetings. In addition, comments will be accepted via an online comment tool. The CoAEMSP Board and Staff are finalizing the details of the schedule and online comment tool. When the details are confirmed, announcements will be made via [www.coaemsp.org](http://www.coaemsp.org). Get the latest on the CAAHEP *Standards* revision process [here](#). As of May 27, 2014, there are 12 programs "on hold" (awaiting fees, documents, etc), 276 possess a CoAEMSP Letter of Review, and 390 Accredited Paramedic Programs for a total of 678 in the CAAHEP process.

**21. NIOSH Center for Motor Vehicle Safety: Strategic Plan for Research and Prevention, 2014-2018**

This 5-year strategic plan for the NIOSH Center for Motor Vehicle Safety is being used to advance understanding of the risk factors that place workers at risk of work-related motor vehicle crashes, evaluate a range of interventions to reduce these risks, and develop and communicate research-based prevention information to employers, workers, and other stakeholders. As this plan is implemented, NIOSH will work with partners to respond to emerging issues and provide research-based guidance so that those who work in or near motor vehicles come home safely at the end of their work day. [For more information...](#)

**22. Transportation Research Board Issues Call for Papers**

The **TRB Call for Papers** for the 2015 TRB meeting opens on June 1<sup>st</sup> and closes on Aug 1<sup>st</sup>. To ensure that the important work that you or your colleagues are doing on highway safety workforce development, please consider submitting a paper and spreading the word about the call for papers. Authors interested in submitting papers are advised to visit [www.TRB.org/AnnualMeeting](http://www.TRB.org/AnnualMeeting) and review the Information. Completed papers should be submitted via this website. Please show the sponsoring committee name or the title on the papers submission form. Papers will be peer-reviewed and the authors notified of the outcome.

**23. Fisher and Paykel Infant Nasal CPAP Prongs Recalled**

A recall has been issued for the Fisher and Paykel Healthcare, Ltd., Infant Nasal CPAP Prongs. Fisher and Paykel Healthcare received 24 reports in which the device has malfunctioned. There were zero injuries and zero deaths. The firm received reports of the affected prongs detaching from the nasal tubing during use, especially when mucous and/or moisture are present. When the affected prongs detach from the nasal tubing, therapy is likely to be interrupted. This may cause low blood oxygen (hypoxemia). The detached prongs may enter an infant’s mouth and present a potential risk of choking and airway obstruction. The use of the affected product may cause serious adverse health consequences, including death. [For more information...](#)

**24. FDA Approves Implantable Device to Remotely Measure PAP in CHF Patients**

The U.S. Food and Drug Administration recently approved the CardioMEMS HF System that measures the pulmonary artery (PA) pressures and heart rates of patients with New York Heart Association (NYHA) Class III heart failure who have been hospitalized for heart failure in the previous year. The device allows health care professionals to monitor the condition of their patients remotely. The FDA believes that there is reasonable assurance that the device is safe and effective for heart failure management with the goal of reducing the rate of heart failure-related hospitalizations in certain patients. The FDA is requiring a thorough Post-Approval Study to continue to learn about the device’s performance when used outside the context of a clinical study. [For more information...](#)

**25. FDA Approves Implantable Device to Treat OSA**

The Food and Drug Administration (FDA) has provided market approval for yet another device worthy of EMS awareness. The Inspire Upper Airway Stimulation (UAS) system is an implantable nerve stimulator used to treat moderate to severe obstructive sleep apnea (OSA). The Inspire UAS system consists of implanted components including the implantable pulse generator (IPG), stimulation lead, and sensing lead and external components including the physician programmer and the patient programmer (sleep remote). The IPG detects the patient's breathing pattern and maintains an open airway with mild stimulation of the hypoglossal nerve, which controls tongue movement, during inhaled breathing. The physician adjusts the stimulation settings using the external physician programmer. The patient sleep remote allows the patient to turn therapy on before they go to sleep and to turn therapy off when they wake up. The Inspire UAS system is used to treat a subset of patients with moderate to severe OSA (apnea-hypopnea index [AHI] of greater or equal to 20 and less than or equal to 65). The Inspire UAS system is used in adult patients 22 years and older who have been confirmed to fail or cannot tolerate positive airway pressure (PAP) treatments (such as continuous positive airway pressure [CPAP] or bi-level positive airway pressure [BPAP] machines) and who do not have a complete concentric collapse (as seen during drug induced sleep endoscopy) at the soft palate level. [For more information...](#)

**26. Transitional Care Interventions To Prevent Readmissions for People With Heart Failure**

The Agency for Healthcare Research and Quality (AHRQ) Effective Health Care Program has posted meta-analyses related to preventing readmissions for patients with heart failure (HF). Components of interventions showing efficacy for reducing all-cause admissions or mortality include: HF education, emphasizing self-care, HF pharmacotherapy, emphasizing promotion and adherence of evidence-based pharmacotherapy, and a streamlined mechanism to contact care delivery personnel (e.g. patient hotline). In general, categories of interventions that reduced all-cause readmissions or mortality were more likely to be of higher intensity, to be delivered face-to-face, and to be provided by a multidisciplinary team. The study notes that neither telemonitoring nor nurse-led clinic interventions reduced readmissions or mortality. [For more information...](#)



**27. New Policy Brief Examines Approaches & Benefits for CAHs**

This brief informs the efforts of state Flex Programs to support Critical Access Hospitals (CAHs) in conducting collaborative CHNAs and provides insight into the leadership issues encountered by CAHs and other stakeholders as they conduct their collaborative assessments. The results of these assessments can be used by hospitals as well as state Flex Programs to inform their ongoing strategic initiatives. [For more information...](#)

**28. Summary of NIOSH Childhood Agricultural Injury Prevention Extramural Research Now Available**

This document was prepared in response to stakeholder requests identified in the Childhood Agricultural Injury Prevention: Progress Report and the Updated National Action Plan from the 2001 Summit. A compilation of a quinquennial (15 years) of completed research under the NIOSH CAIPI was prepared for researchers, stakeholders, and others with an interest in childhood agricultural injury prevention. This document provides background information about the CAIPI and summarizes results of extramural research funded by grants from the Initiative. [For more information...](#)

**29. Telehealth Services Fact Sheet Now Available**

The “Telehealth Services” Fact Sheet (ICN 901705) was revised and is now available in downloadable format. To assist rural providers who have limited internet access, the fact sheet is also available in text-only format. This fact sheet is designed to provide education on services furnished to eligible Medicare beneficiaries via a telecommunications system. It includes information about originating sites, distant site practitioners, telehealth services, billing and payment for professional services furnished via telehealth, billing and payment for the originating site facility fee, resources, and lists of helpful websites and Regional Office Rural Health Coordinators. [For more information...](#)

**30. New Report Highlights Improved EMS Through Transportation Safety**

Enhancing EMS to reduce mortality is one of the 22 goals identified in the American Association of State Highway and Transportation Officials (AASHTO) Strategic Highway Safety Plan (SHSP). A needs assessment was recently conducted by the Mountain-Plain Consortium at North Dakota State University for rural EMS in South Dakota to identify issues with respect to delivering quality EMS to rural residents. Although the EMS response time for fatal crashes is one of the most critical performance measures, the project targets a broader EMS 9-1-1 response with the attempt to address critical factors affecting the provision of EMS services. A new report, *“Improving Rural Emergency Medical Services through Transportation System Enhancement,”* highlights the findings of the research. [For more information...](#)

**31. Federal Collaboration in EMS—The Four Priorities**

The first webinar in a new, free series hosted by NHTSA's Office of EMS (OEMS) took place on June 2. EMS FOCUS: A Collaborative Federal Webinar Series, will provide a unique opportunity for Federal agencies to provide more information about EMS efforts and programs at the Federal level. FICEMS Chair Kathryn Brinsfield, MD, MPH, FACEP, and OEMS Director Drew Dawson discussed Federal efforts toward:

- Veteran to Civilian EMS Credentialing
- Evidence-Based Guideline Development
- EMS System Preparedness
- EMS Data Standardization

The session was recorded and will be archived at [www.ems.gov](http://www.ems.gov).

### 32. MERS Update--Simplified

To summarize an enormous amount of information circulating about the novel coronavirus causing Middle East Respiratory Syndrome (MERS-CoV)—

- The World Health Organization has released a [statement](#) on MERS-CoV that describes an increasing global concern but maintains there is no evidence of sustained human-to-human transmission. The WHO encourages organizations to enhance awareness and effective risk communication concerning MERS-CoV to the general public, health professionals, at-risk groups, and policy makers.
- While there is no need for panic, the MERS-CoV has been confirmed in the United States in at least two health care workers that recently traveled to Saudi Arabia and had close contact with infected persons. MERS-CoV is a virus that is new to humans and was first reported in Saudi Arabia in 2012. So far, including this U.S. importation, there have been 538 confirmed cases of MERS in 14 countries. Most of these people developed severe acute respiratory illness, with fever, cough, and shortness of breath; 145 people died. Officials do not know where the virus came from or exactly how it spreads. There is no available vaccine or specific treatment recommended for the virus.
- The spectrum of illness due to MERS-CoV infection is incompletely defined. Although most reported cases have had severe acute lower respiratory illness, mild and asymptomatic infections have been reported and in some cases, diarrhea preceded respiratory symptoms. [Case definitions](#) have been posted by the Centers for Disease Control and Prevention (CDC).
- Standard, contact, and airborne precautions are recommended for management of patients with known or suspected MERS-CoV infection, based on CDC's case definition for [patient under investigation](#).

### 33. NIOSH Provides Progress Report on “Prevention Through Design” Initiative

The National Institute for Occupational Safety and Health (NIOSH) has published the annual progress report on its national initiative to prevent occupational injuries, illnesses, and fatalities through the inclusion of prevention considerations in all designs that impact workers (including health and public safety workers.) The national initiative has five strategic goals, 35 intermediate goals, and 52 research related activities. Many issues that are raised at various sector levels apply to more than one industry. The ultimate objective is to achieve a cultural change so that designing out occupational hazards is considered the norm. [For more information...](#)

### 34. NIH Pain Consortium Promotes Course Module on Chronic Pain

An online training module designed for the evaluation and care of chronic pain greatly improved clinical skills, according to a report in the Journal of the American Geriatrics Society. The module, built by the University of Pittsburgh and using an elderly woman with chronic lower back pain as a case study, is the first curriculum resource created through the efforts of the National Institutes of Health Pain Consortium's Centers of Excellence in Pain Education program (CoEPEs). The program was developed in response to the Affordable Care Act's mandate to advance the science, research, care and education of pain. [For more information...](#)

### 35. CDC Vaccine Schedules App for Clinicians and Other Immunization Providers

Healthcare professionals who recommend or administer vaccines can immediately access all CDC recommended immunization schedules and footnotes using the CDC Vaccine Schedules app. Optimized for tablets and useful on smartphones, the app shows the child, adolescent, and adult vaccines recommended by the Advisory Committee

on Immunization Practices (ACIP). The app visually mimics the printed schedules, which are reviewed and published annually. Users can identify correct vaccine, dosage, and timing with 2 or 3 clicks. Any changes in the schedules will be released through app updates. This app is one of an expanding collection of applications from CDC on a variety of specific topics, each optimized for your mobile device. [For more information...](#)

**36. CMS Announces Resources on Comparative Billing Report on Ambulance: Ground Transportation**

CMS issued a national provider Comparative Billing Report (CBR) on Ambulance: Ground Transportation on May 23, 2014. The CBR, produced by CMS contractor, eGlobalTech, contains data-driven tables and graphs with an explanation of findings that compare providers' billing and payment patterns to those of their peers in the state and across the nation. The goal of these reports is to offer a tool that helps providers better understand applicable Medicare billing rules. (These reports are only available to the providers who receive them.) Providers are advised to update their fax numbers in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) because fax is the default method of CBR dissemination. Providers should contact the CBR Support Help Desk at 800-771-4430 or [CBRsupport@eglobaltech.com](mailto:CBRsupport@eglobaltech.com) if they prefer to receive CBRs through the U.S. Postal Service. For more information, please contact the CBR Support Help Desk or visit the [CBR website](#). Register [here](#) for an informational webinar on the billing report- CBR201405 Provider Webinar - Ambulance Ground Transportation to be held on Wednesday, June 04, 2014 at 3:00 PM - 4:30 PM (Eastern Time). The session will be recorded and archived at <http://www.cbrinfo.net/cbr201405-webinar.html> two days following the event. FAQ's are available [here](#).

**37. Saline Shortage Likely to Stretch into 2015**

Several news outlets are reporting that the shortages of IV saline solution may continue through early next year. Novation, a large, privately held group-purchasing organization based in Irving, TX recently convened a symposium for industry I.V. solution suppliers, hospital supply chain, clinical and pharmacy professionals, as well as representatives from the University of Utah Drug Information Service and the Food and Drug Administration (FDA). [For more information...](#)

**38. Field EMS Bill Introduced in Senate**

S. 2400, the Field EMS Innovation Act (Field EMS Bill) was recently introduced in the U.S. Senate by Sen. Michael Bennet (D-Colo.), Sen. Mike Crapo (R-Idaho) and Sen. Tim Johnson (D-S.D.). This Senate bill is the companion to the Field EMS Bill introduced in the U.S. House of Representatives on February 26, 2013, as H.R. 809 by Congressman Larry Bucshon (R-Ind.). The Field EMS Bill addresses many of the challenges EMS systems face while trying to fulfill public expectations that all who need EMS can depend upon the highest quality of care and transport to the most appropriate clinical setting. The first bill to seriously look at EMS issues since the 1960s, the act would improve access to essential and life-saving EMS services and better integrate EMS within the larger health care system. The National Association of Emergency Medical Technicians (NAEMT) has taken the lead within the EMS community to support passage of this important legislation.

**39. Delayed Epinephrine Increases Mortality in In-Hospital Arrests**

Delayed administration of epinephrine for patients with in-hospital cardiac arrest is associated with increased mortality, according to a retrospective study in *BMJ*. Using a resuscitation registry, researchers identified 25,000 inpatients who had a cardiac arrest with a nonshockable rhythm (e.g., asystole or pulseless electrical activity). Only 10% survived to discharge. Mortality increased in a stepwise fashion as the time to epinephrine administration increased. When epinephrine was administered 10 minutes or more after recognition of cardiac arrest, there was a reduced chance of survival to discharge (odds ratio, 0.63), compared with administration within 1 to 3 minutes. Quicker administration of epinephrine was also associated with increased chance of return of spontaneous

circulation, 24-hour survival, and neurologically intact survival. The authors conclude: "When a patient is not in a shockable rhythm, current standard of care focuses on cardiopulmonary resuscitation only... With such a large proportion of cardiac arrests being nonshockable rhythms, future quality metrics could conceivably focus on shortening the time to administration of epinephrine in these patients." [For more information...](#)

**UPCOMING EVENTS**

**PLEASE NOTE: CALENDAR ITEMS ARE ALWAYS WELCOME!!!** Send to [robinson@nasemso.org](mailto:robinson@nasemso.org)

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

Pennsylvania 37th Annual Statewide EMS Conference, August 13-15, 2014, Lancaster Marriott at Penn Square, Lancaster, PA. [For more information...](#)

Pennsylvania 37th Annual Statewide EMS Conference, September 17-19, 2014. Blair County Convention Center, Altoona, PA. [For more information...](#)

35<sup>th</sup> Annual Virginia EMS Symposium, November 5-9, 2014, Norfolk Waterside Marriott, Norfolk, Va. For more information, visit <http://www.vdh.virginia.gov/OEMS/symposium/index.htm>.

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

**NAEMSE Instructor Course Level 1**

June 13-15, 2014 Bridgeport, CT

June 27-29, 2014 Manheim, PA

**NAEMSE Instructor Course Level 2**

July 11-12, 2014 Mount Gay, WV

[For more information...](#)

Pinnacle EMS Leadership and Management Conference. July 21-25, 2014. Scottsdale, AZ. [For more information...](#)

\*[2014 EMSC Program Meeting](#). **July 29-August 1, 2014** in Arlington, VA. Registration ends June 30, 2014.

ITS America World Congress. September 7-11, 2014. Detroit Marriott at the Renaissance Center. Detroit, MI. [For more information...](#)

Public Meeting of the National EMS Advisory Council. September 9-10, 2014

NAEMSE Symposium. September 16-21, 2014. Peppermill Resort Hotel. Reno, NV. [For more information...](#)

Air Medical Transport Conference. September 22-24, 2014. Nashville, TN.

NASEMSO Annual Meeting. October 6-10, 2014. Westin Cleveland and Cleveland Public Auditorium, Cleveland, OH. [For more information...](#)

ENA Annual Meeting. October 7-11, 2014. Indiana Convention Center. Indianapolis, IN. [For more information...](#)

ACEP Annual Meeting. October 27-October 30, 2014. Chicago, IL. [For more information...](#)

EMS Expo. November 9-13, 2014. Nashville, TN. [For more information...](#)

\*[IAEM 62nd Annual Conference & EMEX 2014](#). **November 14-19**, 2014 in San Antonio, Texas.

Public Meeting of the National EMS Advisory Council. December 3-4, 2014

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

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