



Washington Update

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1. NASEMSO Congratulates Kevin McGinnis on Prestigious NAEMSP Award

In recognizing the many accomplishments related to EMS technology and broadband communications at the federal level, National Association of EMS Physicians President Dr. Ron Pirrallo has announced that NASEMSO Program Advisor Kevin McGinnis is the 2013 recipient of the NAEMSP “Friends of EMS” Award. In announcing the award, Dr. Pirrallo referenced Kevin as “a ‘communications wizard’ who has tirelessly championed the cause of secure and reliable EMS communications nationwide.” NASEMSO President Jim DeTienne also noted, “Kevin is an example of one person who can make a difference.” Congratulations, Kevin!!

2. EMS Calendar Items Sought

It is time for our annual call for calendar items. NASEMSO welcomes meeting notices for statewide EMS conferences, association and EMS partner conferences, or other meetings of interest for our calendar at any time of the year. Items should be of general interest to the EMS community and include the name of the conference, sponsor, dates, location, web site if available, and a point of contact. Please send information for Washington Update via [Kathy Robinson](#) and the NASEMSO website via [Karen Thompson](#).

3. Comment Opportunity for National Culture of Safety Strategy for EMS

The final draft of the National Culture of Safety Strategy for EMS document is being presented by ACEP to the National EMS Advisory Council at its January 29-30 meeting. NASEMSO Executive Director Dia Gainor has represented our association on the steering committee of this project since it began in 2010. This is anticipated to be the last public comment opportunity. Download the draft, obtain more information about the project, and find the link to provide comments from your state perspective [here](#). If you would like your comments incorporated into a NASEMSO response, please e-mail [Dia Gainor](#).

4. NASEMSO Webinar Focuses on EMS/Trauma Systems Issues

Hollie Hendrikson, Health Program Policy Analyst for the National Conference of State Legislatures, will provide her highly anticipated session from the 2012 NASEMSO Annual Meeting, which includes data from the CDC funded project on requirements/funding for EMS/trauma systems nationwide. Ms. Hendrikson will address differences among state systems and the role of the state legislature in developing a comprehensive system of emergency care. The presentation will also provide tips and tools to help you communicate with your state legislators. We are extremely pleased to be able to provide this opportunity to hear Ms. Hendrikson's informative presentation as a free webinar. The description and link to register is <https://www2.gotomeeting.com/register/544177514>.

5. PCORI Awards Announced

The Patient-Centered Outcomes Research Institute (PCORI) announced the approval of its first primary research projects, totaling \$40.7 million over three years for 25 awards based at institutions in 17 states. The awards will fund patient-centered comparative clinical effectiveness research projects under the first four areas of its National Priorities for Research and Research Agenda. The projects approved for funding include those that will study ways to improve care for people with such health problems as bacterial and viral infections, cardiovascular disease and stroke, certain cancers, chronic kidney disease, chronic pain, depression and other serious mental illness, and pediatric diabetes, as well cross-cutting proposals investigating how to improve care for people with multiple conditions. Other projects seek ways to improve patient-clinician communication, reduce selected health disparities, and improve the way healthcare systems operate. You can find more information on the awards, including the project name, primary investigator, and research institution [here](#).

6. CDC Publishes Immunization Information System Functional Standards, 2013-2017

States that permit the utilization of paramedics to assist in vaccination clinics are advised of a revised document to define and provide supporting references to the Immunization Information System (IIS) Functional Standards for 2013-2017. These standards have been developed by the Immunization Information Systems Support Branch, CDC/NCIRD, through a consensus process involving input from a variety of IIS managers and technical experts from across the U.S. In recognition of the growing importance of IIS to the broader Health Information Technology landscape, the revised standards are intended to lay a framework for the development of IIS through 2017. These

standards supersede the “Minimum Functional Standards for Registries” adopted by the National Vaccine Advisory Committee (NVAC) in 2001. The document is divided into three main sections:

- General Considerations delineates key background realities under which the Functional Standards should be interpreted and implemented;
- Programmatic Goals lays out the foundational goals that these Functional Standards are intended to address; and
- Functional Standards by Programmatic Goal, 2013-2017 describes specific standards that address each of the Programmatic Goals.

[For more information...](#)

7. Budget Cuts Continue to Affect the Health of Americans

According to new data from the ASTHO Budget Cuts Survey, more than 46,000 state and local public health jobs have been lost since July 2008. This represents nearly 21 percent of the total state and local health department workforce. Federal, state, and local government budget cuts are jeopardizing a decade of significant gains made by state and territorial health agencies (S/THAs). Critical S/THA programs and services have been cut or reduced, staff positions have been eliminated, and many staff have been laid off or furloughed. ASTHO has been following this trend since 2008, when it initiated a longitudinal study to investigate the impact of budget cuts on S/THAs and the people they serve. The December 2012 update of the [Budget Cuts Impact Research Brief](#) reports the results of the ninth round of the Budget Cuts Survey.

8. NPSTC Applauds Groundwork Laid by PSST for NPSBN

The First Responder Network Authority (FirstNet) held its first meetings to begin the important work of constructing and operating the Nationwide Public Safety Broadband Network (NPSBN). This is a monumental task in size, scope, and complexity. Underpinning the task FirstNet will undertake is the work accomplished by the Public Safety Spectrum Trust (PSST) in the last 5 years. The PSST, whose 15 Board members represented a cross-section of public safety, including law enforcement, fire service, emergency medical service, and others, laid the groundwork for the NPSBN, leading the way on decisions such as the preferred technology, a nationwide set of goals for the network, and a single PLMN (Public land mobile network) ID. In the last 2 years, the PSST has managed the leases of the 20 waiver recipients and worked closely with the waiver recipients' Operator Advisory Committee and the Public Safety Communications Research Program to facilitate questions of governance and develop technical knowledge which will now serve as a framework for moving forward. More information is available at <http://www.npstc.org/>.

9. New Tools Help Providers Protect Patient Data in Mobile Devices

Recently launched by the U.S. Department of Health and Human Services (HHS), a new education initiative and set of online tools provide health care providers and organizations practical tips on ways to protect their patients' protected health information when using mobile devices such as laptops, tablets, and smartphones. The initiative is called Mobile Devices: Know the RISKS. Take the STEPS. PROTECT and SECURE Health Information and is available at www.HealthIT.gov/mobiledevices. It offers educational resources such as videos, easy-to-download fact sheets, and posters to promote best ways to safeguard patient health information.

10. New Virus Causes SARS-like Illness

A new SARS-like coronavirus that's caused five deaths and four other cases of severe illness in the Middle East can infect cells from bats and pigs, which means these animals could be a continuing source of infection in humans, a new study indicates. During the SARS (severe acute respiratory syndrome) outbreak in 2003, nearly 8,100 people

became sick worldwide and 774 of them died, according to the World Health Organization. Researchers found that the new virus -- called hCoV-EMC -- uses a different receptor in the human body than the SARS virus did, and can infect cells from a wide range of bat species and pigs. This suggests that there may be little to prevent the virus from passing from these animals to humans over and over again, according to the study published Dec. 11 in the online journal mBio. [For more information...](#)

11. DHS Guide on the Role of EMS in Fusion Centers Now Available

The Department of Homeland Security (DHS), Office of Health Affairs (OHA) has been working diligently with the DHS Office of Intelligence and Analysis (I&A) and the Federal Emergency Management Agency (FEMA) to foster collaboration between Emergency Medical Services (EMS) stakeholders and fusion centers. A new resource guide was recently distributed to all fusion centers on behalf of Scott McAllister, Deputy Under Secretary for State and Local Program Office, DHS I&A and Dr. Alexander G. Garza, Assistant Secretary for Health Affairs and Chief Medical Officer, DHS OHA to promote awareness and strengthen relations between EMS stakeholders and fusion centers. As DHS strives towards strengthening relationships between EMS stakeholders and fusion centers, the agency will continue to promote awareness of available resources and encourage fusion centers and EMS stakeholders to take advantage of these services. [For more information...](#)

12. TFAH Annual Report on State Preparedness Efforts Now Available

The Trust for Americas Health (TFAH) and the Robert Wood Johnson Foundation have released the 10th annual [Ready or Not? Protecting the Public from Diseases, Disasters, and Bioterrorism](#) report on health emergency preparedness. The report highlights progress and gaps at the state and federal level in protecting Americans from ongoing and major threats. 35 states and Washington, D.C. scored a six or lower on 10 key indicators of public health preparedness. The report found that while there has been significant progress toward improving public health preparedness over the past 10 years, particularly in core capabilities, there continue to be persistent gaps in the country's ability to respond to health emergencies, ranging from bioterrorist threats to serious disease outbreaks to extreme weather events. In the report, Maryland, Mississippi, North Carolina, Vermont and Wisconsin scored highest - eight out of 10.

13. PAHPA Reauthorization Passes House, Returns to Senate

H.R. 6672 the Pandemic and All-Hazards Preparedness Reauthorization Act of 2012 reauthorizes and makes minor improvements to various programs and activities first established in the 2004 Project Bioshield Act and the 2006 Pandemic and All-Hazards Preparedness Act. These programs and activities are key in helping to ensure that our nation is well prepared to successfully manage the effects of natural disasters, infectious disease outbreaks, and acts of bioterrorism. The final language has been stalled in negotiations since this summer, includes provisions that would prioritize critical care within the National Health Security Strategy (NHSS). More specifically, these provisions would, for the first time, add care for critically ill patients in our nation's intensive care units (ICU) to the federal government's medical preparedness and surge capacity goals, thereby ensuring that critical care is included in federal, state and local planning efforts to increase preparedness for public health emergencies. This reauthorization would also require the inclusion of medical surge capacity in the periodic evaluation of the nation's preparedness capabilities, enabling an efficient and effective medical response during an emergency. This last provision was included in the House's version of the bill, passed last year, but not in the Senate's version. The bill also includes language in the NHSS that requires planning for coordinated medical triage and evacuation to appropriate medical institutions during a public health emergency. This language, which had not been included in previous iterations of the bill in either the House or Senate, supports calls for increased planning for patient evacuation in hospitals—including ICUs. H.R. 6672 passed the House on December 19, 2012 by a vote of 383-16. It

has been referred back to the Senate Subcommittee on Health. According to a recent article in the Congressional Quarterly (subscription required), advocates are pushing for quick renewal of PAHPA in the new Congress. Several key public health preparedness programs will continue without authorization.

14. White House Posts New Strategy on Information Sharing

“Since the September 11, 2001 terrorist attacks, we have seen great improvement in information sharing. Today, our analysts, investigators, and public safety professionals are sharing more information and cooperating more effectively than ever before. Unfortunately, we also have had instances when critical information was not shared quickly or widely enough, or when unauthorized disclosures of classified and sensitive information damaged our national security. This National Strategy for Information Sharing and Safeguarding (Strategy) aims to strike the proper balance between sharing information with those who need it to keep our country safe and safeguarding it from those who would do us harm. While these two priorities—sharing and safeguarding—are often seen as mutually exclusive, in reality they are mutually reinforcing. This Strategy, therefore, emphasizes how strengthening the protection of classified and sensitive information can help to build confidence and trust so that such information can be shared with authorized users.” (Source: [Document](#))

15. EMS Community Hails Passage of PSOB

On Wednesday, January 2, 2013, President Obama signed into law language which will extend coverage under the Public Safety Officers Benefit (PSOB) program to paramedics and EMTs who die in the line of duty and are employed by, or volunteer for, a private non-profit EMS organization. The President signed the EMS coverage language into law as part of the National Defense Authorization Act for Fiscal Year 2013 (S. 3254). In November, Senator Patrick Leahy (D-VT) offered the EMS coverage language as an amendment to S. 3254. The Senate passed the amendment (S. Amdt. 2955) by a vote of 85 to 11 and several days later passed S. 3254. The House had already passed its version of the Defense Authorization Bill as well as the EMS coverage language in a separate bill. The Conference Committee on S. 3254 agreed to include the Leahy amendment language in the final conference report which was overwhelmingly approved by both chambers. As a result of this provision, paramedics and EMTs employed by a private non-profit EMS organization now will be eligible for a \$315,000 federal death benefit.

16. FDA Product Class I Recall: Ventlab Adult and Pediatric Manual Resuscitators

The affected manual resuscitators may have a valve leak which prevents the flow of air/oxygen to the patient. This lack of airflow to the patient may not be easily observable to the user because the bag still deflates when compressed. Lack of air/oxygen can cause life-threatening health consequences for patients, including hypoxia, hypoventilation or death. These devices are often used in health care facilities and by emergency medical services during patient transport or as a backup to ventilators and anesthesia machines. The affected manual resuscitators were manufactured and distributed between March 2012 and July 2012. The affected model and lot numbers can be found in the firm's press release. [For more information...](#)

17. FDA Product Class I Recall: GE Healthcare T-Piece Circuits for the Giraffe and Panda Resuscitation Systems

The T-Piece Resuscitation System is used for the pulmonary resuscitation of infants. The affected disposable T-piece circuits do not achieve the maximum positive inspiratory pressure (PIP) levels of 45 +/- 5 cmH₂O needed for intense resuscitation. This failure to achieve the desired inspiratory pressure during ventilation may result in inadequate therapy, and the need for additional medical intervention. This product may cause serious adverse health consequences, including death. All customers should inspect their stock of T-piece circuits and destroy all circuits with a red inspection stamp. T-pieces with a blue inspection stamp are safe for use. The recall notice recommends that clinicians do not use a T-piece patient circuit that does not reach the maximum PIP level of 45

+/- 5 cmH2O and always use the built-in Airway Pressure Manometer to verify the PIP value. Healthcare professionals should also continue to emphasize the recommended pre-use checkout practices. [For more information...](#)

18. AAP Publishes Recommendations on Reducing Pediatric Pain and Anxiety During Emergency Care

The American Academy of Pediatrics Committee on Pediatric Emergency Medicine and Section on Anesthesiology and Pain Medicine have provide comprehensive recommendations for reducing pediatric pain and anxiety in the emergency department and during out-of-hospital emergency transport that emphasizes provider education, appropriate pain assessment, and pediatric-specific pain and anxiety-reduction techniques. *Fein JA et al. Relief of pain and anxiety in pediatric patients in emergency medical systems. Pediatrics 2012 Nov; 130:e1391.*

19. New iTunes Application from AAP Provides Expert Car Seat Advice

The American Academy of Pediatrics’ is offering an easy-to-use Car Seat checker to quickly learn what car seat is right for children based on age, height, and weight. Installation instruction videos, audio clips, and articles help users install the seat safely. Review the full sortable product guide updated for 2013, including prices and size limits in the iTunes Store under the title “Car Seat Check.”

20. ACP Urges Physicians to Weigh in Against Gun Violence

According to a recent article in *Modern Healthcare*, [an editorial in the American College of Physicians' journal Annals of Internal Medicine \(PDF\)](#) called on doctors to commit the same energy toward guns as they have to issues such as smoking, bicycle helmets, seatbelts and vaccinations stating that physicians “are long overdue” to direct their expertise toward the public-health danger of gun violence. “The relative silence of the health profession on matters related to gun violence is disturbing,” the editorial stated, adding that the Dec. 14 “shooting rampage” that left 28 people dead (including the gunman and his mother) “should motivate physicians to be vocal participants in discussions about U.S. gun policy.” The editorial cited Centers for Disease Control and Prevention statistics that firearms were used in 11,493 homicides and 18,735 suicides in 2009, and argued that there is evidence documenting the extent of the problem and that it’s “the same type of evidence that drives clinical decisions.” It later noted how political factors have ended funding for the CDC's gun-violence research and how “thoughtful people” have declined to write about gun control over concerns it would lead to them losing public funding for their own research programs which were not directly gun related. “This situation raises the ominous possibility that our second amendment rights may be jeopardizing our first amendment rights,” the editorial stated.

21. CDC Report Focuses on Drowsy Driving

According to the National Highway Traffic Safety Administration (NHTSA), 2.5% of fatal motor vehicle crashes (approximately 730 in 2009) and 2.0% of all crashes with nonfatal injuries (approximately 30,000 in 2009) involve drowsy driving (1). However, although data collection methods make it challenging to estimate the number of crashes that involve drowsy drivers, some modeling studies have estimated that 15% to 33% of fatal crashes might involve drowsy drivers (2,3). Fatalities and injuries are more likely in motor vehicle crashes that involve drowsy driving compared with non-drowsy driving crashes (1,4). To assess the state-level self-reported prevalence of falling asleep while driving, CDC analyzed data from a set of questions about insufficient sleep administered through the Behavioral Risk Factor Surveillance System (BRFSS) during 2009–2010. Among 147,076 respondents in 19 states and the District of Columbia (DC),* 4.2% reported having fallen asleep while driving at least one time during the previous 30 days. Reports of falling asleep while driving were more common among adults who reported usually sleeping ≤6 hours per day, snoring, or unintentionally falling asleep during the day compared with

other adults who did not report these characteristics. Drivers should avoid driving while drowsy and learn the warning signs of drowsy driving. [For more information...](#)

22. U.S. Launches Study into Youth Sports Concussions

The U.S. government recently launched a sweeping study of rising sports-related concussions among youth, amid concerns that the injuries may have contributed to the suicides of professional football players. The Institute of Medicine, part of the National Academies of Science, will probe sports-related concussions in young people from elementary school through early adulthood. The study will include military personnel and their dependents, and review concussions and risk factors. To read the article, please click here:

<http://www.reuters.com/article/2013/01/07/us-concussion-idUSBRE9060TG20130107>

23. EMSC Targeted Issue FOA Released; Focus on Prehospital Pediatric Research

The Health Resources and Services Administration (HRSA) has released the [Funding Opportunity Announcement \(FOA\)](#) for the Emergency Medical Services for Children (EMSC) Targeted Issue Demonstration Project. The current FOA solicits two categories of applications. The purpose of both categories is to improve pre-hospital pediatric research. Applications are due April 9. Technical Assistance Conference Call Scheduled for January 24; Letter of Intent Due February 7, 2013. Announcement Number: HRSA-13-181 Catalog of Federal Domestic Assistance (CFDA) No. 93.127.

24. TeamSTEPPS® Training Module for Primary Care Teams Now Available

A new TeamSTEPPS® training module for primary care practices is now available in draft form. Primary care practices can use this training curriculum to improve patient safety by teaching health care providers and staff how to communicate better, work more effectively, and make a greater commitment to teamwork. TeamSTEPPS is an evidence-based learning approach jointly developed by AHRQ and the Department of Defense (DoD). This approach has been used successfully in hundreds of civilian health care organizations and by the DoD over the past several years. This new module applies the four TeamSTEPPS core competencies: team leadership, situation monitoring, mutual support, and communication to the primary care setting. It also includes case studies and videos relevant to primary care to illustrate these evidence-based concepts. For more information on the new Primary Care TeamSTEPPS module, visit: <http://www.ahrq.gov/teamstepstools/primarycare/>

25. Coordinated Care Can Address Disabled Adults' High Rates of ED Use

Working-age adults with disabilities account for a disproportionately high amount of annual emergency department visitors, reports a comparison study from National Institutes of Health researchers. As emergency department care may not be the best to address non-urgent concerns and is higher in cost, finding a way to decrease these visits is of interest to many stakeholders. One of the first detailed looks at this population's heightened use of urgent care, the NIH study published online in Health Services Research on Dec. 26, analyzed pooled data from the Medical Expenditure Panel Survey. Researchers found access to regular medical care, health profile complexity and disability status contributed to people with disabilities' use of the emergency department. To address this disparity, the authors recommend enhanced communication between emergency department and primary care physicians, and tailored prevention and primary care programs. [For more information...](#)

26. AHRQ Stats: Readmission for Heart Attacks

Nearly one in five heart attack patients are readmitted within 30 days of discharge for another heart attack, heart failure, shock, a cardiac procedure, infections, gastrointestinal hemorrhage, or other conditions. [Source: Agency for Healthcare Research and Quality, HCUP, [Statistical Brief #140](#): Readmissions for Heart Attack, 2009]

27. 2010 Nationwide Emergency Department Sample Database Now Available

The [2010 Nationwide Emergency Department Sample](#) (NEDS) is now available. With national estimates of emergency department (ED) visits, the NEDS is the largest all-payer ED database in the United States and contains information about geographic, hospital, patient, and visit characteristics. It is one of the databases in the family of products generated by the Healthcare Cost and Utilization Project (HCUP). Aggregated statistics from the 2010 NEDS can be accessed via [HCUPnet](#), the free, online query system that uses HCUP data. A trends query for the NEDS was added to HCUPnet, providing national trends on stays and diagnoses from 2006 to 2010. The 2010 NEDS is available for purchase through the [HCUP Central Distributor](#).

28. HHS Announces First HIPAA Breach Settlement Involving Less Than 500 Patients

The Hospice of North Idaho (HONI) has agreed to pay the U.S. Department of Health and Human Services' (HHS) \$50,000 to settle potential violations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule. This is the first settlement involving a breach of unsecured electronic protected health information (ePHI) affecting fewer than 500 individuals. The HHS Office for Civil Rights (OCR) began its investigation after HONI reported to HHS that an unencrypted laptop computer containing the electronic protected health information (ePHI) of 441 patients had been stolen in June 2010. Laptops containing ePHI are regularly used by the organization as part of their field work. Over the course of the investigation, OCR discovered that HONI had not conducted a risk analysis to safeguard ePHI. Further, HONI did not have in place policies or procedures to address mobile device security as required by the HIPAA Security Rule. Since the June 2010 theft, HONI has taken extensive additional steps to improve their HIPAA Privacy and Security compliance program. [For more information...](#)

29. Fiscal Deal Gives Medicare More Time to Recover Overpayments

According to a recent article in [Modern Healthcare](#), a little-noticed provision in the fiscal-cliff bill that President Barack Obama signed Wednesday will give Medicare officials the ability to take back an estimated \$500 million in payments that hospitals and physicians received as long as five years ago. The eight-line provision in the law, Section 638, "Removing Obstacles to Collection of Overpayments," says that Medicare contractors now have five years to collect on errors in Medicare payments. Previously, the statute of limitations on nonfraudulent Medicare overpayments was only three years. But last May, [HHS' inspector general's office wrote \(PDF\)](#) that the three-year limit had prevented the CMS from collecting as much as \$332 million in overpayments that had already been identified by investigators because the auditing process takes so long.

30. Next Generation 9-1-1 Institute Accepting Nominations for 2013 9-1-1 Honors Awards

The NG9-1-1 Institute annually seeks nominations for individuals and organizations that have made exceptional contributions to improving and advancing 9-1-1 services. The 2,000 member organization, in conjunction with the Congressional Next Gen 9-1-1 Caucus it supports, is proud to accept entries for the 2013 9-1-1 Honors Awards. For nearly a decade the Next Gen 9-1-1 Institute has celebrated the work of professionals in emergency communications; those whose effort and dedication to public safety reflect the growing scope and importance of 9-1-1 service delivery, ranking them among the "best of the best". This year's awards ceremony will reflect on the tenth anniversary of the Next Gen 9-1-1 Caucus and the Institute. The awards ceremony will take place Tuesday, March 19th, 2013 at the 9-1-1 Honors Gala. The Co-chairs of the Congressional Next Gen 9-1-1 Caucus have been invited to present the awards. The submission form and instructions can be submitted online at www.ng911institute.org. All nominations must be received by Monday January 28, 2013 at Midnight Eastern Standard Time. Nominees do not need to be a member of the Institute nor do the person who submits the

nomination. A committee of NG9-1-1 Institute members will review each nomination and select the winners who will be invited to attend the 10th Annual 9-1-1 Honors Gala in Washington, DC on March 19, 2013.

31. Job Posting: National Association of County and City Health Officials

The National Association of County and City Health Officials has announced two positions of potential interest to members of the health/EMS community:

- Senior Analyst, Pandemic and Catastrophic Preparedness
<http://careers.naccho.org/jobs/#/detail/4939048>
- Senior Analyst, Preparedness
<http://careers.naccho.org/jobs/#/detail/5029227>

32. Second Impact Syndrome in Football: New Imaging and Insights into a Rare and Devastating Condition

On January 1, 2013, the online *Journal of Neurosurgery: Pediatrics* published a case report, "Second impact syndrome in football: new imaging and insights into a rare and devastating condition." This post provides links to the original case report by Elizabeth Weinstein, M.D., and colleagues. Additionally, readers are linked to an article published by News-Medical that provides further information about the new imaging findings. Physicians at Indiana University School of Medicine and the Northwest Radiology Network (Indianapolis, Indiana) report the case of a 17-year-old high school football player with second impact syndrome (SIS). A rare and devastating traumatic brain injury, SIS occurs when a person, most often a teenager, sustains a second head injury before recovery from an earlier head injury is complete. To the best of the authors' knowledge, this is the first reported case in which imaging studies were performed after both injuries, adding new knowledge of the event. To read the *Journal of Neurosurgery: Pediatrics* case report, please click on one of the following links:

<http://thejns.org/doi/full/10.3171/2012.11.PEDS12343?prevSearch=&searchHistoryKey=&> (full text)

<http://thejns.org/doi/pdf/10.3171/2012.11.PEDS12343> (PDF)

33. Standardized Rapid Sequence Intubation with Ketamine

Ballow SL et al. A standardized rapid sequence intubation protocol facilitates airway management in critically injured patients. J Trauma Acute Care Surg 2012 Dec; 73:1401. Among the many induction agents available for rapid sequence intubation (RSI), ketamine is the least likely to cause hypotension. An academic Level 1 trauma center in California implemented an RSI protocol with ketamine (2 mg/kg) as the only induction agent. Investigators conducted a retrospective before-and-after study to determine the effects of the protocol. The study included 266 trauma patients intubated during the year before implementation and 173 intubated during the 2 months after implementation. Induction agents used for RSI in the preimplementation group included etomidate, midazolam, and fentanyl. More patients required medication redosing to achieve RSI before implementation than after (6.4% vs. 1.7%). The time from medication administration to intubation decreased from 4 minutes before implementation to 3 minutes after. The authors did not report patient outcomes. [Abstract.](#)

34. A Randomized Trial of Stylets for Intubating Newborn Infants

Kamlin, et al. A Randomized Trial of Stylets for Intubating Newborn Infants. Pediatrics 2013; 131:1 e198-e205 Endotracheal intubation of newborn infants is a common and potentially lifesaving procedure but a skill that trainees find difficult. Despite widespread use, no data are available on whether the use of a stylet (introducer) improves success rates. Authors aimed to determine whether pediatric trainees were more successful at neonatal

orotracheal intubation when a stylet was used. CONCLUSIONS: Using an endotracheal stylet did not significantly improve the success rate of pediatric trainees at neonatal orotracheal intubation. [Abstract.](#)

UPCOMING EVENTS

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

None listed at present

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

NAEMSE EMS Instructor Course Level 1. January 18-21, 2013. Lebanon, TN. This course represents the didactic component and practical application of the education process necessary to become an EMS instructor. Individuals who attend the entire course and pass the post-test will receive a certificate of course completion from NAEMSE with CEUs, which is accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS). [For more information...](#)

NAEMSE EMS Instructor Course Level 1. January 25-27, 2013. Brooklyn, NY. This course represents the didactic component and practical application of the education process necessary to become an EMS instructor. Individuals who attend the entire course and pass the post-test will receive a certificate of course completion from NAEMSE with CEUs, which is accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS). [For more information...](#)

NAEMSE EMS Instructor Course Level 1. February 1-3, 2013. Corpus Christi, TX. This course represents the didactic component and practical application of the education process necessary to become an EMS instructor. Individuals who attend the entire course and pass the post test will receive a certificate of course completion from NAEMSE with CEUs, which is accredited by the CECBEMS.

NAEMSE EMS Instructor Course Level 1. February 8-10, 2013. Decatur, AL. This course represents the didactic component and practical application of the education process necessary to become an EMS instructor. Individuals who attend the entire course and pass the post-test will receive a certificate of course completion from NAEMSE with CEUs, which is accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS). [For more information...](#)

2013 Association of Maternal & Child Health Programs Annual Conference. February 9-12, 2013. Omni Shareham Hotel, Washington, DC. [For more information...](#)

19th Annual Scientific Assembly. American Academy of Emergency Medicine (AAEM). February 9-13, 2013. Las Vegas, NV. [For more information...](#)

26th Annual Rural Health Care Leadership Conference. February 10-13, 2013. Pointe Hilton Tapatio Cliffs Resort, Phoenix, AZ. [For more information...](#)

Gathering of Eagles The EMS State of the Sciences Conference. February 22-23, 2013. Dallas, TX. [For more information...](#)

NAEMSE EMS Instructor Course Level 1. February 22-24, 2013. Elizabeth City, NC. [For more information...](#)

NAEMSE EMS Instructor Course Level 1. March 4-6, 2013. Washington, DC. [For more information...](#)

EMS on the Hill Day. March 5-6, 2013. Washington, DC. [For more information...](#)

NASEMSO 2013 Mid-Year Meeting. March 5-7, 2013. Washington, DC. [For more information...](#)

EMS Today. March 5-9, 2013. Walter E. Washington Convention Center, Washington, DC. [For more information...](#)

*Public Health Preparedness Summit. March 12-15, 2013. Atlanta, GA. [For more information...](#)

*The 2013 EMS for Children State Partnership Program Meeting will be held April 29 - May 1 at the Hyatt Regency Bethesda Hotel in Bethesda, MD. [For more information...](#)

*SAVE THE DATE: 9th International Roundtable on Community Paramedicine. May 13-15, 2013. Warwickshire, England. [For more information...](#)

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

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