

Meeting Record



Present

Officers

President: Kyle Thornton (NM)
President: Elect Andy Gienapp (WY)
Treasurer: Gary Brown (VA)
Immediate Past President: Keith Wages (GA)
Member-at-Large: Jason Rhodes (RI)

Regions

Great Lakes: Tony Spector (MN)
Western Plains: Joe House (KS)

Councils

Data Managers: Tom McGinnis (CA)
Medical Directors: George Lindbeck (VA)
Pediatric Emergency Care: Amanda Perry (KY)
Trauma Managers: Alyssa Johnson (MT)
Health & Medical Preparedness: Joe Schmider (TX)

Members

Education Committee Chair: Terrie Godde (MI)

Data Managers Alt: Jay Ostby (WY)
Medical Directors Alt: Matthew Sholl (ME)
Trauma Managers Alt: Eileen Worden (MI)

Federal Partners

NHTSA OEMS: Jon Krohmer
NHTSA OEMS: Gam Wijetunge
HRSA EMSC: Jocelyn Hulbert

NASEMSO Staff

Dia Gainor
Beth Armstrong
Kathy Robinson
Hannah Degn
Leslee Stein-Spencer
Mary Hedges
Rachael Alter

Absent

Secretary: Steve McCoy (FL)

The meeting was called to order at 2:00 PM EDT.

Call to Order / Roll Call

President Kyle Thornton called the meeting to order at 2:01 p.m. Eastern time and Hannah Degn called roll. A quorum was present.

Secretary's Report

President Kyle Thornton presented the December Board meeting minutes.

ACTION: Joe House moved, and Keith Wages seconded, that the minutes should be approved as distributed. The motion passed unanimously.

Dia provided the Executive Committee Report, two meetings have occurred since the December Board Meeting. A letter of support from the Injury and Violence Prevention Network asking for crib mattress softness standards which the Executive Committee did agree to sign. The postponement of the annual meeting planned for June was discussed, no decision related to going virtual for a changed date has been made. Dia and Andy provided a recap of the call with the Biden administration transition team. There was also a policy conversation about the best approach for non-state, non-dues paying members from our council and committee listservs which will continue to be reported.

Treasurer's Report

Financial Performance

Treasurer Gary Brown reported that as of December 31, 2020, NASEMSO had an operational income of \$548,800 versus a 12-month budget of \$1,177,041. Operational expenses were \$435,294 versus a twelve-month budget of \$1,267,067.

Andy asked how that was projecting for the fiscal year. Beth reported that we are 50% into the fiscal year and are at about 50%. Expenditures are at 40%, but for the billing and federal contracts we know there will be more expenditures so we expect them to balance out.

Program Committee

Gary Brown reported on behalf of the Program Committee that the Annual meeting for 2021 in June will possibly be pushed to the fall or we will have another virtual meeting this year instead. The program committee is on hold until the decision is made. The format is in place with it being more of a business model.

ASMI Annual Recommendations and Disclosures to NASEMSO

We recommend an annual performance evaluation of ASMI according to the contracted scope of work. *NASEMSO's current practice is for the management counsel to make individual check-in calls with Board members and report on collective input. This was completed Spring 2020 while state EMS officials were involved in considerable COVID response activities. Armstrong was able to connect with 9 of the 16 Board members and feedback was universal satisfaction with performance and individual staff assigned to various committees and functions interacting with NASEMSO leadership and members.*

Our management agreement period of performance is *through June 30, 2025*. The fixed fee compensation is *\$415,976 annual through June 30, 2021; the Board will consider adjustment as part of its usual budget process*.

3.6 Incentive Compensation. 20% of NASEMSO excess revenue over expenses generated for the fiscal year. And 75% of gross revenue generated by the NASEMSO Exhibitor-Sponsor-Corporate Member Program once a threshold of \$50,000 is reached. For the most recently completed FY ending June 30, 2020, ASMI received \$62,685.

The scope of work includes full-services management requisite to successful operation of a not-for-profit organization including financial management, all HR and personnel, meetings production, communications, advocacy, governance and other support. If the opportunity for new activities arises or should existing projects exceed specifications in the scope of work, ASMI will present a proposed contract addendum for Commission consideration. NASEMSO has contractually recognized ASMI as its source of all personnel.

- We recommend the organization undertake activities according to an Annual Work Plan. *2020's usual strategic planning was unable to take place due to the pandemic; staff is currently seeking options for NASEMSO's next in-person meeting that might include a planning component and otherwise, is working with leadership to continue activities and operations.*

(ANSI standard 4.2)

- ASMI maintains a social media policy that applies to employees and contractors representing ASMI or its clients. The expectation is to participate online in a respectful, relevant way that protects ASMI and client reputations, and follows the spirit of the law.

(ANSI standard 4.7)

- Per ANSI standard, we circulate the completed I-990 IRS report to the board annually. *(NASEMSO's Board received the 2018-19 report on July 2, 2020.)*

(ANSI standard 6.1)

- We are required to disclose all income for the preceding fiscal year from hotel and other commissions, finder's fees and any other sources. Because ASMI is accredited by the International Travel Agency Network (accreditation #49-6-5876-6), commission is earned on hotel rooms and does not impact other negotiated terms and concessions for *NASEMSO. In 2020, ASMI received \$338.31 in commission from events associated with NASEMSO, the Board Retreat in Alexandria, VA.*

(ANSI standard 6.5)

- We disclose that ASMI considers being away from home on travel to be a personal hardship and it is our policy that frequent traveler points from airlines and hotels are for the personal use of employee generating them. *(ANSI standard 6.5)*

- The ANSI standard for association management firms requires ASMI to recommend to its clients an annual independent audit of all financial transactions and records by a qualified third party, paid for by the client. *We will schedule a Single Audit for NASEMSO should we receive in excess of \$750,000 federal funds for this fiscal year per OMB Uniform Guidance.*

(ANSI standard 6.6)

- The ANSI standard requires ASMI to recommend General Liability, Directors & Officers (D&O), Errors & Omissions (E&O, with standard-setting riders as appropriate), Property, Employee Dishonesty and Cyber insurance coverage for Association Professional Liability Insurance (APLI).¹ If declined, it shall be recorded in writing in Board minutes or other appropriate record. *NASEMSO currently has the General Liability, Property, Employee Dishonesty and Data Breach Liability & Privacy Event Coverage. NASEMSO's insurance agent can provide costs for the E&O coverage (Board declined). D&O coverage with Chubb quote from NASEMSO's agent:*
 - *Limit: \$1Million*
 - *Deductible: \$1k*
 - *Annual Premium: \$1,904*
 - *Board will re-consider a part of budgeting process later in the year. (Subsequently, not included).*

(ANSI standard 6.7)

- ASMI has a continuity plan in the event that there is a catastrophic impact on HQ operations. I am the crisis manager and company spokesperson as ASMI President, barmstrong@asmii.net, 703-244-1213. We have offsite ASMI personnel assigned to support crisis communications, and they know how to reach key officials for each association. *NASEMSO's Executive Director will manage ASMI communications relevant to NASEMSO.*
Most NASEMSO staff work remotely. And, as currently demonstrated, NASEMSO HQ staff can also operate remotely when the HQ location becomes unavailable.

Action: Andy Gienapp moved, seconded by Joe House to accept the recommendations and disclosures as presented. The EC will discuss additional coverage and will present their findings and decision at a later time.

¹ APLI covers: An association's directors, officers, employees, volunteers and committee members with respect to their professional management activities of being a board member; and the association itself when named as a defendant. Types of APLI are E&O (Errors & Omissions) and D&O (Directors & Officers). Actual Professional Liability especially with respect to any standard setting or certification is excluded from typical D&O, and the board must consider whether a separate, stand-alone PL policy is wanted to ensure coverage.
GLI protects business from bodily injury claims, property damage claims and personal or advertising injury claims.

Federal Partner Updates

NHTSA OEMS

Dr. Jon Krohmer reported that COVID will continue to be challenging. He also reported that with NEMSIS they have been able to use ILI data from the states to look specifically at ILI cases. There is a lot of interest at the state level to continue discussions and to potentially increase the scope of that surveillance data. Hopefully sending out two documents, one of which will be a letter from Dr. Krohmer to highlight this request of continued access and a greater scope of the data. If anyone has any questions or concerns they can reach out to Dr. Krohmer or Eric Chaney.

Gam Wijetunge updated the board that he and Max Severeid have had regular updates on the current projects and they are going well. Gam and Dave Bryson continue to have monthly COVID-19 update calls. One topic that got a fair amount of discussion was the limitation of education systems to be able to enroll additional students with clinical access limited.

The Agency for Healthcare Research & Quality posted a draft on airway management that is part of an ongoing project led by AHRQ with funding provided by NHTSA. There is one more period of public comment before it will be published.

Executive Director's Report

Current Projects

EIIC

Rachael Alter reported that the annual collection for performance measures 2 and 3 started last week on the 6th. The telehealth collaborative began this week, more information can be found at <https://emscimprovement.center>.

Recently released is a pediatric seizure update with new visuals and a new logo for the Pediatric Education and Advocacy Kits. The next tool kit that will be coming out will be regarding mental health and will be framed in the same way as an educational kit. Also looking for people to sign on as reviewers for the material for KEAP, you can sign up and provide comments on materials before they become live.

NHTSA Fatigue in EMS

Kathy Robinson reported that the fatigue project is on schedule for conclusion at the end of 2021. Agency recruitment concluded in December 2020 with 36 agencies and 679 individuals currently involved in the environmental study. Data collection concludes in March 2021. The first draft of the technical specifications document for the scheduling tool in Phase 3 is under review by the project team. The project overview is available on NASEMSO's YouTube channel via <https://www.youtube.com/watch?v=nkV8HhqVQ&t=13s>

Pain Management Evidence Based Guideline (NHTSA)

George Lindbeck reported that it is moving along well. They had a meeting last week to continue going over the evidence tables. The paper is on track to begin to be drafted this May. Once it is finalized they will have three months to create the educational model and performance reviews.

Community Opioids (TASC)

Mary Hedges reported that this award is still ongoing and are working on the two deliverables of setting up a webinar to demonstrate some EMS alternatives to approaches that are currently being used. It is scheduled for February 25th at 2:00pm EST. The other deliverable is to write a 200 word article for their newsletter that addresses how EMS creatively responds to the opioid epidemic. They are familiar with EMS but are looking to see more examples.

Workforce (NHTSA)

Dia Gainor that the Technical Expert Panel (TEP) met in December and that this will entail promising data related to workforce data such as attrition and turnover, shortages, and status of volunteers. It is going well.

Model Clinical Guidelines (NHTSA)

Andy Gienapp reported that the TEP has also convened is going well. The first quarterly report has been drafted and the project is on track.

State EMS Strategic Planning (NHTSA)

Dia Gainor reported that the only concern with this project is when state EMS directors will emerge from COVID and be able to engage and participate in state EMS planning. We are currently working on identifying states that are interested in participating.

Pandemic Study (USFA)

Dia Gainor reported that they are working on adding guidelines to FEMA's existing publication that are state EMS specific. The first TEP meeting will take place the week of February 22. It will also include researching what kinds of regulatory and operational conditions that State EMS offices are currently working to improve.

EMSC SLED

Dia Gainor reported that we have procured the funding for the manufacture of the sled that is used in the crash test environment provided by the state of New Jersey. The sled simulates the back of an ambulance for crash standard testing that will help develop a foundation for pursuing funding for the rest of the project.

Pending Projects

Safe Transport of Children Crash Test Project

Dia Gainor that staff is still working on procuring funding and that if anyone has any leads to please reach out.

Action Items

Invitation to Sign On to Letter to the Biden Administration to Commit to a Zero Roadway Fatality Goal

Discussion: Dia presented the opportunity that NASEMSO could be listed individually on the letter which is appealing to the Biden administration to prioritize roadway fatality prevention. Looking for support in the efforts to get a footing in the White House with this initiative. Seeking approval from the Board to sign on with this letter.

ACTION: Keith Wages moved, and Gary Brown seconded, that NASEMSO should sign-on to the letter to the Biden Administration. The motion passed unanimously.

State Amendment to H.R. 133

Discussion: Joe House brought up the points in the bill related to EMS. The full bill can be read here:

<https://rules.house.gov/sites/democrats.rules.house.gov/files/BILLS-116HR133SA-RCP-116-68.pdf>

The points Joe discussed are below:

Advisory Committee on Ground Ambulance and Patient Billing – Page 4459-4462

Composition of the Advisory Committee specifically identifying State EMS Official is subsection (b)(4)(H) – Line 18-19 p. 4460.

- Committee is to initially meet within 90 days of December 27th.

Advisory Committee on Air Ambulance Quality and Patient Safety – Page 4375-4378

This group does already exist through previous legislation; however, the Consolidated Appropriations Act restates that group to be developed. The Membership piece is Lines 20-24 of p. 4376.

- Committee is to initially meet within 60 days of December 27th.

Air Ambulance Report Requirements – Section 9823 – Page 4369-4373

Development/publication of a comprehensive report. The areas where we may be able to help begin on Line 13 of p. 4370 and continue through Line 8 of p. 4373.

- Lines 9-13 on p. 4373 are what allows for the Secretary of HHS and the Secretary of Transportation to reach out to other sources.

Trauma – “Rural Emergency Hospital” – Page 4654 (Line 20) – 4673 (Line 13)

- Transfer Agreement with Level 1 or Level 2 Trauma is Page 4657 (Lines 6-7)
- Payment for Ambulance Services furnished by an entity owned or operated by a rural emergency hospital is Page 4668 (Lines 8-11).

Tax Benefit – Volunteer Firefighters and Emergency Medical Responders – Page 4875 (Lines 1-8)

Makes permanent the provision that gross income shall not include any qualified state and local tax benefit as well as up to \$50/month for any qualified payments/wages.

In case you missed it – Providing Syria with \$40 million for non-lethal assistance for narcotics control and law enforcement as well as peacekeeping operations – Page 1456-1457

No less than \$7 million of this amount shall be used for emergency medical and rescue response and chemical weapons use investigations.

Discussion took place on asking the board to consider submitting a name for ground ambulances as soon as possible, and to also offer assistance to a third party source and submit a name for working with the air medical committee. Kyle Thornton proposed that staff work on putting the letters together and the board will approve sending them after review. Andy stated that it would be worthwhile to positively identify which pages of the omnibus bill we are discussing for states to be able to reference. Joe offered to extract the pages for states’ review.

Joe House stated that for trauma interests the bill addresses new legislation for rural emergency hospitals; it does require them to have a transport agreement in effect with a level 1 or level 2 trauma center. At a state level there is concern for those trauma centers who are a level 3 and are closer and could be a better site for treatment but wouldn’t qualify for the transport agreement. He also said that there has been a tax benefit for volunteers that has now been made permanent.

ACTION: None taken at this time.

Sign-On Decision Needed Care Coalition White Paper – Dr. Levy

Discussion: In late September the Executive Committee reviewed comments about a draft white paper that Dr. Levy has been representing NASEMSO on. The comments were fairly negative based on a lack of representativeness on states’ issues. The EC voted to decline further participation. Earlier this month the project which is being led by the American College of Cardiology asked NASEMSO to rejoin the writing group in an effort to address the concerns previously expressed. In order to address the concerns previously identified, this would need be a full rewrite. Discussion took place on if working on this letter should remain a no or if it should

be referred back to the EC to further visit it and discuss it with Dr. Levy about possibly moving forward with a decision.

Dr Lindbeck said that it was previously written from the perspective of cardiology and that it didn't deal with EMS' role in the system. A few paragraphs were added that refer to EMS, however the takeaway from the Medical Directors Council was that it didn't warrant signing on to support. Alyssa Johnson also stated that it didn't effectively address the trauma concerns and they also opted to not sign on.

Dr. Lindbeck stated that at this point we wouldn't give it conditional approval without seeing what will really take place in a re-write. Eileen Worden, urged the authors to revisit what has already been published to take the re-write in the same view. Ultimately the consensus was that the board would be open to seeing a re-write but that we are not open at this time to signing on.

Kathy Robinson reported that the Trauma Managers Council put together a list of what was wrong with the first draft. She asked if this document should be a priority for NASEMSO when there are so many other projects taking place at the current time. George Lindbeck advised that it would be best to not actively be involved in the re-write and to take a more passive role in the possible re-write.

ACTION: Dr. Lindbeck will touch base with Dr. Levy to determine the level of interest in continuing to be our liaison and if the re-write will take place.

Compact states (Kansas Rep)

Discussion: Joe House reported that four or five more states geared up to join for 2021, the database is operational and should be updated to all the states. In February they will have worked out how to support a full time director for the Compact, the hiring panel has been formed, and the position should be filled by July 2021.

He acknowledged the concerns received about the compact selling data, which they do not do. They are working to put things in place to clarify that no data will or is being sold.

ACTION: No action at this time.

NEMSIS Monthly Report

We have committed to include the report provided by the NEMSIS TAC in the Board materials monthly and that if there are any questions or concerns the Board has the opportunity to address them.

Position Papers Procedure

Discussion: Alyssa brought up a concern regarding position issues, and how the process works to put something forward for a future board meeting. After a discussion during the Trauma Managers Council meeting, there isn't a clear understanding of where the position papers come from. She is looking for the Board to develop a policy that all committees will have an opportunity to comment of position papers and that they could also be included with a fact sheet to help clarify the purpose of the paper.

ACTION: Dia responded that staff can draft procedural steps to take when distributing the position paper, to also develop a mechanism with the summary sheet as part of that process.

There being no further business, the meeting adjourned at 3:27 PM EDT at the motion and second of Amanda Perry and Joe Schmider.

Meeting record respectfully submitted by Project Coordinator Hannah Degn.