

NASEMSO Mid-Year Meeting
Thursday, March 7, 2013
Renaissance Hotel, Washington, DC
Meeting Record

Call to Order / Self-Introductions

NASEMSO President Jim DeTienne called the meeting to order at 8:00 a.m. and self-introductions were made.

Federal Partner Updates

DOT NHTSA Office of EMS – Drew Dawson addressed the group, commending progress made by state EMS officials on behalf of NASEMSO and for the profession. The NHTSA budget was reauthorized; the reauthorization included establishing the NEMSAC advisory council under federal law. Drew mentioned that several federal partners are not able to be present due to agency-specific sequestration guidelines. He noted the long-standing relationship between HHS EMSC Office and his office in supporting NASEMSO's federal award.

He referenced several activities including First Lady Michelle Obama's initiative on transitioning of military personnel to civilian roles and a pilot project to support improved NEMSIS integration of two states, CO and NE.

Drew concluded that we must continue to be flexible, receptive to new ideas, innovative in regulatory role and continue to work together. NASEMSO has always inspired a spirit of working together, camaraderie, and has responded to challenges together.

HHS Assistant Secretary for Preparedness and Response – Dr. Gregg Margolis noted ASPR has 800 FTEs and 8000 part-time disaster reservists. His division focuses on developing integrated and scalable health-care emergency systems. HSPD-21 created the ECCC; it was originally housed in OPEO, Office of Preparedness and Emergency Operations. The overwhelming majority of its activities have been policy development and coordination, so it recently transferred to Office of Healthcare Policy to align programs and increase integration and coordination. Gregg shared information about several initiatives including creation of a TEAMS (Trauma, EMS and Emergency Medicine) Working Group to align all HHS activities in this space. A major goal is to build stakeholder relationships.

Wayne Denny mentioned that in Idaho, they recently implemented the Hospital Preparedness Program; there is still a struggle to integrate EMS. Gregg mentioned that the name is misleading, and the grant guidance is no longer facility-centric. It encourages collaborative preparedness initiatives. Most of the funding is designed to support coalition-building in the next iteration. Guidance specifies that EMS needs to be part of these coalitions.

NASEMSO Project Updates

Evidence-based Guidelines – Dr. Peter Taillac explained that an existing pain protocol encourages use of medication (morphine and fentanyl) and validated pain scales. It emphasizes intranasal use for pediatrics. The project takes the guideline and implements it in five states, varying from those that have mandatory guidelines to one that has not mandate: TN, ID, AZ, WY and KS. Barriers to implementation will be identified, and which states have found enablers/ways to facilitate the guidelines.

They will create a toolkit for each state, using an expert team assembled by NASEMSO. Outcome measures are how well the states adopt the guidelines, measured by assessments within the state to determine how many agencies have decided to use it for those states that don't mandate it; another measure is how much medicine was used. A novelty of this project is the measurement of what it takes to move a state from point A to point B.

Drew Dawson encouraged the audience to look at www.ems.gov for a model evidence-based guideline measurement tool. Cindy Wright-Johnson mentioned a 3-year EMSC targeted issues grant study on implementing pain management scales.

National Model Guidelines for EMS – Dr. Taillac reported on behalf of Dr. Joe Nelson that the Medical Directors Council has assembled a panel of experts to develop a complete set of not necessarily evidence-based, but consensus based guidelines. (Only two guidelines exist that are evidence-based.)

NASEMSO Member Open Forum

Community Paramedicine – Jim DeTienne asked whether NASEMSO should assemble a work group and be a lead facilitator on this topic. It was concluded that NASEMSO should try to serve as a resource for state EMS offices in this arena. A key concern is how to fund CP. No one knows what accountable-care organizations will look like, so state EMS officials should lead a national discussion to shape this. Indian health services could be consulted.

Rural STEMI Response System – it was mentioned that Nebraska has a good model – protocols were adopted in January. Andy Geinapp mentioned that state legislation was just passed in Wyoming mandating creation of a system (no funding was included). It was suggested that it would be interesting to determine how many state EMS systems benefitted from the Coverdale Stroke Funding.

Role of Volunteers – Paul Patrick shared that he lives in Spanish Fork, Utah and the ambulance service in Utah is volunteer/paid. The director ran into him and shared an issue about the Affordable Care Act, the city had to bring all the volunteers in the city under their umbrella as city employees, and restrict their work to 30 hours/week, or be required to pay them benefits since the city employs more than 50 employees. This takes effect May 1, 2013. Training counts as work towards the 30-hour threshold. NHTSA is going to look into this.

Work Force Education for State Offices – Brett Hart suggested that NASEMSO could help develop and provide, or secure a resource to provide formal training for investigators and

other enforcement personnel. The idea was met with support and several specific states mentioned the need including OR, TX, OK and MT.

Ambulance Design – Nebraska brought up a problem about an unscrupulous vendor that is repairing and reselling vehicles that had been in crashes. Remounts and bigger boxes that do not meet safety standards are a concern. Dia Gainor shared information about a new NASEMSO relationship with the National Truck Equipment Association’s Ambulance Manufacturing Division (about 40 members). The NTEAA urged NASEMSO to help retain safety mandates so that low-cost products that do not meet standards cannot be marketed. She mentioned that 37 states currently reference KKK specifications in state rules. She pondered the state inspection process – NASEMSO has not addressed this before.

NASEMSO has posted on its Agency & Vehicle Licensure Committee web page a side-by-side comparison of KKK, NFPA 1917 and ASTM 2020 specifications.

Education Program Accreditation – Maxie Bishop mentioned that Texas has produced a map of programs that are accredited in his state. Georgia has 24 accredited programs now, which may even be excess capacity. Florida has 30 out of 75. Montana does not regulate accreditation at all, and recently made licensure optional. Luckily, of the three programs that teach paramedicine, two are voluntarily accredited. Students must be aware that they will not be eligible for Registry testing if the paramedic course is not accredited.

Emergency Management Assistance Compact and Mutual Aid – Karen Halupke shared that it was very comforting to know that she could seek assistance and call any colleague from any state. She reminded that it is essential to keep current NASEMSO’s “After Hours Contact List.” She also expressed appreciation of state EMS colleagues for their concern and support during a recent health episode.

NASEMSO 2014 Mid-Year Meeting – the group discussed the meeting format in conjunction with the EMS Today event. Dissatisfaction was expressed over lack of a central housing arrangement, not being under one roof with colleagues. If a room block proximal to the meeting could be arranged, and costs can be contained within the federal per diem, this arrangement remains appealing.

Half the group is also taking advantage of EMS Today offerings; not many are participating in EMS on the Hill.

It was suggested that virtual tools be used to help state officials access information exchanged at NASEMSO gatherings. Remote participants could pay a fee to cover the costs to arrange internet and telephone access fees charged by meeting facilities. It was noted that several states prohibit in-person attendance if there is a virtual option.

Is the Mid-Year Meeting necessary? Regional meetings could be organized in lieu of a national mid-year gathering. Perhaps regional meetings could occur simultaneously and join up virtually for a program segment.

NASEMSO Project Updates

Model Interstate Compact for EMS Personnel Licensure – Dia Gainor presented a DHS-funded project undertaken by NASEMSO and NGA to propose a system of self-regulation by the states through the use of interstate compacts whereby national policy can be put into place but remain flexible enough to change, as change continues to occur in the EMS industry. It would preserve state sovereignty and collective control. NASEMSO is working with the Council of State Government’s National Center for Interstate Compact’s Specialty Certification Project.

The project has two phases over 20 months. Phase 1 assembles a national advisory panel that represents the interests of EMS personnel to gather stakeholder input at a high level. They are contemplating how many states must enact the compact in order for it to be effective nationally. DHS suggests only a small number of states are necessary for their purposes (those bordering Mexico, plus the state of Washington). However, this applies to *all* personnel, not just federal personnel (such as the 3,500 EMS personnel at DHS).

Phase 2 includes considerations such as age of practitioner, citizenship, Registry requirement, and more. The writing team will meet four times to produce a deliverable that will allow states to enact the compact to ensure that out-of-state personnel are legal while functioning in your state, and personnel from your state are covered while deployed to other states.

The compact would delegate rule-making authority to all the states that belong to the compact. They become joint-owners of the collaborative product – no state-by-state rule-making is necessary.

Help Wanted! The project is recruiting willing and able EMS office staff including personnel licensing program managers and state directors, especially individuals that have experience drafting legislation.

A “second generation” project could be creation of educational materials, web site, national and state-by-state briefings as well as technical assistance. Without this phase, compact adoption would be slow.

State Highway Safety Programs: Intersecting with EMS – Keith Wages reported that the NASEMSO Highway Incident & Traffic Safety Committee has undertaken an effort to collate information on federally-funded highway safety programs which exist in state DOTs or highway safety offices. Jay Bradshaw shared experiences and advice on working with highway safety colleagues to ensure that EMS is an important focus on highway safety planning and strategy. Jay noted that the Highway Safety Plan is primarily behavioral, and the Strategic Highway Safety Plan (SHSP) includes both infrastructure and behavioral considerations. Both are required to have EMS involvement, but in many cases input is minimal and addressed by symbolic funding.

It is impossible to get Towards Zero Death (TZD) until there are zero crashes, but in the meantime the goal is to reduce death and serious injuries. Jay shared observations such as that serious trauma patients do better at trauma centers. The Traffic Incident Management project is an example of a project from the FHWA Emergency Transport Operations

Program to detect, respond and clear highway incidents as safely and quickly as possible. It is integrated into the SHSP.

In Maine, Jay has found results with parking lot talks (he parks next to the Maine highway safety officer), providing access to TRCC-Maine EMS Run Report System, Fatality Analysis Reporting System (FARS) and data quality evaluation and improvement.

Susan McHenry offered kudos to NASEMSO's HITS Committee including response to Mexican Hat Bus Crash and development of ERRA and MIECE. These great initiatives offer opportunities for EMS to broaden its scope of influence.

She explained that the Haddon Matrix was created by the 1968 NHTSA Administrator Bill Haddon. He understood that there are pre-crash initiatives that can minimize the impact (prevention, impaired-driving initiatives, occupant protection) crash initiatives (vehicle, roadway, signage) and post-crash initiatives (EMS is the last chance to reduce the impact). EMS is trying to help the highway safety community understand this.

"Section 402" is the general highway safety grant program;
"Section 408" has helped develop NEMSIS-compliant data systems;
"Section 405" consolidates the data support, impaired-driving, occupant safety and traffic records and other grants into one program.

The Continuing Resolution carried on the old programs, and haven't yet transitioned over to the new ones. DOT isn't certain how this will affect the programs. Susan conjectured that there could be a March 25 deadline for FY13 funding, and July 1 deadline for FY14 funding.

Traffic Injury Control Senior Associate Administrator Brian McLaughlin issues a priority memo each year, and this year MAP-21 (highway funding for EMS) is included.

Susan suggested that DOT National Center for Statistics and Analysis (NCSA) and NEMSIS could pair to broaden EMS awareness. She mentioned other related initiatives including NASEMSO representation (Dia and Jay) on the Transportation Safety Advancement Group, Advanced Automatic Crash Notification Program and others.

Last week NHTSA received a communication from HHS that as an agency, NHTSA now has formal Public Health Authority designation for HIPAA purposes.

NCHRP – Dr. Clay Mann shared that this project will explore how to better define injury severity in cases that, under CADCO, fall into the severely injured category as measured by police officers. Deterministic versus probabilistic linkage can be used, to determine how FARS can measure injury severity.

NASEMSO Council and Committee Reports

Education and Professional Standards – Brett Hart shared their focus on military to civilian transition, and their work to draft a white paper summarizing various initiatives on this topic.

Medical Directors – Dr. Selwyn Mahon reported that in addition to the above-mentioned projects, they are focused on drug shortage issues and strengthening their council member participation. They are working with liaisons with other appropriate groups such as NAEMT and ACEP.

AVL Committee – Brian Litza reported that the group had submitted a request to the NFPA to allow a variation of the 1917 standard for vehicles on delivery and to modify the speed governor (to accommodate speed limits >77 mph.) The AVL Committee is discussing the possibility of developing model rules. He referenced multiple documents on their web page.

Rural EMS – Tom Nehring reported the prevalence of volunteer agencies in rural areas creates unique challenges for EMS. The committee has a strong and positive relationship with NOSORH and the JCREC. He thanked Rachael Alter and Jim DeTienne for their efforts as well as Wayne Denny, who chairs the wildland fire subgroup. He invited any interested persons to contact him to join the committee and to review the committee's work plan on the NASEMSO web site. The committee is planning a leadership survey regarding ambulance managers and medical directors. He also provided an overview of the Rural EMS Improvement project and the community health EMS initiative. Wayne commented on the activities of wildland fire group. Jim commented on current efforts with the National Ski Patrol.

Air Medical Committee – Jim DeTienne reported that AAMS recently released a Model State Guidelines document that reflects an industry perspective. A task force of the Air Medical Committee is reviewing the document to formulate a response that the NASEMSO leadership promised to AAMS. Three AAG's are participating in the process. Dr. Bass is the chairman of the task force and the committee. The CDC and DOT are working on a document on the state's governance role in regulating air ambulances.

Data Managers – Paul Sharpe reporting. The group spent the past few days on their work plan, identifying best practices, ICD-10 implementation, and discussion related to NEMSIS Version 3. Each state will have access to the EMS performance toolkit for benchmarking purposes through NEMSIS. An environmental scan is planned to determine where the states are with V.3 implementation. Joe Moreland provided discussion on data linkages and how to use data to improve patient care. The group wishes to provide input to sessions for the Annual Meeting.

Pediatric Emergency Care – Dave Edwards reported that the Council did not meet this week but will be meeting in conjunction with the Grantee Meeting in May. The PECC is working on performance improvement models/audit filters, disaster preparedness initiatives, and EMS agency reassessments. A few grant awards are still outstanding. The impact of sequestration of these awards is still not fully understood. Steve Mrozowski, the PECC chair-elect, has taken another position.

Trauma Managers – Jolene Whitney reporting on behalf of the Trauma Managers Council. Various projects are underway: mentoring toolkit and JOC activities with the ACS-COT. Preliminary discussion has started to identify an agenda for the annual meeting. She thanked Jennie Nemecek for her service with the TMC.

Other NASEMSO Business

Board Meetings – President DeTienne briefed the membership on Board activity.

- Standing Conference Call/Agenda – NASEMSO Board meets monthly, and has improved its process to assemble the agenda including inviting all members to add discussion items, and making all reference materials available online the Monday before the call each month.
- Strategic Planning – in December each council and committee worked with the Board to collate goals and plans. Yesterday, the Board focused on the Association’s vision, mission and goals and suggested several items to update prior to refinement by a committee and then review and action by the membership. The Board also considered overall strategies and actions based on the most important activities from the compiled work of all committees and caucuses. NASEMSO can be the EMS leaders in this country. He likened our challenged to a quote from Margaret Thatcher: “Being powerful is like being a lady. If you have to tell everyone you are a lady, you aren’t.” Many areas of discussion were undertaken including leadership, training, data, marketing and more.
- Advocacy – the NASEMSO Board began discussing “Plan B” if AEMS is not successful in representing issues of importance, including working with ASTHO and the National Governors Association, as examples of other potential advocacy partners.

Update from the US Territories – President DeTienne invited state directors from US territories to brief colleagues, given all the effort they invest to join the gathering.

- Northern Mariana Islands – Tom Manglona shared that their Lt Governor just became their Governor. The sequestration will impact them significantly given their reliance on federal funding. They are a fire-based, BLS/ALS system. They have 14 islands within their chain to serve. Medical direction is a challenge for them, given high turnover with personnel in that role. They have no trauma manager. Northern Mariana Islands is a commonwealth. The US Department of the Interior is their primary agency of record.
- US Virgin Islands – Dr. Selwyn Mahon mentioned issues similar to those that Tom mentioned. The recession impacted them in multiple ways given their reliance on tourism in addition to federal funding. They experienced an 8% decrease in salaries, and had to decrease their program budgets an additional 5%. They are now re-organizing the EMS function to be incorporated into the fire service, and fire fighters have not traditionally been medical responders. They maintain an EMS training institute including dispatch, hazmat and fire response; they cannot secure accreditation and are able to maintain the training via partnerships with states. He is currently seeking a new data manager since his previous one just moved to the Marshall Islands. There are two hospitals in the Virgin Islands – one in St. Thomas and one in St. Croix. Transfers are via catamaran ambulance boat.

Advocates for EMS – President DeTienne briefed the membership on the current status of AEMS and the Field EMS Bill. Two AEMS organizational members withdrew significant financial support this year; NAEMT has taken on primary responsibility for the Field EMS Bill. In December, the NASEMSO Board agreed to maintain its participation and financial support of AEMS at \$27,500, with the understanding that there will be an increased level of

accountability by the lobbying organization and the management firm. The NASEMSO Board vote was close.

The AEMS Board is currently negotiating a month-to-month contract with Holland & Knight. Jim has agreed to be the AEMS Secretary/Treasurer. NAEMSP's representative is serving as President. NASEMSO is represented on the AEMS Board by Jim DeTienne and Randy Kuykendall.

Joint National EMS Leadership Forum – Randy Kuykendall briefed the group on this coalition of like-minded organizations, to help federal partners track high-level ideas and priorities shared among all EMS stakeholders. There are 13 groups that participate including fire fighters, air medical, dispatch and related interests. There are no bylaws or elected leaders. The Forum is facilitated by NASEMSO.

Bureau of Indian Affairs – Jim DeTienne gave members a heads-up on an emerging issue. BIA responds to wildfire, and are using Wilderness First to train their personnel. NASEMSO sent a letter objecting a year ago, making clear that this is not recognized across state borders.

Executive Director's Report – Dia Gainor told members to look for a report on EMS Work Force Guidelines next month. She is seeking feedback from NASEMSO members.

Adjournment

President DeTienne thanked Dia, Kathy, Mary, Rachael, Sharon and Beth for their support and excellent work. He thanked the members for the privilege of serving as NASEMSO President.

There being no additional business, the NASEMSO Mid-Year Meeting concluded at 3:30 p.m.

Meeting Record respectfully submitted by EVP Beth Armstrong