



Washington Update

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1. NASEMSO Joins BAC Letter to CMS

NASEMSO has joined as a signatory to a recent letter from the Brain Attack Coalition (BAC) to the Centers for Medicare and Medicaid Services (CMS.) The Coalition has expressed concern regarding various aspects of recently circulated stroke performance measures, specifically, 30 day all-cause mortality and 30 day readmission rates. In the letter, the group states, "it seems that these new measures do not properly adjust for stroke severity by using contemporary and well validated scoring systems such as the NIH Stroke Score. We are aware that many other co-morbidities are being used to severity adjust, but we are concerned that the absence of the NIH Stroke Score (or another well validated severity measure) will produce flawed data and misleading outcome results. These erroneous results could unfairly penalize hospitals and lead to confusion in the marketplace." The Coalition has recommended that CMS delay implementation of the measures until it is better able to reevaluate the concerns of the medical community. More information on the proposed measures is available [here](#).

2. DHHS Awards \$20 Million to Help Rural Hospitals Switch to EHR

Forty-six Regional Extension Centers are to receive approximately \$20 million from the Department of Health and Human Services (DHHS) to provide additional technical support to help critical access and rural hospital facilities transition from paper-based medical records to certified electronic health record (EHR) technology. According to a recently released [statement from HHS Secretary Kathleen Sebelius](#), "Some 1,655 critical access and rural hospitals in 41 states and the nationwide Indian Country stand to benefit from this assistance, which can help each of them qualify for substantial EHR incentive payments from Medicare and Medicaid."

3. New FEMA Report Focuses on National Preparedness System

The Local, State, Tribal, and Federal Preparedness Task Force is proud to announce that it has submitted its final report and recommendations to Congress. *Perspective on Preparedness: Taking Stock Since 9/11* is available to download at <http://www.fema.gov/preparednesstaskforce>. *Perspective on Preparedness* offers an analysis of what preparedness has meant in the United States, both historically and since 9/11, and includes an in-depth analysis of post-9/11 preparedness-related activities. The Task Force focused on four themes—one cross-cutting, foundational area (strategic investments) along with the three explicit areas of emphasis in the congressional language—policy and guidance, capabilities and assessment, and grants. The heart of this report is 25 specific recommendations for creating a better defined, better integrated, more effective preparedness system. These recommendations are categorized under four overarching recommendations, aligned to the legislative requirement:

- Consider bold, innovative investments to increase the long-term cost-effectiveness and sustainability of preparedness through cost-reducing measures;
- Transform existing advisory bodies into a "networked" preparedness policy advisory system capable of influencing policy from initiation to implementation;
- Prioritize development and phased implementation of a national preparedness assessment framework; and
- Make targeted improvements to preparedness grant-related coordination and collaboration, business processes, and capability assessment linkages.

The Task Force members encourage all members of the preparedness community to review the document and to discuss ways to implement the recommendations with their constituents, partners, and leadership.

4. GAO Letter Report Highlights FEMA Progress in Assessing National Preparedness Capabilities

A new letter report formally transmits a Government Accounting Office (GAO) briefing provided to members of Congress in draft form on September 29, 2010, and subsequent agency comments. GAO provides this briefing in response to a mandate in the conference report to the Department of Homeland Security (DHS) Appropriations Act, 2010. In accordance with the direction in that report and in consultation with Congress, GAO provides the results of the Agency’s final briefing on the Federal Emergency Management Agency’s (FEMA) efforts to assess national preparedness. Specifically, GAO reports on (1) the usefulness and limitations of the national preparedness capabilities data that have been collected to date through selected evaluation efforts as described by FEMA, and (2) the extent to which FEMA has made progress in its national preparedness capability assessment efforts since last reported in April 2009. [For more information...](#)

5. EMI Posts New and Revised Offerings

Several new or revised independent study courses that may be of interest to EMS partners have been posted to FEMA’s Emergency Management Institute (EMI) web site:

- [IS-11.a - Animals in Disasters: Community Planning](#) **New** 10/13/2010
- [IS-100.b - Introduction to Incident Command System, ICS-100](#) **New** 10/12/2010
- [IS-100.HCb - Introduction to the Incident Command System \(ICS 100\) for Healthcare/Hospitals](#) **New** 10/12/2010
- [IS-100.LEb - Introduction to the Incident Command System \(ICS 100\) for Law Enforcement](#) **New** 10/12/2010
- [IS-100.PWb - Introduction to the Incident Command System \(ICS 100\) for Public Works](#) **New** 10/12/2010
- [IS-200.b - ICS for Single Resources and Initial Action Incidents](#) **New** 10/12/2010

6. Pertussis Cases on the Rise; Practitioners Encouraged to Check Immunization Status!

In 2005, the Advisory Committee on Immunization Practices (ACIP) recommended that the newly licensed tetanus, diphtheria, and acellular pertussis (Tdap) vaccine replace a single decennial dose of tetanus diphtheria (Td) vaccine for persons aged 10–64 years. According to these recommendations, Tdap may be used to protect against pertussis even when <10 years have passed since the most recent tetanus vaccination. For adults with infant contact and EMS workers (i.e. health-care personnel) with direct patient contact, the single recommended Tdap dose is suggested to be administered as soon as 2 years after the last tetanus vaccination.

According to the CDC, pertussis in contrast to tetanus, is common in the United States with 13,278 cases reported in 2008. Compared with the general population, HCP are at increased risk for acquiring pertussis, which can be transmitted to patients, including infants and immunocompromised persons. Tdap coverage was higher among HCP (15.9%) than non-HCP (5.1%) in 2008. The findings in this report were consistent with a recent survey of HCP: only 15% received a pertussis vaccination when offered at no cost. The report concludes that many HCP might not be seeking vaccination actively. [For more information...](#)

7. NIOSH Announces Public Meeting To Discuss Respirator Standards Development Efforts

The National Institute for Occupational Safety and Health (NIOSH), National Personal Protective Technology Laboratory (NPPTL), will conduct a public meeting to discuss current respirator standards development projects, including the NIOSH Regulatory Agenda for updating 42 CFR part 84, CBRN Combination Unit Respirator Performance Requirements, and the NIOSH policy on SCBA "Buddy-Breathing". There will be an opportunity for discussion following each topic's presentations. The public meeting will be held 8:30 a.m. to 5 p.m., December 9, 2010 at the Hyatt Regency Pittsburgh International Airport. On-site registration will be held beginning at 7:45 a.m. [For more information...](#)

8. CMS Solicits Comments on Proposed Rules Establishing Risk Levels Including EMS

The Centers for Medicare and Medicaid Services (CMS) are soliciting comments on the proposed assignment of specific provider and supplier types to established risk levels, including what criteria should be considered in making such assignments, whether such assignments should be released publicly, whether they should be subject to agency review and updated according to an established schedule (that is, annually, bi-annually), and the extent to which they should be updated according to evolving risks. CMS is also soliciting comments on any additional database checks that the agency should consider as a type of screening. The official posting in the Federal Register states that "In a January 2006 report titled, 'Medicare Payments for Ambulance Transports' (OEI-05-02-000590), the HHS OIG found that twenty-five percent of ambulance transports did not meet Medicare's program requirements, resulting in an estimated \$402 million in improper payments.' The new proposed rule ranks nonpublic, nongovernment owned or affiliated ambulance services suppliers as a "moderate" risk which some fear will result in even closer scrutiny, audits, and requirements for private ambulance services. [For more information...](#) The deadline for comments is November 16, 2010.

9. NTSB Transportation Response Course Still Has Openings

The National Transportation Safety Board's course, "Transportation Disaster Response - A Course for Emergency Responders," scheduled for November 16-18, 2010, at the NTSB Training Center in Ashburn, Virginia, still has openings for those who may have a role in responding to major transportation accidents. The complete course description, agenda, and information on registration process and cost are available [here](#).

10. USFA Adds Program Offerings to Regular Schedule

The National Fire Academy has added an offering of EMS Quality Management (R158), March 20-25, 2011. Description and the application can be found [here](#). Additionally, the 2011 second semester (April – September 2011) application period is open now, until December 15, 2010.

11. HRSA Offers Grant Competition Through PECARN

The Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) is planning on releasing the application guidance for the EMSC Network Development Demonstration Project (HRSA-11-079) on January 16, 2011. The EMSC Network Development Demonstration Project (NDDP) is the cooperative agreements that form the Pediatric Emergency Care Applied Research Network (PECARN). Six new cooperative agreement awards are planned at \$600,000 each year for four years. Each applicant will be expected to partner with two additional Hospital Emergency Department Affiliate (HEDA) sites in addition to their own site (for a total of three HEDA sites) to create a nodal structure that will participate in the PECARN. Applicants will have approximately 60 days from the January 2011 release date to submit an application. Successful applicants will be announced by August 1, 2011, and funding will start September 1, 2011. All the information above is preliminary and is contingent on the availability of federal funds to support the competing continuation for the EMSC-NDDP.

Additional information about PECARN can be found at <http://www.pecarn.org>. For more information about the grant competition, please contact [Dr. Tasmeen Weik](#).

12. NIH Funds Four Clinical Trials to Fight Antimicrobial Resistance

The National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, announced four new contracts for large-scale clinical trials that address the problem of antimicrobial resistance. Over the next five to six years, these new clinical trials will evaluate treatment alternatives for diseases for which antibiotics are prescribed most often, including acute otitis media (middle ear infections), community-acquired pneumonia and diseases caused by Gram-negative bacteria, which frequently are resistant to first-line antibiotics. Each trial will enroll at least 1,000 participants who have been diagnosed with these illnesses and diseases. "Many infectious diseases are increasingly difficult to treat because bacteria and other microbes have developed resistance to commonly used antimicrobial drugs," says NIAID Director Anthony S. Fauci, M.D. "Research to preserve the effectiveness of licensed antibiotics is a critical priority for the Institute. With these new contracts, NIAID now supports a total of eight large clinical trials in this arena." [For more information...](#)

13. CMS Publishes Toolkit to Assist Development of Written Materials

The *Toolkit for Making Written Material Clear and Effective* is a health literacy resource from the Centers for Medicare and Medicaid Services (CMS). As shown below, this 11-part Toolkit provides a detailed and comprehensive set of tools to help you make written material in printed formats easier for people to read, understand, and use.

- Toolkit Part 1: About this Toolkit and how it can help you
- Toolkit Part 2: Using a reader-centered approach to develop and test written material
- Toolkit Part 3: Summary List of the "Toolkit Guidelines for Writing and Design"
- Toolkit Part 4: Understanding and using the "Toolkit Guidelines for Writing"
- Toolkit Part 5: Understanding and using the "Toolkit Guidelines for Graphic Design"
- Toolkit Part 6: How to collect and use feedback from readers
- Toolkit Part 7: Using readability formulas: A cautionary note
- Toolkit Part 8: Will your written material be on a website?
- Toolkit Part 9: Things to know if your written material is for older adults
- Toolkit Part 10: "Before and after" example: Using this Toolkit's guidelines to revise a brochure
- Toolkit Part 11: Understanding and using the "Toolkit Guidelines for Culturally Appropriate Translation"

Written material comes in different shapes and sizes and is used for different purposes. Examples include brochures and pamphlets, booklets, flyers, fact sheets, posters, bookmarks, application forms, comparison charts, postcards, instruction sheets, and questionnaires. [For more information...](#)

14. NIH Introduces Database of Images in Biomedical Literature

More than 2.5 million images and figures from medical and life sciences journals are now available through Images, a new resource for finding images in biomedical literature. The database was developed and will be maintained by the National Center for Biotechnology Information (NCBI), a division of the National Library of Medicine (NLM) at the National Institutes of Health. Images is available at <http://www.ncbi.nlm.nih.gov/images>. Images is expected to have a wide range of uses for a variety of user groups. These include the clinician looking for the visual representation of a disease or condition, the researcher searching for studies with certain types of analyses, the student seeking diagrams that elucidate complex processes such as DNA replication, the professional

or educator looking for an image for a presentation, and the patient wanting to better understand his disease. [For more information...](#)

15. NFPA Ambulance Proposed Draft Standard Released for Public Review

The proposed draft NFPA Standard 1917 for ambulances has just been released for public review. You can access the draft standard [here](#). The NFPA has a structured process for consensus-based design as well as a history of developing standards that are/can be voluntarily adopted. The group had a limited scope on the draft, which does not include large innovations in ambulance design, but converts the current KKK standards to the NFPA format and lays the groundwork for the next set of revisions with some basic safety features that are built upon the existing KKK standards. The 31-member committee has EMS, fire, ambulance manufacturer, safety and government representatives. All comments to the proposal will be reviewed, and commented on, one-by-one, at a meeting in mid-February 2011. If your state has existing language in administrative rule or statute, they should engage and follow the process. At the end of the day, the KKK standards will not exist once the document becomes an NFPA standard. Former NH state EMS director, Suzanne Prentiss will continue to serve as NASEMSO's representative on the Technical Committee. Members with questions or comments can contact her via sprentis@crhc.org or [Download the NASEMSO PowerPoint \(2010 Annual Meeting\) presentation on this topic.](#)

16. Fentanyl Pain Patches Recalled

Actavis has recalled 18 lots of fentanyl transdermal system C-II patches (25 µg/hour) because the active ingredient could be released at an accelerated rate, the FDA recently announced. (The linked manufacturer's press release includes a complete list of the recalled lots.) If the patches release the medication too quickly, patients could experience hypoventilation, respiratory depression, and apnea. Adverse events should be reported to the FDA's MedWatch program. Read the [FDA MedWatch alert](#).

17. Advanced Computer Simulations Lead to New Understanding of Blasts

According to emerging data from the Defense and Veterans Brain Injury Center (DVBIC), America's armed forces sustain attacks from explosions or blasts by rocket-propelled grenades, improvised explosive devices (IEDs) and land mines almost daily in deployed settings. Civilian workers and military personnel working in these combat zones are at increased risk of blast-related trauma, particularly blast-related traumatic brain injury (TBI). To understand how blasts affect the head and brain, DVBIC researchers work with the Massachusetts Institute of Technology (MIT) Institute for Soldier Nanotechnologies (ISN), Joint Improvised Explosive Device Defeat Organization (JIEDDO) and the US Army Research Laboratory. Their objective is force health protection: mitigating against injury by improving the design and performance of protective gear that supports optimal functioning of Warriors, many of whom deploy repeatedly on dangerous missions. Computerized simulation models have been used to study how blast waves affect the human body and the resulting changes in pressure in the body. The DVBIC-MIT Blast-Brain Model has been described as the most advanced computer simulation of blast effects on the brain developed so far. This model has already provided new information on how blast waves are transmitted to the brain. DVBIC says that researchers are using data to determine how traumatic brain injury (TBI) from blast exposure differs from TBI sustained in sports or a motor vehicle accident. View a 2009 article [for more information](#) on modeling efforts.

UPCOMING EVENTS

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

New Jersey Statewide Conference on EMS, Atlantic City November 11th - 13th 2010. For more information visit: www.njemsconference.com

New Jersey METI Games. November 11th - 12th, 2010. For more information visit www.njemsconference.com.

25th Annual Texas EMS Conference, November 21-24. Austin Convention Center, Austin, TX. For more information visit <http://www.dshs.state.tx.us/emstraumasystems/10conference.shtm>.

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

2010 NOSORH Annual Conference. November 15-17, 2010. Renaissance Hotel in Oklahoma City, Oklahoma. Please visit the [Annual Meeting page](#) on the NOSORH Web site for additional information.

EMS Education Implementation Webinar. November 22, 2010 @ 3 pm. **“The Role of National Certification in Implementing the EMS Education Agenda.”** More info including registration link at www.nasemso.org as speakers and topics are confirmed.

ECCU 2010. Emergency Cardiac Care Update, December 8-11, 2010. San Diego, CA. Sponsored by the Citizen CPR Foundation. For more information, go to <http://eccu2010.com/>.

*2011 Air Medical Transport Conference. St. Louis, MO - Oct 17-19th, 2011. The 2011 AMTC [Online Speaker Submissions](#) are NOW OPEN! Or you may cut and paste <http://www.softconference.com/subs/AAMS/2011/Speaker/default.asp> into your browser. Deadline for Submissions is **Wednesday, December 15, 2010**.

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

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