



Washington Update

National Association of State EMS Officials - 201 Park Washington Court - Falls Church, VA 22046-4527
Ph: 703-538-1799 - Fx: 703-241-5603 - Email: info@nasemsso.org - www.nasemsso.org

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*NASEMSO Wishes You a Happy and Healthy New Year!
See you in 2014!*

December 31, 2013

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1. NASEMSO Mid-Year Meeting Dates and Location Confirmed

The NASEMSO Board of Directors has approved the dates and location for the 2014 Mid-Year Meeting. It will be held March 3-5, 2014 at the Rosen Centre Hotel in Orlando, FL. The dates and venue immediately precede the EMS Redline Executive Summit and Mobile Integrated Healthcare Summit hosted by EMS World. The registration form, first draft of The Mid-Year Meeting Program, and hotel registration info is currently available on the [NASEMSO web site](#).

2. Military Medic to Paramedic Webinar Now Available

A collaborative discussion among several entities that included NASEMSO, the National Highway Traffic Safety Administration (NHTSA) Office of EMS, the US Department of Defense, the National Registry of EMTs (NREMT), National Association of EMTs (NAEMT), the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP), and several local “bridge” programs highlighted current efforts in the recognition, credentialing, and transition of military personnel to civilian EMS. The session was recorded and is being made available to any interested party at <http://www.nasemso.org/Military-Medic-to-Paramedic-EMS-Bridge-Programs-Webinar.asp>. (Please note: The actual webinar and companion ppt presentation are provided separately for convenience. Viewers are warned that the recording is a 69 MB wmv file. It is faster to download to your computer than to try and view in a browser.)

3. New App Predicts and Compares ED Wait Times and Other Metrics Based on Medicare Data

How well do hospital emergency departments (ED) measure up to others in a geographical area? To national benchmarks? Using data voluntarily submitted by the hospitals themselves to the Centers for Medicare and Medicaid Services (CMS), a new interactive news application called “[ER Wait Watcher](#)” shows how long it takes to get there (from the user’s current location and based on current traffic conditions obtained directly from Google), average wait times, average time for persons with a broken bone to receive pain meds, the average time for getting a CT scan for patients with stroke symptoms, the average time until admission to the hospital, how many left without being seen at all, and more. The app also includes patient satisfaction scores and other hospital quality measures. According to a recent [article](#) in the health policy journal, Health Affairs, publicly releasing quality metrics can drive meaningful improvements in emergency care. Medicare Data Sets (last updated Dec 12, 2013) of interest to state EMS and other health officials are available at <https://data.medicare.gov/data/hospital-compare/Timely%20%26%20Effective%20Care>. See [more information...](#)

4. New Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards

To deliver on the promise of a 21st-Century government that is more efficient, effective and transparent, the Office of Management and Budget (OMB) is streamlining the Federal government's guidance on Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards. These modifications are a key component of a larger Federal effort to more effectively focus Federal resources on improving performance and outcomes while ensuring the financial integrity of taxpayer dollars in partnership with non-Federal stakeholders. This guidance provides a government-wide framework for grants management, which will be complemented by additional efforts to strengthen program outcomes through innovative and effective use of grant-making models,

performance metrics, and evaluation. This reform of OMB guidance will reduce administrative burden for non-Federal entities receiving Federal awards while reducing the risk of waste, fraud and abuse. Final guidance is now available. [For more information...](#)

5. Feds to Expand Mental Health Funding in Community Health Centers

The U.S. Department of Health and Human Services (HHS) has announced that it plans to issue a \$50 million funding opportunity announcement to help Community Health Centers establish or expand behavioral health services for people living with mental illness, and drug and alcohol problems. Community Health Centers will be able to use these new funds, made available through the Affordable Care Act, for efforts such as hiring new mental health and substance use disorder professionals, adding mental health and substance use disorder services, and employing team-based models of care. It is estimated these awards will support behavioral health expansion in approximately 200 existing health centers nationwide. The Administration also launched www.mentalhealth.gov a new website featuring easy-to-understand information about basic signs of mental health problems, how to talk about mental health, and how to find help.

6. HHS Announces NPPA Grant Opportunity for FY 14

HHS/Office of the Assistant Secretary for Health (OASH) announces the anticipated availability of funds for Fiscal Year 2014 Mobilization for Health: National Prevention Partnership Awards (NPPA) Program. HHS/OASH grants under section 1703(a) of the Public Health Service Act as amended, which authorizes the Secretary to support grants for community health programs for new and innovative programs in health information and health promotion, preventive health services, and education in the appropriate use of health care: <http://www.gpo.gov/fdsys/pkg/USCODE-2009-title42/html/USCODE-2009-title42-chap6A-subchapXV-sec300u-2.htm>. The program created within this funding opportunity announcement is designed to establish a national effort to create a network of partnerships and resources to promote health and wellness, educate and train, and establish communication programs to all community populations, regardless of social and economic barriers, and race and ethnicity. The HHS/Office of the Assistant Secretary for Health (OASH) oversees 9 core public health offices, as well as 10 regional health offices across the nation. Component offices of the Office of the Assistant Secretary for Health (ASH) support many initiatives, campaigns, and programs that promote the goals of public health including Systems Thinking, a component of the Public Health System, Finance, and Quality Program. State and local health departments are eligible to apply for funding. Frequently Asked Questions about the NPPA Program are available [here](#). [Read the grant announcement...](#)

7. FirstNet Will Provide Priority Access for First Responders

Communications are an essential part of responding to disasters and emergencies. Without communication networks, firefighters might arrive at the incorrect address of a house fire, and emergency managers are unable to post their latest emergency updates to Facebook and Twitter. When completed, the First Responder Network Authority (FirstNet) will give users and agencies priority access so that they don't have to compete on commercial networks anymore. FirstNet comes from a 9/11 Commission Report recommendation: to create a nationwide, interoperable public safety communications network that will resolve communication issues that arise when multiple agencies and jurisdictions respond to a disaster. As part of the build out process, FirstNet held regional workshops in May and June of this year to work with states and localities to inform and design the network based on practitioner-driven recommendations from responders on the ground. Most recently, FirstNet issued an RFI (request for information) from mobile application providers who work on public safety applications that deal with big data, data security, an app store, and other technologies. The RFI responses are due January 17, 2014, and the work on a dedicated first responder network will continue throughout the next year. For more information, please

visit the FirstNet website: <http://www.ntia.doc.gov/category/firstnet>. Additionally, please visit FirstResponder.gov and check back at First Responder Communities of Practice for updates.

8. NPSTC Submits EMS Apps List for FirstNet's PSAC

The NPSTC Emergency Medical Services (EMS) Working Group has submitted a list of current and conceptual broadband applications at the request of the First Responder Network Authority (FirstNet), Public Safety Advisory Committee (PSAC). The list contains desired applications, ranked from high to low priority, with a description of the app, whether it is conceptual or available, if it can be used off network, and a use case to explain the need and benefit of the application. An example of a high priority app is Speech to Text, Integrated Patient Care Record, which is conceptual currently, while another high priority app is Video Assisted Patient Care, which does exist today. The FirstNet Board asked the PSAC to develop a master document of applications for use by law enforcement, fire/rescue and EMS. The EMS Broadband Applications List [EMS Broadband Applications List](#) (on NPSTC's website) will be merged with a larger list of all public safety groups, currently under development by the PSAC. When complete, the public safety applications will be submitted by the PSAC to the FirstNet.

9. National 911 Program Releases Video on Benefits of NG911

Next Generation (NG) 911 is a complex issue and its success requires the support and collaboration of not just the 911 community, but of first responders, legislators, and the public. The National 911 Program has released a short video that explains the benefits of NG911 for all of these audiences. The video is free and available for use at conferences, in presentations, in one-on-one meetings or at town hall gatherings. The video can be viewed, shared and downloaded at <http://www.911.gov/ng911movie.html>. More information, tools and resources, including the Guidelines for State NG911 Legislative Language, the State of 911 webinar series, and a Review of Nationwide Data Collection can also be found at <http://www.911.gov>.

10. FCC Adopts Rules To Improve 9-1-1 Reliability

The Federal Communications Commission has adopted rules to help ensure that Americans' phone calls to 9-1-1 are delivered during disasters. The rules are designed to improve 9-1-1 communications networks nationwide by requiring 9-1-1 service providers – generally, the wireline phone companies that route both wireline and wireless calls to 9-1-1 call centers – to take reasonable measures to provide reliable and resilient 9-1-1 service, as evidenced by an annual certification. The FCC also strengthened its rules to ensure that 9-1-1 service providers give 9-1-1 call centers timely and useful notification of 9-1-1 network outages. In addition, the FCC amended its rules to now give 9-1-1 service providers deadlines and other more specific requirements for notifying 9-1-1 call centers of outages. [For more information...](#)

11. CMS Proposes Emergency Preparedness Requirements for Participating Providers and Suppliers

A proposed rule recently posted by the Centers for Medicare and Medicaid Services would establish national emergency preparedness requirements for Medicare- and Medicaid-participating providers and suppliers to ensure that they adequately plan for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems. It would also ensure that providers and suppliers are adequately prepared to meet the needs of patients, residents, clients, and participants during disasters and emergency situations. The rule would affect hospitals, critical access hospitals, rural health clinics, federally qualified health centers, ambulatory surgical centers, among others. The deadline for comments is February 25, 2014. [For more information...](#)

12. NIPP Focuses on Critical Infrastructure Security and Resilience

The National Infrastructure Protection Plan (NIPP) -- NIPP 2013: Partnering for Critical Infrastructure Security and Resilience is being issued in response to Presidential Policy Directive-21 on Critical Infrastructure Security and Resilience and was developed through a collaborative process involving stakeholders from all 16 critical infrastructure sectors, all 50 states, and from all levels of government and industry. The NIPP outlines how government and private sector participants in the critical infrastructure community work together to manage risks and achieve security and resilience outcomes. The updated National Infrastructure Protection Plan --NIPP 2013: Partnering for Critical Infrastructure Security and Resilience is now available at www.dhs.gov/nipp. State EMS officials are invited to join Suzanne Spaulding, Acting Under Secretary, National Protection and Programs Directorate, and Caitlin Durkovich, Assistant Secretary for Infrastructure Protection for a conference call on January 13, 2014 to discuss the implementation of NIPP 2013. Time: 11 a.m. to 12 noon EST Call in number 888-889-4460 Participant passcode: 9830996.

13. FEMA and Partners Publish "Post Disaster Reunification of Children: A Nationwide Approach"

The Federal Emergency Management Agency (FEMA), the National Center for Missing and Exploited Children, the Department of Health & Human Services, and the American Red Cross has released "Post Disaster Reunification of Children: A Nationwide Approach." This document reflects the first U.S. attempt to establish a baseline foundation and whole community approach for reunifying children separated from their parents or legal guardians in the aftermath of a disaster. To ensure that this initiative was truly comprehensive, whole community partners from across the country were engaged in the development of "Post Disaster Reunification of Children: A Nationwide Approach," to include inter-governmental partners, pediatric experts, and voluntary, faith based, children and disability organizations, as well as other applicable stakeholders and advocacy groups. The report is posted in FEMA's LLIS website public document library and can also be downloaded [here](#).

14. TFAH and RWJF Publish Report on Protecting Americans from Infectious Diseases

The "Outbreaks: Protecting Americans from Infectious Diseases" report, recently released by Trust for America's Health and the Robert Wood Johnson Foundation, finds the nation's ability to prevent and control infectious disease outbreaks is hampered by outdated systems and limited resources. Findings show that a majority of states (33) score 5 or lower out of 10 key indicators of policies and capabilities to protect against infectious disease threats. Three states tied for the lowest score, achieving two out of 10 possible indicators - Georgia, Nebraska and New Jersey. New Hampshire had the highest score, with 8 out of 10. [Download complete report or seek out specific state data using an interactive U.S. map.](#)

15. CDC Emergency Management Program Obtains Accreditation

The Centers for Disease Control and Prevention (CDC) Emergency Management Program has obtained accreditation from the Emergency Management Accreditation Program (EMAP.) The Emergency Management Program at CDC is a single, integrated program where emergency management principals and public health practice come together so that CDC can most effectively respond to public health emergencies. Administered by the PHPR Division of Emergency Operations, the program focuses on prevention, protection, mitigation, and response and recovery activities. The program enables CDC to pull from across the agency for subject matter experts as needed during all stages of emergencies. CDC is the first federal agency to obtain full accreditation from EMAP.

16. AAP Promotes Pediatric Preparedness Resource Kit

The American Academy of Pediatrics (AAP) has released a free Pediatric Preparedness Resource Kit to promote collaborative discussions and decision-making among pediatric and public health leaders about pediatric

preparedness planning. The kit aims to increase state- and community-level preparedness efforts regarding how to best address children's needs. [For more information...](#)

17. Preparedness, Response, and Recovery Considerations for Children and Families Now Available

On June 11-12, 2013, the IOM Forum on Medical and Public Health Preparedness for Catastrophic Events held a workshop to discuss disaster preparedness, response, and recovery relative to the needs of children and families, including children with special health care needs. The workshop reviewed existing tools and frameworks that can be modified to include children's needs; identified non-traditional child-serving partners and organizations that can be leveraged in planning to improve outcomes for children; highlighted best practices in resilience and recovery strategies for children; and raised awareness of the need to integrate children's considerations throughout emergency plans. This document summarizes the workshop. [For more information...](#)

In related news, FEMA, the National Center for Missing and Exploited Children, the Department of Health & Human Services, and the American Red Cross has released "Post Disaster Reunification of Children: A Nationwide Approach." This document reflects the first U.S. attempt to establish a baseline foundation and whole community approach for reunifying children separated from their parents or legal guardians in the aftermath of a disaster. To ensure that this initiative was truly comprehensive, whole community partners from across the country were engaged in the development of "Post Disaster Reunification of Children: A Nationwide Approach," to include inter-governmental partners, pediatric experts, and voluntary, faith based, children and disability organizations, as well as other applicable stakeholders and advocacy groups. The report is posted in FEMA's LLIS website public document library and can also be downloaded [here](#).

18. GAO Studies Spending Estimates Related to Medical Countermeasures

According to the Government Accountability Office (GAO), the Department of Health and Human Services (HHS) has established timelines and milestones for the 72 Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) priorities--33 activities, 25 threat-based approaches, and 14 capabilities--that HHS selected as key to fulfilling PHEMCE strategic goals. However, HHS has not made spending estimates for its medical countermeasure development or procurement priorities (priority countermeasures) publicly available. HHS officials said they are hesitant to provide estimates because they do not want to create the expectation that estimates would reflect final contract amounts. A new report from the GAO examines the extent to which HHS developed timelines, milestones, and spending estimates for PHEMCE priorities. GAO reviewed relevant laws; analyzed HHS's 2012 PHEMCE Strategy and Implementation Plan, HHS's tools for tracking the implementation of PHEMCE activities, and data on countermeasure spending from fiscal years 2010 through 2013; and interviewed HHS officials. [For more information...](#)

19. NHSPI to Evaluate Health Security Preparedness

The Association of State and Territorial Health Officials (ASTHO), in partnership with the Centers for Disease Control and Prevention (CDC) and 20 other development partners including NACCHO, announce the release of the new National Health Security Preparedness Index (NHSPI). The NHSPI examines the health security preparedness of the nation by looking collectively at data collected from states, and helps guide efforts to achieve a higher level of health security preparedness. It also lists individual state scores and highlights where gaps exist so that states can drive improvements and increase accountability in their preparedness efforts. While the Index scores are measured at a state level, local health departments can use the data to drive local change and discuss with state and federal partners how their preparedness efforts have influenced the Index. [For more information...](#)

20. FCC Appoints New PSHSB Chief

Federal Communications Commission (FCC) Chairman Tom Wheeler has named Rear Admiral David Simpson as Chief of the FCC’s Public Safety and Homeland Security Bureau (PSHSB) overseeing public safety, homeland security, emergency management, cybersecurity, and disaster preparedness activities at the FCC. Admiral Simpson brings more than twenty years of Information and Communications Technology experience supporting the Department of Defense, working closely with other agencies to provide secure communication services and improve cyberdefense readiness. [For more information...](#)

21. GAO Finds Low Employee Morale at DHS

In September 2012, the Government Accountability Office (GAO) reported that Department of Homeland Security (DHS) employees identified having lower average morale than the average for the rest of the federal government, but morale varied across components. Specifically, GAO found that, according to the Office of Personnel Management’s 2011 Federal Employee Viewpoint Survey (FEVS), DHS employees had 4.5 percentage points lower job satisfaction and 7.0 percentage point lower engagement--the extent to which employees are immersed in their work and spending extra effort on job performance. Several components with lower morale, such as the Transportation Security Administration, made up a substantial share of FEVS respondents at DHS and accounted for a significant portion of the overall difference between the department and other agencies. In December 2013, GAO found that DHS has actions underway to address GAO’s recommendations but DHS has not fully implemented them. GAO notes that DHS employee job satisfaction declined in fiscal years 2012 and 2013 FEVS results. [For more information...](#)

22. FEMA Releases NIMS Intelligence/Investigations Function Guidance and Field Operations Guide

The NIMS Intelligence/Investigations Function Guidance and Field Operations Guide provides guidance on utilizing and integrating the Intelligence/Investigations Function while adhering to the concepts and principles of the NIMS doctrine. The document includes information and tools intended for the Incident Command System practitioner that will assist in the decision-making process regarding the placement and implementation of the Intelligence/Investigations Function within the command structure. This document can be used by jurisdictions and agencies for planned events, incidents, and the development of emergency planning efforts. This guidance does not replace emergency operations plans, laws, regulations, or ordinances. The NIMS Intelligence/Investigations Function Guidance and Field Operations Guide can be found [here](#).

23. FDA Extends DuoDote Expiration Dates

FDA is aware of a disruption in supply to health care providers and emergency response personnel of Atropen (atropine), DuoDote (atropine/pralidoxime chloride), morphine sulfate, pralidoxime chloride, and diazepam auto-injectors manufactured by Meridian Medical Technologies, a Pfizer Inc. company. FDA and Meridian are working together to resolve the disruption as quickly as possible, but it is unclear how long this disruption may persist. FDA concluded that it was scientifically supported that certain lots of DuoDote can be used for an additional year beyond the manufacturer’s original labeled expiration date. FDA is continuing to assess whether these identified lots of DuoDote can receive further expiration date extensions if needed, and whether additional lots of DuoDote that were not listed in FDA’s September 5, 2013, memo can have their expiration date extended. FDA is currently reviewing data for the potential use of Atropen (atropine), DuoDote (atropine/pralidoxime chloride), morphine sulfate, pralidoxime chloride, and diazepam auto-injectors beyond their labeled expiration dates in order to mitigate any potential shortages of these medically necessary drugs. [For more information...](#)

24. HHS and DHS Encourage Anthrax Preparedness for First Responders

Among the many recognized preparedness challenges is assuring that first responders are able to quickly support the substantial and immediate efforts to protect and provide medical care to the public. In an effort to provide information relevant to first responders regarding anthrax preparedness, the Departments of Health and Human Services (HHS) and Homeland Security (DHS) have prepared a series of informational bulletins for consideration by persons authorized to prescribe medications in their state(s) of practice to provide prescriptions to first responders for a 10-day antibacterial drug supply (i.e. doxycycline) to be kept at home to ensure personal access during an anthrax emergency. Workers would obtain the remaining 50-day supply of antibacterials from state or local public health authorities via distribution plans from the Strategic National Stockpile. NASEMSO has added the following documents to the web site:

- [Doxycycline Information Sheet for Health Care Professionals](#)
- [Doxycycline Information Sheet for First Responders: Option to Purchase Antibiotics for Anthrax Preparedness](#)
- [HHS-DHS Letter to Occupational Health Directors for First Responder Doxycycline](#)

25. IPRED III Highlights Healthcare System Preparedness and Response

The Israeli Ministry of Health and the Home Front Command will be hosting the 3rd International Conference on Healthcare System Preparedness and Response to Emergencies and Disasters, January 12-15, 2014 in Tel-Aviv, Israel. The meeting will provide an opportunity for professionals from around the world to share the latest findings and new experiences regarding health system readiness for disasters and emergencies of all types. Visit the [IPRED III website...](#)

26. IOM Workshop: Assessing Health Professional Education Resources Now Available

The Institute of Medicine (IOM) recently conducted a 2-day workshop to evaluate assessment methods and tools that have an impact, are affordable, and easily integrated into health professions education to improve population health outcomes. Videos of the webcasts including powerpoint presentations are now available on the [IOM web site](#). In related news, the Global Forum on Innovation in Health Professional Education workshop summary, *Interprofessional Education for Collaboration: Learning How to Improve Health from Interprofessional Models across the Continuum of Education to Practice*, was one of the top ten most popular reports of 2013, ranked by the National Academies Press. The workshop summary was number 5 on the list.

27. CDC Issues Guidance on HBV Postexposure Management in Healthcare Personnel

A new report from the Centers of Disease Control and Prevention (CDC) provides CDC guidance for persons working, training, or volunteering in health-care settings who have documented HepB vaccination received years before hire or matriculation (e.g., when HepB vaccination was received as part of routine infant [recommended since 1991] or catch-up adolescent [recommended since 1995] vaccination). Healthcare personnel (HCP) are defined as all paid and unpaid persons providing health care, or working or training in health-care settings, who have reasonably anticipated risks for exposure to infectious materials, including blood or body fluids, contaminated medical supplies and equipment, or contaminated environmental surfaces. HCP might include emergency medical services personnel, trainees, and contractual staff not directly involved in patient care but with potential exposure to infectious agents that can be transmitted between patients and HCP (e.g., housekeeping, laundry, security, maintenance, and volunteers). CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management examines approaches for assessing HBV protection for vaccinated HCP and offers additional guidance for postexposure evaluation and testing of HCP in consideration of multiple factors. [For more information...](#)

28. NIOSH Seeks Comment on Occupational Exposure to Heat and Hot Environments

The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention announces the availability of a draft Criteria Document entitled Criteria for a Recommended Standard: Occupational Exposure to Heat and Hot Environments for public comment. To view the notice and related materials, visit <http://www.regulations.gov> and enter CDC-2013-0025 in the search field and click "Search." Comments may be provided to the NIOSH docket, as well as given orally at the meeting. Comments must be received by February 25, 2014.

29. Protect Volunteer Firefighters and Emergency Responders Act to Exempt Volunteer Responders from ADA

Congressman Lou Barletta (PA) has introduced the **Protecting Volunteer Firefighters and Emergency Responders Act** to specifically exempt volunteer firefighters and volunteers providing emergency medical services from the Employer Mandate Provision of the Affordable Care Act (ADA.) Barletta has been concerned that since the Internal Revenue Service (IRS) currently views volunteer firefighters as employees, fire companies and municipalities would be forced to provide health insurance or pay a fine, saddling them with unbearable financial burdens and threatening public safety. Barletta sent the IRS a letter in November requesting a clarification, but the correspondence has gone unanswered to date. The legislation is supported by the National Volunteer Fire Council and the International Association of Fire Chiefs. [For more information...](#)

30. CMS Proposes Final Rules for 2014 Ambulance Fee Schedule; Comment Period Available

The Centers for Medicare and Medicaid Services (CMS) recently posted *Revisions to Payment Policies Under the Physician Fee Schedule, Clinical Laboratory Fee Schedule and Other Revisions to Part B for CY 2014 (CMS-1600-FC)*. The document discusses the Ambulance Fee Schedule including 2013 Bonus Payments (current bonus payments were scheduled to expire December 31, 2013), reductions for dialysis transport, and rural air bonuses. The deadline for comments is January 27, 2014. The complete document can be viewed [here](#).

In related news, on December 26, 2013, President Obama signed into law the *Pathway for SGR Reform Act of 2013*. This new law prevents a scheduled payment reduction for physicians and other practitioners who treat Medicare patients from taking effect on January 1, 2014. The new law provides for a 0.5 percent update for such services through March 31, 2014. However, *Section 1104 - Extension of Ambulance Add-On Payments* - extends the following two *Job Creation Act* ambulance payment provisions: (1) the 3 percent increase in the ambulance fee schedule amounts for covered ground ambulance transports that originate in rural areas and the 2 percent increase for covered ground ambulance transports that originate in urban areas is extended through March 31, 2014; and (2) the provision relating to payment for ground ambulance services that increases the base rate for transports originating in an area that is within the lowest 25th percentile of all rural areas arrayed by population density (known as the "super rural" bonus) is extended through March 31, 2014. The provision relating to air ambulance services that continued to treat as rural any area that was designated as rural on December 31, 2006, for purposes of payment under the ambulance fee schedule, expired on June 30, 2013.

31. Solicitation of New Safe Harbors and Special Fraud Alerts

Section 205 of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191 § 205, the Act, § 1128D, 42 U.S.C. 1320, requires the Department of Health and Human Services to develop and publish an annual notice in the Federal Register formally soliciting proposals for modifying existing safe harbors to the anti-kickback statute and for developing new safe harbors and Special Fraud Alerts. This Notice of Intent has been published and the deadline for comments is February 25, 2014. [For more information...](#)

32. New Federal Law Addresses Regulation of Compounded Drugs

The "Drug Quality and Security Act" (P.L. 113-54) establishes a category of "outsourcing facilities" under which pharmacies conducting large-scale compounding of sterile drugs could opt to be categorized for oversight by the Food and Drug Administration (FDA). Under the bill, the FDA would conduct risk-based inspections of such facilities. The bill also would require detailed labeling of the compounded drugs and collection of fees to pay for the oversight. Traditional compounding pharmacies would continue to be regulated by states, and the decision to opt into the new category and its associated FDA regulation would be voluntary for companies. The law also would move from a patchwork of state regulations to a national electronic system for unit-level tracking of prescription drugs through the distribution chain. Those in the supply chain, including manufacturers, wholesale distributors, pharmacies and repackagers, would be required to maintain detailed records of the transactions. [For more information...](#)

33. School Access to Epinephrine Bill Becomes Law

On November 13, the President signed into law the "School Access to Emergency Epinephrine Act" (P.L. 103-48). The law increases the preference in awarding Children's Asthma Treatment Grants to states that require their public schools to let trained staff administer epinephrine to students who are having anaphylactic reactions and whose schools keep such drugs in stock. States would have to certify that their laws provide civil liability protection to school personnel that administer epinephrine. The law also requires elementary and secondary schools in such a state to: (1) permit trained personnel to administer epinephrine to a student reasonably believed to be having such a reaction, (2) maintain a supply of epinephrine in a secure location that is easily accessible to trained personnel for such treatment, and (3) have in place a plan for having on the school premises during operating hours one or more designated personnel trained in administration of epinephrine. [For more information...](#)

34. FDA Proposes Rule to Require Notification Regarding Discontinuance or Manufacturing Interruption

The Food and Drug Administration has released a proposed rule requiring all makers of certain medically important prescription drugs to notify FDA of permanent discontinuances or temporary interruptions in manufacturing that are likely to disrupt their supply, as required by the Food and Drug Administration Safety and Innovation Act of 2012. The rule also would extend the early notification requirement to medically important biologic products. In addition, FDA sent Congress a strategic plan for strengthening the agency's ability to respond to imminent or existing drug shortages and for developing longer-term approaches to address the underlying causes of production disruption, also required by the FDASIA. The agency will accept comments on the provisions of the proposed rule until January 3, 2014. [For more information...](#)

35. AASHTO Studies Performance Among State DOTs

The American Association of State Highway and Transportation Officials (AASHTO) as recently released "Measuring Performance among State DOTs: Sharing Good Practices -- Serious Crash Injury." The document is intended to chart a path forward on collecting serious injury crash data for state DOT performance measurement and management. This report provides a starting point for NCHRP 17-57: Development of a Comprehensive Approach for Serious Traffic Crash Injury Measurement and Reporting Systems, which seeks to develop a roadmap to assist states in developing and implementing an interim system to measure and report injury severity. The research team surveyed current state practices, reviewed existing approaches and pilot programs, described possible implementation options, and sought feedback directly from safety and health practitioners to assess feasibility of the options. [For more information...](#)

36. NIH and NFL Tackle Concussion Research

The National Institutes of Health has selected eight projects to receive support to answer some of the most fundamental problems on traumatic brain injury, including understanding long-term effects of repeated head injuries and improving diagnosis of concussions. The Sports and Health Research Program, a partnership among the NIH, the National Football League, and the Foundation for the National Institutes of Health (FNIH) is providing funding. The project includes four teams that will correlate brain scans with changes in brain tissue, using a variety of techniques. This may open the possibility of using these advanced brain imaging techniques to diagnose chronic effects of TBI in living individuals. The investigators in the two projects will also help NIH develop a registry dedicated to enrolling individuals with a history of TBI who are interested in donating brain and spinal cord tissue for study after their death. [For more information...](#)

37. Carr Named to Lead ECCC

Brendan G. Carr, MD, MA, MS assistant professor of Emergency Medicine and Epidemiology at the Perelman School of Medicine at the University of Pennsylvania, has been named as the director of the Emergency Care Coordination Center (ECCC) at the US Department of Health and Human Services (HHS). ECCC was created in 2006 by the Pandemic & All-Hazards Preparedness Act (PAHPA) to ensure that the country is prepared for public health emergencies, including those cause by bioterrorism, and to respond to them when local and state resources are overwhelmed by promoting research, regional partnerships, and effective emergency medical systems. The ECCC exists within the Office of the Assistant Secretary of Preparedness & Response (ASPR) within the U.S. Department of Health & Human Services (HHS). Its mission is to lead federal efforts to create an emergency care system that is patient- and community-centered, integrated into the broader healthcare system, high quality, and prepared to respond in times of public health emergencies. [For more information...](#)

38. NHTSA Deputy Administrator Highlights Relationship with EMS

David Friedman, Deputy Administrator of the National Highway Traffic Safety Administration, highlights NHTSA’s ongoing relationship with EMS in his recent blog post on the Department of Transportation web site, [Fast Lane](#), announcing that the Federal Interagency Committee on EMS (FICEMS) is currently working on its first-ever Strategic Plan.

39. Baxter Recalls Lots of 5% Dextrose and 0.9% NSS

Baxter International Inc. initiated a voluntary recall to the hospital/user level of one lot of 5% Dextrose Injection, USP and four lots of 0.9% Sodium Chloride Injection, USP due to particulate matter found in the solutions. The affected lots were distributed to customers between May 2012 and October 2013. [For more information...](#)

40. Blood Glucose Strips Recalled by Abbott

Abbott is initiating a voluntary recall of 20 lots of FreeStyle and FreeStyle Lite Blood Glucose Test Strips in the United States. These lots of test strips may produce erroneously low blood glucose results when used with both "FreeStyle Blood Glucose Meter" and "FreeStyle Flash Blood Glucose Meter" [neither of which have been in production since 2010], as well as the OmniPod Insulin Management System. When the test strips are used with the newer FreeStyle brand meters including FreeStyle Freedom Blood Glucose Meter, FreeStyle Lite Blood Glucose Meter and FreeStyle Freedom Lite Blood Glucose Meter, the blood glucose test results are not affected. Testing with the FreeStyle InsuLinx Blood Glucose Meter is not affected by this action, as FreeStyle InsuLinx Blood Glucose Meter uses FreeStyle InsuLinx test strips. [For more information...](#)

41. FDA Allows Marketing of First Device to Relieve Migraine Headache Pain

The FDA has approved the first device to relieve migraine pain in patients aged 18 and older. The Cerena Transcranial Magnetic Stimulator is indicated for migraine with aura and is used after the onset of pain. Patients hold the device to the back of their heads and press a button, which releases a pulse of magnetic energy that stimulates the occipital cortex. In a randomized study, 38% of patients with moderate-to-strong migraine headaches preceded by aura were pain-free 2 hours after using the device, compared with 17% of controls. Single reports of aphasia, sinusitis, and vertigo were among the adverse reactions. The device may cause dizziness. Additionally, says the FDA, it should not be used by those with a family or personal history of seizures; implanted medical devices (e.g., pacemaker); or metals in the head, neck, or upper body. [For more information...](#)

42. FDA Announces Improvements To The Medical Device Recalls Database

The Food and Drug Administration (FDA), Center for Devices and Radiological Health (CDRH) is pleased to announce improvements to several public databases that will increase access to safety information on marketed medical devices. The improvements include adding new fields to the [Medical Device Recalls database](#) and providing links to the recall database from FDA's [510\(k\)Premarket Notification](#) and [Premarket Approval \(PMA\)](#) databases.

43. SAMHSA Provides Resources to Prevent Opioid Related ODs and Deaths

The Substance Abuse and Mental Health Services Administration (SAMHSA) announces the *Opioid Overdose Toolkit* to educate community members, first responders, opioid prescribers, patients, family members, and overdose survivors on ways to prevent and intervene in an opioid overdose situation. The toolkit explains how to use the drug naloxone to prevent overdose-related deaths and Equips communities and local governments with material to develop policies and practices to help prevent opioid-related overdoses and deaths. Addresses issues for first responders, treatment providers, and those recovering from opioid overdose. [For more information...](#)

44. New OIG Advisory Opinion Warns of Proposed Arrangement for City Ambulance Services

The Office of the Inspector General (OIG) at the US Department of Health and Human Services (HHS) recently posted an OIG Advisory Opinion involving a city (name redacted) that executed an RFP process for the provision of emergency ambulance services, setting forth a number of performance standards and specifications to which the bidder must agree or note an exception. While the opinion pertains only to the scenario described, it may be of interest to state EMS officials because it highlights potential pitfalls and prohibited remuneration under the antikickback statute that would result in proposed sanctions to the EMS agency. [For more information on OIG Advisory Opinion No. 13-18.....](#) (Please note: a range of advisory opinions that involve state licensed EMS agencies are posted by the OIG at regular intervals. Washington Update attempts to report those that could potentially result in proposed federal sanctions, however, we don't always capture them. Interested persons are encouraged to monitor the OIG's fraud related website at <https://oig.hhs.gov/compliance/advisory-opinions/>

45. NIOSH Offers New Ladder Safety App for Mobile Devices

Falls are a persistent hazard found in all occupational settings. A fall can occur during the simple acts of walking or climbing a ladder to change a light fixture or as a result of a complex series of events affecting an ironworker 80 feet above the ground. According to the 2009 data from the Bureau of Labor Statistics, 605 workers were killed and an estimated 212,760 workers were seriously injured by falls to the same or lower level. CDC's National Institute for Occupational Safety and Health developed the ladder safety application using innovative research, existing information from safety regulations and consensus standards, and input from industry. The app features a multimodal indicator and a graphic-oriented guide for ladder selection, inspection, positioning, accessorizing, and

safe use. It is available for Apple iPhone/iPad and Google Android devices, and is also available in Spanish. The ladder safety application and additional information are available at <http://www.cdc.gov/niosh/topics/falls>.

46. Entire December Issue of *Health Affairs* Dedicated to Emergency Care

Health Affairs is the leading journal of health policy thought and research. The peer-reviewed journal was founded in 1981 under the aegis of Project HOPE, a nonprofit international health education organization. *Health Affairs* explores health policy issues of current concern in domestic and international spheres. Its mission is to serve as a high-level, nonpartisan forum to promote analysis and discussion on improving health and health care, and to address such issues as cost, quality, and access. The December 2013 issue is dedicated to issues surrounding EMS and emergency care. NASEMSO salutes colleagues Dr. Gregg Margolis and Dr. Brendan Carr for their leadership in bringing the issue to fruition and including EMS as a focal point. The entire issue or individual articles can be purchased at healthaffairs.org.

In related news, a *Health Affairs* briefing (podcast) on “The Future of Emergency Medicine” is available free at iTunes U. [For more information...](#)

47. Journals Focus Issues on Prehospital and Emergency Care

Two journals have focused on issues related to prehospital and/or emergency care in the month of December. In the Rhode Island Medical Journal, State EMS Medical Director Dr. Ken Williams features results obtained through a survey of the Medical Directors Council.

[Physician Medical Direction of Emergency Medical Services](#) provides an overview of issues in the development of EMS system oversight in the United States in general and in Rhode Island.

[Emergency Medical Technician Education and Training](#) provides a perspective on this effort in the United States and reviews current activity in Rhode Island.

[The Rhode Island Life Saving Score \(RILSS\) –](#)

[A Proposed Life-Saving Definition for EMS and Emergency Medicine](#)

a proposed definition of “life saved” is described. For this article, Dr. Williams surveyed the NASEMSO EMS Medical Directors Council, resulting in a tool to implement the definition, while measuring its validity and reliability through a review of 100 critical care transport EMS patient charts.

[For more information...](#)

48. NREMT Seeks Item Writers

The National Registry of EMTs is seeking EMS professionals to participate in Item Writing Committees. Item writers are needed at the Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced EMT (AEMT) and Paramedic (P) levels. Committee composition: physicians, State EMS officials, EMS educators and EMS providers. To be eligible, you must currently be certified/licensed (preferably NREMT certified) at the provider level (or higher) for which you desire to participate. We would also request that you are involved in EMS education and are familiar with the National EMS Education Standards and current American Heart Association Guidelines. Once selected, item writers will be asked to draft and submit 20-30 multiple-choice items (based on a list of tasks provided from the current NREMT Practice Analysis) prior to the meeting date. The committee will then meet at the NREMT offices for 3 days in Columbus, Ohio, to review all items prepared by the committee. All reasonable and customary travel expenses for participating in the item writing process are funded by the National Registry. Interested participants should send their resume/CV electronically to itemwriting@nremt.org.

49. Study Finds Low Hand-Washing Rates Among EMS Personnel

According to the Robert Wood Johnson University Hospital, only 13% of EMS providers wash hands before coming into contact with a patient, 52% wear gloves every time they come in contact with a patient, and 1/3 wash their hands after performing invasive procedures. [For more information...](#)

50. Industry Working Group Focuses on Small-bore Connectors and Tubing Misconnections

The Association for the Advancement of Medical Instrumentation (AAMI), the International Organization for Standardization (ISO) and an international, joint working group are making great advances toward eliminating the potential for tubing misconnections and increasing patient safety—the focus of the Small-bore initiative. According to AAMI, “A typical patient could be connected, via tubes or catheters, to several delivery systems to receive medication, nutrients, and fluids. Tubing misconnections—also called Luer misconnections, small-bore misconnections, or wrong route errors— refer to what happens when a tube from the medical device for one delivery system is connected to a system that serves a completely different function—for example, a feeding administration set being connected to a tracheostomy tube. Such errors have resulted in patient injury and deaths, and they are widely recognized as underreported. Misconnections are attributed to the universal design of Luer connectors, which are one of the most commonly used types of small-bore connectors in healthcare. The connectors are parts used to connect the tubing of one medical device to another. However, the simple design and ease of use of the Luer connector allows the tube of the device for one delivery system to be connected to an unrelated system that has a different intended use.” New advances intended to prevent such mishaps may reach the market as early as 4th Quarter 2014. FAQs from the working group are intended to be used as a tool for understanding all aspects of the Small-bore Connectors initiative. When new standards are approved, the existing Luer connector will be maintained only for the intravascular and hypodermic applications. All other delivery systems with small-bore connectors will be impacted to ensure non-interconnectability with the intravascular Luer connector, as well as incompatibility with the new connector designs of other delivery systems. As of August 2013, there were no federal mandates for manufacturers or healthcare organizations. Effective Jan. 11, 2016, a California law (HB 1867) will prohibit general acute care, acute psychiatric, and special hospitals from using an epidural, intravenous or enteral feeding connector that fits into a connection port other than the type for which it was intended. [For more information...](#)

UPCOMING EVENTS

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

*2014 ITLS Ohio Emergency Care Conference. Feb. 27-March 2, 2014. Crowne Plaza North. Columbus, OH. [For more information...](#)

*13th Annual Update in Acute and Emergency Care Pediatrics Conference. Knoxville, TN on March 28-29, 2014. [For more information...](#)

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

***NAEMSE Instructor Course Level 1**

January 17-20, 2014

Lebanon, TN

February 7-9, 2014	Macon, GA
February 21-23, 2014	Sacramento, CA
March 14-16, 2014	Elizabeth, NJ
April 4-6, 2014	Champaign, IL
April 25-27, 2014	Greenville, SC
*NAEMSE Instructor Course Level 2	
January 31 – February 1, 2014	Houston, TX
March 7-8, 2014	Orland Park, IL
March 21-22, 2014	Loudon, VA
May 2-4, 2014	Sacramento, CA
May 16-17, 2014	Macon, GA

NAEMSP Annual Meeting. January 16-18, 2014. JW Marriott Starr Pass Resort. Tucson, AZ. [For more information...](#)

EMS Today. February 5-8, 2014. Washington Convention Center, Washington, DC. [For more information...](#)

AAEM Scientific Assembly. February 11-15, 2014. New York Hilton. New York, NY. [For more information...](#)

*NASEMSO Mid-Year Meeting, March 3-5, 2014. Rosen Center, Orlando, FL. [For more information...](#)

ENA Leadership Conference. March 5-9, 2014. Phoenix, AZ. [For more information...](#)

MARK YOUR CALENDAR!! EMS on the Hill Day, March 26, 2014, Washington, DC. Registration and information is now available at www.naemt.org.

Fire-Rescue Med. April 29-May 3, 2014. Arlington, VA. [For more information...](#)

ACEP Leadership and Advocacy Conference. May 18-21, 2014. Washington, DC. [For more information...](#)

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

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

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

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

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

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

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

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

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

NASEMSO Staff Contacts

Elizabeth B. Armstrong, CAE, MAM / Executive VP
(703) 538-1799 ext. 8 - armstrong@nasemso.org

Dia Gainor/Executive Director
(703) 538-1799 ext. 7
Email: Dia@nasemso.org

Sharon Kelly / Executive Assistant
(703) 538-1799 ext. 2 - kelly@nasemso.org

Kathy Robinson / Program Manager
(703) 538-1799 ext. 4 - robinson@nasemso.org

Kevin McGinnis/Program Manager
(571) 749-7217 – Email: mcginnis@nasemso.org

Leslee Stein-Spencer/Program Manager
Email: Stein-Spencer@nasemso.org

Mary Hedges/Program Manager
Email: Hedges@nasemso.org

Rachael Alter/Program Manager
Email: Alter@nasemso.org

Dan Manz/Program Manager
Email: Manz@nasemso.org

Karen Thompson / Web Site Content Manager
(828) 693-5045 – Email: thompson@nasemso.org

National Association of State EMS Officials
201 Park Washington Court
Falls Church VA 22046
Phone: (703) 538-1799
Fax: (703) 241-5603
Website: www.nasemso.org

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