

Approved FICEMS Meeting Minutes
3 December 2008

INTRODUCTION

The fifth meeting of the Federal Interagency Committee on Emergency Medical Services (FICEMS) was held on Wednesday, December 3, 2008, from 1:00 p.m. to 3:30 p.m. at the U.S. Department of Homeland Security in Washington, DC.

MEMBERS IN ATTENDANCE

Department of Transportation (DOT)

Brian McLaughlin
Senior Associate Administrator

on behalf of

David Kelly
Administrator, National Highway Traffic Safety Administration

Department of Homeland Security (DHS)

Jon Krohmer, MD
Acting Assistant Secretary for Health Affairs
Chief Medical Officer
Office of Health Affairs (OHA)

Michael Stern
EMS Training Specialist, National Fire Academy (NFA)
U.S. Fire Administration (USFA)
(for Chief Gregory Cade)

Department of Health & Human Services (HHS)

Angela Brice-Smith
Deputy Director, Survey and Certification Group

on behalf of

Thomas Hamilton
Director, Survey and Certification Group
Centers for Medicare & Medicaid Services (CMS)

Henry Falk, MD
Director, Coordinating Center for Environmental Health and Injury Prevention
Centers for Disease Control and Prevention (CDC)

David Heppel, MD
Maternal and Child Health Bureau
Health Resources and Services Administration (HRSA)
(for Peter C. Van Dyck, MD)

Darrell LaRoche
Indian Health Services (IHS)
(for David Boyd, MDCM, FACS)

Kevin Yeskey, MD, FACEP

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Deputy Assistant Secretary
Office of Assistant Secretary for Preparedness and Response (ASPR)

Federal Communications Commission (FCC)

Lisa Fowlkes
Deputy Bureau Chief
Public Safety and Homeland Security Bureau (PSHSB)

State EMS Director

Robert Bass, MD
Executive Director, Maryland Institute of Emergency Medical Services Systems

BACKGROUND

The Federal Interagency Committee on Emergency Medical Services (FICEMS) was established by the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (42 U.S.C. § 300d-4). FICEMS is charged with coordinating Federal Emergency Medical Services (EMS) efforts for the purposes of identifying state and local EMS needs, recommending new or expanded programs for improving EMS at all levels, and streamlining the process through which Federal agencies support EMS.

BINDER CONTENTS

Federal Register Meeting Notice
Meeting Agenda
Draft June 2008 FICEMS Meeting Minutes
Updated Technical Working Group Plan
Select Recommendations from the Joint Advisory Committee
Matrix of Three National Research Agendas
Draft Gap Analysis of EMS Related Research
EMS Preparedness Committee Work Plan Status Report
National EMS Advisory Council Minutes

MEETING SUMMARY

OPENING REMARKS

The fifth FICEMS Meeting was called to order by Jon Krohmer, MD, Acting Assistant Secretary for Health Affairs at DHS and Chief Medical Officer. He welcomed the members of the committee, members of the FICEMS Technical Working Group (TWG), and audience participants. He expressed that it was his pleasure to serve as chair following the departure of Dr. Jeffrey Runge, former FICEMS chair, in August 2008.

Following self-introductions of the committee and audience, Dr. Krohmer welcomed Dr. Joseph Wright and thanked him for representing the National EMS Advisory Council (NEMSAC) on behalf of NEMSAC Chair Dia Gainor. He reminded the committee that NEMSAC may make recommendations to FICEMS through NHTSA.

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APPROVAL OF MINUTES

Dr. David Heppel moved, seconded by Dr. Henry Falk, and the minutes were approved unanimously.

REPORT FROM THE TECHNICAL WORKING GROUP

Drew Dawson summarized the Technical Working Group's origin and activity:

- Created by FICEMS
- Developed a two-year work plan to document FICEMS expectations
- Divided into five subcommittees that meet on a monthly basis
- Provide staff support to FICEMS
- Coordinate efforts among Federal agencies
- Conduct limited business in the period between FICEMS general meetings
- Chaired by NHTSA

Mr. Dawson referred members to the modified "2-Year Work Plans" document provided in the meeting handouts. Each subcommittee chair will present a status report.

ASSESSMENT SUBCOMMITTEE, Rick Patrick, Chair

Goals	Objectives
Goal 1: Oversee a national assessment of EMS systems	1.1 Conduct a short-term EMS assessment using existing data
	1.2 Develop a national EMS assessment instrument with benchmarks, indicators, and a scoring system

Mr. Patrick noted the Assessment Subcommittee is re-drafting the Statement of Work (SOW) for a national EMS assessment to more explicitly define the subcommittee's intentions. After NHTSA received RFP responses that exceeded the budget, the subcommittee deemed a rewrite necessary. Mr. Patrick provided a tentative schedule for upcoming committee work:

- Complete revising the SOW in December 2008
- Circulate modified SOW through contract office of NHTSA in January 2009
- Review bids by March 2009
- Award a contract in spring of 2009

The Assessment Subcommittee is collaborating with the Preparedness Subcommittee to complete the EMS Preparedness Assessment. He clarified that the assessments of both subcommittees are distinct yet related, and that the subcommittees are coordinating their efforts.

In response to a question from Dr. Krohmer, Cathy Gotschall (NHTSA's Office of EMS) indicated the SOW revisions will provide more realistic contractor expectations based on available funding. The assessment will be based on existing resources, but will identify assessment information deficiencies.

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MEDICAL OVERSIGHT SUBCOMMITTEE, Richard Hunt, MD, Chair

Goals	Objectives
Goal 1: Promote development and implementation of evidence-based practice guidelines for pre-hospital care	1.1 Organize national conference that will result in consensus-based recommendations for a process to develop and implement evidence-based guidelines for pre-hospital care
Goal 2: Incorporate medical oversight requirements into future Federal grants and cooperative agreements	2.1 Develop standardized language for medical oversight requirement to be used in EMS-related Federal grants and cooperative agreements

Dr. Hunt acknowledged the accomplishment of Objective 1.1 and discussed the overall success of the evidence-based practice guidelines (EBPG) conference, “From Evidence to Practice: Building the National Model”, conducted September 2008. International experts were featured, and the conference demonstrated the possibility of implementing evidence-based practice guidelines for prehospital emergency medical services. The EBPG Steering Committee will meet December 5, 2008 to review outcomes of the previous conference, finalize proceedings, and consider next steps. He acknowledged Cathy Gotschall’s efforts to coordinate and organize the conference and, with permission of the chair, invited her to present.

Ms. Gotschall described the composition of the EBPG Steering Committee as the FICEMS Medical Oversight Subcommittee and additional members from the EMS community, NEMSAC, and the Agency for Healthcare Research and Quality (AHRQ).

Dr. Hunt reminded the group that, during the previous FICEMS Meeting in June 2008, members adopted suggested medical direction language and incorporated it into a letter that was sent from then-Chair Dr. Jeffrey Runge to various Federal agencies. The Medical Oversight Subcommittee is collecting responses from recipient Federal agencies and evaluating feedback.

Dr. Krohmer acknowledged the letter had circulated through DHS, and summarized DHS actions related to the letter’s recommendation. The agency has:

- Included similar wording in the Metropolitan Medical Response System Program grant guidance
- Worked with DHS grant personnel on Urban Area Security Initiative (UASI) and general homelands security grants
- Finalized wording and will work to transition it into 2009 grants
- The Assistant Secretary for Preparedness and Response (ASPR) received the letter

According to Drew Dawson the DOT had drafted a policy statement and supporting letter from the Administrator emphasizing the importance of including medical direction in EMS-related Federal grants. Mr. Dawson noted the policy statement and letter are currently being circulated through NHTSA and the DOT.

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9-1-1/Medical Communications Subcommittee, Drew Dawson, Chair

Goals	Objectives
Goal 1: Ensure coordination among Federal agencies in the areas of 9-1-1 services and medical communications	1.1 Optimize emergency communication among relevant stakeholders to support and enhance the interaction of all components of the EMS system
	1.2 Establish and increase the number of mechanisms through which Federal agencies can provide specific input to the activities of the National 9-1-1 Office
Goal 2: Facilitate and enhance the utility and accessibility of information related to 9-1-1 and medical communications from Federal agencies	2.1 Act as a broker for sharing and disseminating information to all agencies' constituent groups as appropriate

Drew Dawson noted that the Federal Communications Commission (FCC), in collaboration with the National Telecommunications and Information Administration (NTIA), established a Joint Advisory Committee (JAC) on Communications Capabilities of Emergency Medical and Public Health Care Facilities. In February 2008, the JAC submitted to Congress a report that assesses the state of communications in emergency medical and public health care facilities that included recommendations to address identified problems. Considering the relevance and timeliness of the report's topic, the 9-1-1/Medical Communications Subcommittee opted to review the contents of the JAC report. Three of the JAC recommendations are forwarded to FICEMS for consideration.

Ms. Lisa Fowlkes, FCC representative, provided additional information regarding the background, purpose, and composition of the JAC:

- Congress commissioned the FCC and NTIA to create the JAC under the 9/11 Commission Act in August, 2007
- JAC was asked to analyze the communication capabilities of emergency medical and public health care facilities and make recommendations to address identified problems
- JAC consisted of members from DHS, HHS and DOT as well as representatives from the emergency medical and health care facilities and from the communications industry
- The final report was delivered to Congress on February 4, 2008
- Chair Jim Bugel has received requests from Congressional staff for briefings

Drew Dawson referred members to their binders to review the JAC recommendations selected by the 9-1-1/Medical Communications Subcommittee to present to FICEMS. The committee addressed each item:

Excerpt from JAC Recommendation 1F: *Improve funding for EMS providers. The JAC agrees with conference report language accompanying the Homeland Security Appropriations Bills for*

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the past two years recommending that no less than ten percent of State Homeland Security Grants and the High Threat, High Density Urban Area Grants go to EMS providers ...

Committee discussion on the topic of Recommendation 1F:

- Members questioned whether or not the recommendation's charge was included in the Homeland Security Appropriations Bill and/or grant guidances.
- Kurt Krumperman, chair of NEMSAC's Finance Committee, suggested that the bill contained similar language but likely did not explicitly establish the "no less than ten percent" specification.
- Drew Dawson suggested that the TWG conduct additional research pertaining to the history of the appropriations bill and the specifics of the language.
- Michael Stern was uncertain about U.S. Fire Administration discussion of the recommendation.
- Brian McLaughlin advised members to consider the differing perspectives of the executive and legislative branches regarding the definition of an earmark.

The group agreed that the 9-1-1/Medical Communications Subcommittee would investigate the specifics of the appropriation bill's background and language and report their findings via e-mail and/or teleconference during the interim period.

JAC Recommendation 3: *The Committee recommends the Federal Government renew its commitment to develop, harmonize, and ensure widespread adoption of shared standards and protocols.*

The Committee recommends Federal and state agencies develop common criteria for all contracts and grants supporting emergency communications.

Mr. Dawson noted the 9-1-1/Medical Communication Subcommittee did not have a specific discussion about how to implement the recommendation owing to its broad language.

In general, members agreed with the language of the recommendation. The working group would draft an official wording proposal to present at the next meeting.

Excerpt from JAC Recommendation 1G: *The [Stafford] Act should clarify that all types of ambulance providers who are part of the local or state government's emergency response system may receive funding from FEMA or other disaster relief funds...*

Mr. Dawson asked Kurt Krumperman to provide background information to contextualize the issue and name key players. He explained:

- Modification of the Stafford Act has been a long-standing issue.
- There is debate whether non-governmental ambulance services are eligible under the Stafford Act to receive reimbursement for disaster response.
- The American Ambulance Association has lobbied for modification of the Stafford Act to clarify eligibility.

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- FEMA issued guidance to field offices in September 2008 reiterating the Stafford Act specification that permits non-governmentals to be reimbursed if they are contracted by an eligible entity (i.e., a governmental entity).

Mr. Krumperman concluded by suggesting the Stafford Act could be amended to more explicitly address the eligibility of non-governmentals, and FEMA is actively pursuing this modification.

Dr. Krohmer proposed the committee solicit information from FEMA to better understand the current status of the issue. They agreed to invite FEMA personnel to participate in discussions on the topic of disaster fund reimbursement for private ambulance services.

FICEMS members decided that the issue aligned with the charge of the Preparedness Subcommittee more than that of the 9-1-1/Medical Communication Subcommittee. The Preparedness Subcommittee assumed the task with an understanding that the 9-1-1/Medical Communications Subcommittee would assist.

Data and Research Subcommittee, Captain Daniel Kavanaugh, Chair

Goals	Objectives
Goal 1: Improve outcomes for illness and injury from the time of emergency telephone access until arrival and transfer of care to the hospital	1.1 Ensure methods of coordination among Federal agencies in the field of EMS data and research
Goal 2: Ensure a comprehensive body of scientific evidence regarding the practice of pre-hospital EMS	2.1 Ensure that departments represented within FICEMS have available data on the state of pre-hospital research and areas where further investment is needed in order to inform departmental decision-making as it relates to funding and policies in the field of EMS research
Goal 3: Enhance the environment for EMS research	3.1 Reduce Federal impediments to pre-hospital research
Goal 4: Ensure consistent standardized nationwide pre-hospital information	4.1 Improve availability of standardized pre-hospital EMS information through coordination of resources and strategies to support the National EMS Information System (NEMESIS)

On the topic of the “Gap Analysis of EMS Related Research,” Capt. Kavanaugh directed members to the draft version of the analysis, provided in the meeting handouts. Of the thirteen EMS-related topics included in the analysis, three have been analyzed in-depth: Education and Training, Patient Safety, and Disaster Preparedness. Capt. Kavanaugh summarized the functionality of the analysis:

- Identifies links between literature and existing EMS research agendas
- Examines the appropriation of funding for recommendations presented in various EMS research agendas
- Reveals that a majority of the recommendations are unfunded

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- Serves to help Federal agencies identify and prioritize EMS-related recommendations in need of funding

Capt. Kavanaugh presented the format of the draft analysis for committee deliberation. The committee agreed the draft's format was acceptable and encouraged development of the remaining topics.

Capt. Kavanaugh requested members and observers withhold from distributing the "Gap Analysis of EMS Related Research" until it is complete.

The committee is coordinating with NIH on Objective 1.1 regarding a concern that reviewers of prehospital research applications lack subject expertise. To address this issue:

- NIH released an EMSC Program Announcement with Review (PAR).
- NIH created, for the first time, a special review panel composed of people who have prehospital care research experience.
- Data and Research Subcommittee will work with NIH Institutes to expand the EMSC PAR model and develop a template that is applicable for all ages.

Capt. Kavanaugh concluded that funding for the EMSC PAR is scheduled to begin in fiscal year 2010. The first application deadline is January 15, 2009.

Capt. Kavanaugh noted the subcommittee had completed a draft document to provide guidance for Institutional Review Boards (IRB) pertaining to the emergency exception to informed consent procedures. The document is currently circulating through internal review at NHTSA.

U.S. Fire Administration, Overview of EMS Provision of Reauthorization

Michael Stern, the new EMS training specialist at the National Fire Academy (NFA) explained that the implementation of the Reauthorization Act of 2008, effective in 2009, modifies the act to include language on EMS-related topics and issues.

Section 9 of the Reauthorization Act of 2008, pertaining to the coordination of fire prevention and control, now addresses emergency medical services. According to Section 9, the U.S. Fire Administration administrator has the responsibility and authorization to:

- Access data and research information from sources that are available in the Federal government and other appropriate entities
- Provide a liaison at the organizational level to assure coordination of administrator activities related to emergency medical services provided by fire service-based systems
- Study operations and management of fire service-based EMS and examine coordination between EMS systems and fire systems

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Section 4 of the Reauthorization Act of 2008, pertaining to the National Fire Academy Program Modification, now includes “Advanced Emergency Medical Services Training.” To address this amendment, the National Fire Academy will:

- Provide a definition for advanced emergency medical services
- Examine and update, discard, and replace existing coursework as necessary
- Rename courses to include EMS in the title
- Insert EMS scenarios and examples into existing coursework, where appropriate
- Convene a steering committee in April 2009 to conduct a needs assessment to identify what courses should be provided

Mr. Stern clarified that the primary focus of the charter is fire service-based EMS; however, other EMS programs are not excluded.

PREPAREDNESS SUBCOMMITTEE, Robert Bass, MD, Chair

Goals	Objectives
Goal 1: EMS resources are effectively and appropriately dispatched and provide pre-hospital triage, treatment, transport, tracking of patients and documentation of care appropriate for a disaster, while maintaining the capabilities of the EMS system for continued operations	1.1 Develop EMS system preparedness standard(s), as appropriate
	1.2 Complete a nationwide EMS system preparedness assessment
	1.3 Develop a preparedness education requirements for EMS personnel, as appropriate
	1.4 Clarify Federal responsibilities for EMS response to disasters

Dr. Bass noted that the nation-wide preparedness assessment report would not be completed by the established deadline (December 8, 2008), noting the subcommittee made substantial progress toward that aim. He summarized Preparedness Subcommittee’s activities:

- Reviewed the Target Capabilities List (TCL), specifically emergency triage and prehospital treatment components
- Selected priority preparedness measures from the TCL to include in DHS’ Capabilities Assessment Tool (CAT)
- Awarded a contract, through the Office of Health Affairs, to Battelle Medical Readiness and Response Group to conduct a state-by-state EMS capabilities assessment
- Met with Battelle panel to discuss the assessment process

Dr. Bass anticipated that the committee would be able to present the assessment in at the June 2009 FICEMS meeting. With permission from the committee, he invited Dr. Jerry Mothershead, principal investigator from Battelle, to detail the assessment approach and confirm expectations.

Dr. Mothershead presented about the “Statewide EMS Capabilities Analysis Study” (presentation attached)

- Project goal – assess gap between current and target capabilities of EMS systems

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- Assessment metrics – ten measures selected by the TWG
- Data sources – State Preparedness Reports, Bi-Annual Strategy Implementation Reports, and a variety of other sources
- Anticipated outcome – data “roll-up”
- Project work plan – submitted to DHS for review
- Project status
- Initial findings – regarding certification and licensure standards and the use of NEMSIS
- Assumptions – ten metrics measure preparedness
- Limitations – availability and subjectivity of data

Dr. Mothershead assured members that the report would be submitted to the Technical Working Group for review before being finalized, and that his aim as principal investigator is to use existing data to produce a report that includes “actionable intelligence” without bias.

NATIONAL EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL, UPDATE AND RECOMMENDATIONS

Dr. Joseph Wright, acting on behalf of NEMSAC Chair Dia Gainor, summarized the recent activities of NEMSAC:

- Met as a council in October 2008
- Formed five subcommittees – Systems, Safety, Oversight/Analysis/Research, Education and Workforce, and Finance
- Confirmed next meeting date as January 29, 2009
- Invited 22 individuals to join the council’s subcommittees

Dr. Wright noted several recommendations from the last NEMSAC Meeting, directing members to minutes from the October 2-3, 2008 meeting. Dr. Wright invited Kurt Krumperman, Chair of the council’s Finance Committee, and Thomas Judge, member of the council’s Safety Committee, to comment on the recommendations offered by their respective committees.

The Finance Committee recommended: *NEMSAC requests that NHTSA carry the recommendation to FICEMS to make of highest priority the implementation of the IOM [Institute of Medicine] recommendation calling for CMS [Centers for Medicare and Medicaid Services] to assemble an ad hoc working group with expertise in emergency care, trauma, and EMS Systems to evaluate the reimbursement of EMS and make a recommendation with regard to including readiness costs and permitting payment without transport.*

Though the issue was included in the EMS Agenda for the Future and referred to by the Institute of Medicine report, it has received little action to date. Considering the urgency of the issue, the Finance Committee of NEMSAC decided to adopt it and seek assistance from FICEMS. Mr. Krumperman said the Finance Committee is drafting ideas for readiness-based funding models to supplement the initiative.

The Safety Committee recommended: *NEMSAC asks NHTSA to identify opportunities to develop national guidelines around the topic of mode of transport.*

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Mr. Judge clarified that the charge of the recommendation refers to all modes of transportation, not exclusively ground transport. He emphasized the need to refine current systems for determining the extent of injury and selecting the appropriate mode of transportation based on these findings, and noted the recommendation presents an opportunity to build upon the work initiated by Dr. Hunt and the CDC.

Dr. Wright announced that NEMSAC was planning to organize a meeting in June 2009. On behalf of the advisory council, he inquired if FICEMS would agree to coordinate efforts and meet at a similar time for collaboration purposes. The members of FICEMS agreed to coordinate their June 2009 meeting with NEMSAC.

Discussion of Reimbursement Recommendation (statement attached)

Angela Brice-Smith from the Center for Medicare and Medicaid Services (CMS) asked to address the NEMSAC recommendation regarding EMS reimbursement. She shared a prepared response detailing the perspective of CMS. To address the particular IOM recommendation highlighted by the NEMSAC recommendation, Ms. Brice-Smith explained that the ruling of the Medicare Statute states:

- Ambulance benefit is a transportation benefit.
- Medicare pays for emergency and non-emergency transport of Medicare beneficiaries.
- Emergency transport is higher due to the additional overhead cost for maintaining resources to respond immediately to a call, not for the cost of providing a certain level of service to the beneficiary.

Ms. Brice-Smith concluded that CMS appreciated the recommendation from NEMSAC; however, it did not consider the convening of an ad hoc group to be an appropriate resolution. She explained a statutory change would be required to permit payment without transport, and pointed out that Medicare already pays for costs associated with readiness as part of the ambulance fee schedule updates. She suggested that a “broad-based coordinated effort that examines all payers and funding sources for emergency care services” would better address the findings of the IOM report. In response to an inquiry from Dr. Krohmer, Ms. Brice-Smith confirmed that the NEMSAC recommendation was opposed by the statute’s language.

Dr. Bass identified the two issues conveyed by the recommendation: determining readiness costs and permitting payment without transport.

On the topic of reimbursement without transport, Dr. Bass suggested that CMS could conduct a pilot to consider how a revised reimbursement process could be structured and implemented. A pilot could help determine the feasibility, practicality, and implications associated with pursuing reimbursement without transport.

On the topic of readiness costs, Dr. Bass reemphasized the need to discuss and identify the cost issue, noting previous attempts to evaluate the costs of providing EMS have been unsuccessful. Dr. Bass acknowledged there is a general consensus Medicare reimbursement is substantially below cost, and asked CMS to consider how to address the cost issue.

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Dr. Wright noted that the NEMSAC Finance Committee meets on a regular basis. He indicated that members of the Finance Committee would welcome outside members to participate in their discussions. Mr. Krumperman confirmed that the date of the next Finance Committee teleconference is scheduled for December 16, 2008.

Dr. Krohmer asked Ms. Brice-Smith if it would be appropriate and/or feasible to invite members of the CMS to participate in an upcoming Finance Committee meeting. Ms. Brice-Smith responded positively and offered to help arrange the collaboration.

With the consent of the committee, and approval of Ms. Brice-Smith, Dr. Krohmer asked Dr. Wright to inform NEMSAC that FICEMS is interested in the recommendation. FICEMS will identify individuals with knowledge of reimbursement to communicate with the Finance Committee.

Committee of Mode of Transport Recommendation

Mr. Dawson indicated NHTSA had not been able to address the mode of transport recommendation forwarded by NEMSAC though NHTSA would review the recommendation as part of its long-term strategic planning and budget setting. He emphasized the significance of NEMSAC making the recommendation and indicated NHTSA may bring it to FICEMS for additional funding.

Dr. Bass asked whether the intention of the NEMSAC recommendation was to condone the CDC efforts or pursue a separate initiative.

Mr. Dawson explained that NEMSAC would work in concert with the CDC project, and the agencies would tailor the projects together.

Dr. Hunt felt a "Mode of Transport" study addressing all forms of transportation should be undertaken as a standalone project, not as part of a related study.

Dr. Bass added that there are no clear guidelines to measure the appropriateness of aircraft transport. He identified the need for national consensus guidelines on the topic to ensure patients receive the most appropriate transportation.

Dr. Krohmer extended the assistance of FICEMS to Mr. Dawson and NHTSA when the issue was ready to move forward.

ANNUAL REPORT TO CONGRESS

Mr. Dawson reminded members that NHTSA is statutorily required to provide an annual report to Congress regarding the committee's activity. He directed members to a draft letter report provided in the handouts, and asked they review the language.

No member voiced any comment, correction, or objection to the report, and Dr. Krohmer suggested that the committee proceed by e-mail to distribute an updated version, achieve consensus, and finalize the report.

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AGENCY UPDATES OF EMS-RELATED ACTIVITIES

Dr. Krohmer asked agency representatives to present updates on their respective group's activities. The following agency announcements were provided:

Emergency Care Coordination Center (ECCC) Update

Matthew Haskins reported on the recent accomplishments and pursuits of the ECCC:

- Waiting for one more concurrence on ECCC Charter
- Working to develop a Council on Emergency Medical Care

Centers for Disease Control and Prevention (CDC): Henry Falk, MD

- Injury Center Programs, which focus on the prevention of both unintentional and violence-related injuries, now include greater emphasis on issues related to trauma.
- Training materials on mass trauma, terrorism- and bomb-related injuries have increasingly been distributed internationally in response to terrorist incidents.
- "Tale of 12 Cities" meeting in November 2008 assembled representatives from India, Pakistan, Israel, Madrid, London, and six major cities within the United States to share experiences related to triage.

Health Resources and Services Administration (HRSA): David Heppel, MD

- Rural Access to Emergency Devices Grant Program was released, allowing rural areas to purchase and distribute AEDs.
- Daniel Kavanaugh is working to increase support for State EMSC Programs.
- EMSC Program is funding a grant that requires the use of the NEMESIS database for research purposes.
- National Heart, Lung, and Blood Institute will support "therapeutic hypothermia after pediatric cardiac arrest" trials.

Federal Communications Commission (FCC): Lisa Fowlkes

- Information Clearinghouse website provides information on public safety communication issues, including web pages dedicated to different segments and a list of Bureau contacts.
- Public summits are held every few months to offer an opportunity for expert panels to share information with the public.
- Next public summit is on December 11, 2008 on the topic of lessons learned from the 2008 hurricane season.

National Highway Traffic and Safety Administration (NHTSA): Drew Dawson (presentation attached)

- Thirteen states reporting to the National EMS Information System (NEMESIS) and a Technical Assistance Center (TAC) established at the University of Utah.
- Completed EMS Workforce for the 21st Century: A National Assessment available on EMS.gov.

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- EMS Workforce Agenda for the Future completed and under review by NHTSA.
- Interagency agreement with the National Institute for Occupational Safety and Health (NIOSH) to study work-related injuries and illnesses among EMS providers.
- EMS Education Standards completed and under review by NHTSA; discussing transition strategies with National partners.
- Evidence-based Practice Guidelines steering committee will meet 5 December 2008
- National Trauma Field Triage Criteria Project partially funded by NHTSA and managed by the CDC.
- National Association of State EMS Officials model EMS plan given to FICEMS for review.
- Johns Hopkins conducting the EMS System Configurations/Typology study to develop uniform classifications for EMS services to aid future research
- EMS Cost Analysis Project for evaluation of EMS systems cost underway.
- National 9-1-1 Office will establish a TAC and 911 grant program to assist states developing Public Safety Answering Points (PSAPs).
- Office of EMS information and publications are available at www.EMS.gov

Office of Health Affairs (OHA): Jon Krohmer, MD

Dr. Krohmer noted that the Office of Health Affairs distributed a letter to all participating organizations containing a statement of support for NEMESIS.

State EMS Director: Robert Bass, MD

Dr. Bass noted the progress of the National Association of State EMS Directors (NASEMSD) regarding the Model EMS Plan and the implementation of the EMS Education Agenda.

There has been dialogue circulating and a bill pending on the topic of state regulation of air and medical services. He anticipated that the committee would be hearing more on the topic in the near future.

ELECTION OF CHAIR AND VICE-CHAIR FOR 2009

Members nominated and confirmed Dr. Yeskey, from HHS, as the new chair of FICEMS.

Dr. Krohmer then asked for recommendations for the vice-chair position, suggesting members nominate a representative of DOT to maintain the rotation cycle.

Drew Dawson expressed interest on behalf of Brian McLaughlin, who agreed to serve as Vice President should he be elected in absentia. Dr. Heppel moved to nominate Mr. McLaughlin, who was unanimously elected.

OTHER BUSINESS

Dr. Krohmer noted there was one unaddressed item on the agenda, "National MCI Field Triage Guidelines." With consideration to the time, he suggested that the group delegate the responsibility to the Preparedness Subcommittee to investigate and report at the next meeting. Members of the committee, including Dr. Bass of the Preparedness Subcommittee, agreed with Dr. Krohmer's suggestion.

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PUBLIC COMMENT PERIOD

Dr. Krohmer presented the opportunity for observers to address or question members of the committee. When there was no response from the audience, Dr. Krohmer moved to adjourn the meeting.

ADJOURNMENT

Chairman Krohmer entertained a successful motion to adjourn the meeting at 3:23 p.m.

Observers

Dave Bryson, NHTSA
Laurie Flaherty, NHTSA
Cathy Gotschall, NHTSA
Jason A. Grafft, NHTSA
Susan McHenry , NHTSA
Anthony Oliver, NHTSA
Gerald Poplin, NHTSA
Gamunu Wijetunge, NHTSA
Hector Williams, NHTSA
Drew Dawson , NHTSA

Speakers

Matthew Haskins, HHS, ASPR
Richard Hunt, HHS, CDC
Thomas Judge, NEMSAC
Daniel Kavanaugh, HHS, HRSA
Kurt Krumpferman, NEMSAC
Jerry Mothershead, Battelle Medical Readiness and Response Group
Richard Patrick, DHS Office of Health Affairs
Joseph Wright, MD, NEMSAC

Audience

Michelle Adams, DHS, OHA, michelle.adams@dhs.gov
Kathryn Brinsfield, DHS, OHA
Jean Ann Collins, FCC, PSHB, JeanAnn.collins@fcc.gov
Lucian Deaton, International Association of Fire Chiefs, EMS Section, ldeaton@iafc.org
Chris Eastlee, Association of Air Medical Services, ceastlee@aams.org
Jaclynn Haymon, HRSA,EMSC, jhaymon@cnmc.org
Thomas Hardy, NTIA, DOC, Thardy@ntia.doc.gov
Robert Merritt, CDC, DHDSP, remz@cdc.gov
Jonathan Moore, International Association of Fire Fighters, jmoore@iaff.org
Allison Moore, National Volunteer Fire Council, amoore@nvfc.org
Tasmeen Singh, Children's National Medical Center, EMSC, tsingh@cnmc.org
Lisa Tofil, Holland & Knight, lisa.tofil@hklaw.com
Arun Vermury, DHS
Michael Zanker, DHS, OHA, Michael.zanker@dhs.gov