

For Consideration by NEMSAC on April 14, 2011

**U.S. DEPARTMENT OF TRANSPORTATION  
NATIONAL EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL**

**MEETING MINUTES**

These minutes, submitted pursuant to the Federal Advisory Committee Act (FACA), contains a summary of the activities that took place during the National Emergency Medical Services Advisory Council (NEMSAC) Meeting December 14-15, 2010.

**DAY 1 – TUESDAY, December 14, 2010**

The National EMS Advisory Council convened at 8 a.m. (EDT) on December 14, 2010, at the Omni Shoreham Hotel in Washington, D.C.

In accordance with the Federal Advisory Committee Act (PL 92-463), the meeting was open to the public.

**ATTENDANCE**

**Council Members in Attendance**

Leaugeay Barnes, EMS Educators  
Arthur Cooper, M.D., At-large member  
Dia Gainor, State EMS Director, NEMSAC Chair  
Marc Goldstone, Hospital Administration  
Kyle Gorman, Local EMS Service Directors/Administrators  
Troy Hagen, At-large member  
Thomas Judge, Air Medicine  
Kenneth Knipper, Volunteer EMS  
Baxter Larmon, Ph.D., EMS Researchers  
Gary Ludwig, Fire-based EMS  
James McPartlon, Private EMS  
Kenneth Miller, M.D., Ph.D., Emergency Physicians  
Robert Oenning, Dispatcher/9-1-1  
Daniel Patterson, Ph.D., Public health  
Aarron Reinert, Data Managers  
Ritu Sahni, MD, EMS Medical Directors  
Linda Squirrel, Tribal EMS  
Scott Somers, Ph.D., State & Local Legislative Bodies  
Matthew Tatum, Emergency Managers  
Gary Wingrove, Hospital-based EMS  
Joseph Wright, MD, Pediatric Emergency Medicine

**National Highway Traffic Safety Administration (NHTSA) Staff**

Drew Dawson, Designated Federal Official (DFO)  
Bernice Boursiquot  
Dave Bryson  
Laurie Flaherty

Cathy Gotschall  
Susan McHenry  
Noah Smith  
Hector Williams

**Public Attendance**

Maria Aguilar  
Tony Baker, International Assoc. of Fire Chiefs (IAFC)  
Xenya Gainor, student  
Mary Hedges, National Association of State, EMS Officials  
Ken Holland, NFPA  
Andrew Kline, DHS/OHA  
Kurt Krumperman, advocates for EMS  
Greg Lynskey, Association of Air Medical Services (AAMS)  
Terri Nally, Emergency Nurses Association (ENA)  
Susie Nicol, EMS World  
Rick Patrick, DHS/OHA  
William Seifarth, DHS/OHA  
Michael Stern, USFA  
Walt Stoy, Dir. of Emergency medicine, University of Pittsburgh (PITT/CEM)  
Ian Weston, EMSC National Resource Center  
Jolene Whitney, UT Bureau of EMS

**MEETING NOTES**

**WELCOME AND OPENING REMARKS**

Chair of the National EMS Advisory Council, Ms. Dia Gainor, called the meeting to order and welcomed Council members to the meeting of NEMSAC.

Mr. Dawson welcomed everyone attending the meeting. He said the council had the opportunity to provide vital input to federal EMS policy, and was confident that members were up to the task. Prior recommendations made by the council have been taken very seriously, for example, NEMSAC's proposal to create a culture of safety within EMS.

At Ms. Gainor's request, NEMSAC members provided brief self-introductions. Then public attendees announced their names and affiliations.

The approval of the minutes of the last meeting would be postponed until later in the current meeting.

**REVIEW OF NEMSAC BY-LAWS AND CODE OF CONDUCT AND DISCUSSION**

Ms. Gainor provided a concise review of the rules and procedures governing how the council operates, and asked council members who will remain for the new term to think about which council committees they would like to join. Ms. Gainor asked for questions or comments. There being none, she turned to the Code of Conduct, and discussed the following points:

- Phoning, e-mail and texting at meetings

- The need for members to remain until the end of council meetings
- Responding to requests for press interviews
- Conflicts of interest

Ms. Gainor asked for comments; there being none, she invited members to each make a brief mention of what they considered a priority issue for the council to address.

#### PRIORITY ISSUES

Mr. Gorman said that faced with the imminent retirement of many senior EMS people, “zigzag” career development opportunities are needed to prepare younger people for management positions.

Dr. Patterson said EMS risked losing public trust over a lack of safety. NEMSAC should devote more attention to, and support research on a culture of safety.

Mr. Larmon cited a need for more funding for EMS research, and the importance of evidence-based practice and mentoring.

Mr. Reinert stressed the importance of collecting and using data to improve EMS.

Mr. Judge cited the need to improve accountability as one of the means to improve funding for EMS. The sector also needed to address the growing use of EMS to treat chronic illnesses, as primary care physicians disappear.

Mr. Ludwig said it was time to consider replacing the 40-year-old EMS approach with new delivery models, such as “treat and release” programs, and taking patients to facilities other than emergency rooms.

Mr. Hagen said current health care reform provided a great opportunity to improve EMS.

Ms. Barnes referred to the professionalization of EMS, including national standards, licensing and credentialing.

Dr. Somers favored establishing partnerships to strengthen EMS, as well as establishing fellowships to help EMS personnel improve their qualifications.

Ms. Squirrel’s priority issue was helping tribal EMS modernize.

Mr. Tatum pointed to a need for standardization of EMS services to common minimum competency norms. Also EMS’s profile should be raised so it is seen as an essential function.

Dr. Sahni spoke of the need for more systematic medical oversight of EMS, as well as more evidence-based practice.

Mr. Oenning was excited about all the potential applications offered by the packet- (or web-) based communications that 911 dispatching is gradually switching to.

Mr. Knipper talked about the need for adequate funding for EMS, especially volunteer services in rural areas.

Mr. McPartlon underlined the need for full-cost funding and improving career ladders to prepare new leaders.

Dr. Miller said EMS needs better recognition and better integration with public safety and public health.

Dr. Cooper said the sector needs to better educate the public about EMS's crucial role.

Mr. Judge said the Affordable Care Act, the big health care reform passed by Congress in 2010, contains 11 provisions that directly affect EMS.

Ms. Gainor commented that a deliberate conclusion of the matter of a federal lead agency to oversee and promote EMS is needed, as well as promoting the performance of FICEMS to be comparable to more robust federal inter-agency committees.

Dr. Sahni requested a short presentation on the Affordable Care Act's impact on EMS. Ms. Gainor said she and Mr. Dawson would discuss how to provide that with input from members.

#### REVIEW AND APPROVAL OF OCTOBER 2010 MEETING MINUTES

Ms. Gainor announced the minutes from the October meeting would now be distributed for approval.

Mr. Larmon asked for a list of attendees to be attached. Ms. Gainor asked for other comments. There being none, she asked for a motion to approve the minutes. Mr. Knipper made a motion to approve with an amended list of attendees, and Dr. Sahni seconded it. All members were in favor and the minutes were approved.

#### DISCUSSION ON REPORT TEMPLATES (INTERIM AND FINAL), ADVISORIES, POSITION STATEMENTS AND WHITE PAPERS

Ms. Gainor welcomed the newest member of the council, Marc Goldstone, and asked him to briefly introduce himself.

Ms. Gainor said the report templates provide a standardized approach to help organize the work of the committees and the full council and described the templates.

Dr. Sahni found the templates helpful in organizing his committee's work. However, he said he was unable to find previous finalized advisories on the website. Ms. Gainor said finalized advisories would be put up on the website.

Ms. Gainor explained the role of position papers, and White Papers. NEMSAC has produced only one White Paper so far, "EMS Makes a Difference."

Dr. Patterson suggested two ways to measure the impact of these documents: the number of downloads, and how often they are cited and in what kind of publications.

Ms. McHenry said NEMSAC does indeed guide the work of the DOT. And its recommendations, being in the public domain, do have influence outside the government.

Responding to a question, Mr. Dawson said the white paper has not yet been published in print media.

#### REMARKS AND SWEARING-IN OF NEMSAC MEMBERS

##### DAVID STRICKLAND, NHTSA ADMINISTRATOR

Mr. Dawson welcomed David Strickland, Administrator of the National Highway Traffic Safety Administration.

Mr. Strickland asked members to each introduce themselves. After they did so, he underlined the importance of the council's work. He then invited questions.

In response to a question about his expectations from the council, Mr. Strickland referred to best practices, consideration of creation of a lead Federal EMS agency, and good expert advice to guide legislation and government policy.

In response to a question about future funding for EMS, Mr. Strickland said the country needs to be prepared for future emergencies, and he doesn't anticipate big cuts.

Asked about his five biggest priorities for EMS, Mr. Strickland mentioned:

- National standards
- Best practices
- Improving data collection to better inform policy, including advanced automatic crash notification
- Helicopter ambulatory services
- Quality of medical services provided

Dr. Sahni pointed to a problem with availability and access to EMS care, especially in some rural areas.

Mr. Hagen asked how EMS will get a seat at the table in the context of health care reform.

Mr. Strickland indicated there is strong support for the sector among senior federal officials, though it is incumbent on officials from HHS, DOT and DHS to press the issue.

Mr. Larmon spoke about the great work done by Mr. Dawson and his office.

Mr. Strickland agreed and then asked the members to stand and swore them in as members of the Council, before leaving the meeting.

## BACKGROUND AND REVIEW OF EMS ISSUES DISCUSSION

Ms. Gainor drew the meeting's attention to a four-page document in members' packets, "Original NEMSAC Bucket List of Activities to Discuss," drawn up at the original 2008 NEMSAC meeting, containing some 84 issues, arranged in eight categories, that members felt warranted further discussion. Five committees were established to consider the various issues. The current meeting will consider keeping or modifying those committees.

Ms. Gainor called on Mr. Dawson to discuss NHTSA's priorities and challenges.

Mr. Dawson brought up the evidence-based guideline development process. Within that process, draft protocols have been developed in helicopter EMS, and pre-hospital pain management. NEMSAC can help with the following:

- What are the mechanism, and the resources, by which guidelines get developed at a national level?
- How do those guidelines get translated into protocols?
- What is the appropriate role for the federal government, as well as for state and local officials?

A related issue is the *National EMS Education Agenda for the Future: a Systems Approach*. How does evidence-based practice process feed into education standards?

A third issue, said Mr. Dawson, is that of medical direction.

Mr. Dawson invited questions. Mr. Gorman commented that as far as evidence is concerned, there is much more than just the clinical: for example operational and financial data.

Dr. Wright asked if -- parallel to pilot-grant-funded projects collecting evidence about best practices -- work could begin to utilize the early findings.

Mr. Dawson said recommendations from the council on this issue could help his office formulate policy.

Dr. Sahni said there is a dearth of EMS evidence available to use to form guidelines.

Dr. Wright said that at least there is now much clarity about the specific areas in which research is needed.

Ms. Gainor then acknowledged and welcomed a visiting delegation from a Mexican governmental group, "Risk Managers for Mexican Highways," and asked its leader to introduce the members of the group.

## DISCUSSION OF NEW AND EMERGING ISSUES

Ms. Gainor said she would give Mr. Wingrove and Dr. Wright the floor first to share their priority issues, since they were only able to arrive after the other members had spoken on the topic.

Mr. Wingrove hoped that NEMSAC could move forward with issues even if other DOT venues have not yet gotten that far.

Dr. Wright raised the issue of evidence-based guidelines.

Ms. Gainor announced that on the subject of how health care reform relates to EMS, a teleconference meeting of the council will be organized, probably in late-January, to present a panel discussion with experts.

Dr. Sahni brought up the *National EMS Education Agenda for the Future: a Systems Approach*:

- The National Scope of Practice, now 5 or 6 years old, is getting out of date.
- The council should pay attention to the accrediting and certification bodies.

Dr. Sahni felt the council should provide firmer guidance to the states ensuring they spend part of their NHTSA grants on EMS.

Mr. Dawson agreed and added that it might be good for NHTSA and the Federal Highway Administration (FHWA) to consult on grant guidelines.

Ms. Gainor agreed and pointed to the apparently significant regional differences in the advice provided by regional administrations to state offices.

Dr. Somers suggested the council develop a policy statement expressing concern over attempts by the major cell phone companies to buy out the 700 Megahertz wireless communications band for commercial use, eliminating its availability for public safety.

Dr. Cooper said the council should think strategically and look forward to how EMS will look in 5 – 10 years.

Mr. Reinert spoke about the development of ambulance standards, and a reduction in ambulance services reimbursement by HHS's Centers for Medicare & Medicaid Services.

Mr. Ludwig suggested the council discuss the use of social media.

Dr. Cooper raised the usefulness of developing an app for iPads, on which EMS personnel could record data.

At the request of Ms. Gainor, Mr. Oenning took the floor to speak about vast potential of Next Generation 9-1-1, which takes the system from its current 1960s technology to the latest internet technology, including automatic crash notification.

Mr. Gorman spoke about safety issues, in particular the need to reduce the number of traffic accidents crashes involving EMS vehicles.

Dr. Somers spoke about choosing carefully which information first responders need to have, to avoid the danger of information overload along with the adoption of the new information

technologies.

Mr. Ludwig lamented that unlike the preventive measures promoted by fire services, EMS does not promote preventive medicine.

Mr. Knipper wondered what happened to a CDC project looking at possible cooperation between EMS and public health and safety. Mr. Dawson said NHTSA had cooperated with the study, but he was unaware of the outcome of the project.

Mr. Goldstone said EMS should be seen as a health service, not a transport- or public safety-service, or public utility.

Dr. Sahni discussed the obstacles to pre-hospital research, including the issue of exceptions to informed consent.

Dr. Wright favored more research on the problem of obstacles to pre-hospital research.

Ms. McHenry (NHTSA) mentioned two recent relevant activities.

- The first of two webcasts on using exceptions from informed consent, intended for institutional review board (IRB) representatives, will take place Feb. 28, 2011, if approved by FICEMS.
- A conference on IRB issues related to EMS research, co-sponsored by FICEMS and the emergency care coordination center, will be held in April.

Dr. Patterson spoke about the lack of standardization of Emergency Vehicle Drivers Courses.

#### DISCUSSION ON THE COMMITTEE STRUCTURE AND MEMBER INTEREST

Ms. Gainor said that the start of a newly appointed council is a good time to consider the appropriateness of the five existing committees: Safety; Education and Workforce; Systems; Oversight, Analysis and Research; and Finance. She called for discussion.

Mr. Goldstone proposed two new committees:

- Clinical quality
- Outcomes evaluation and management.

Mr. Larmon and Dr. Sahni both indicated that the topic of “outcomes” was already covered by the Oversight, Analysis and Research committee.

Mr. Goldstone and Mr. Judge, however, both felt it was worthwhile to create a committee devoted to, and named, “outcomes.”

Dr. Cooper thought NEMSAC must think more strategically, rather than tactically, and the committees should reflect that approach.

Ms. Gainor asked members to have a quick look at the council’s charter, specifically section 3 on objectives and duties. After members had taken a few moments to do so, she asked what the



group thought about changing the name of the Oversight, Analysis and Research committee to Oversight and Outcomes Evaluation committee.

Mr. Goldstone cautioned against any proposals that could lead to bad rules, e.g. the ambulance service is not paid if:

- the patient does not get better – or acquires an illness -- while in the ambulance
- the patient needs to return to the care facility within three days.

Mr. Goldstone said the council should focus more on studying outcomes, as one way of averting the potentially costly ramifications of possible bad rules or legislation.

Ms. Gainor proposed leaving unchanged the committee names for now, with the understanding that topics related to outcomes, evaluation, and clinical quality will be the purview of the Oversight, Analysis and Research committee, while topics related to communications and technology will be the purview of the Systems committee. She asked if everyone was comfortable with that approach, and appeared to have consensus agreement.

Mr. Reinert proposed creating a committee devoted to technology issues.

Ms. Gainor proposed that the committees each meet to refresh the list of topics they will deal with, based on the original bucket list, and the 14 or so (later put at 21) new and emerging items identified by members earlier at the meeting. Ms. Gainor then had blank forms passed out, and asked members to list, in descending order of preference, the committees they would like to join. After taking a few moments to fill out their forms, members returned them to the chair.

At the request of Ms. Gainor, Mr. Dawson said the council was budgeted for three or four meetings in calendar year 2011, but dates had not yet been decided.

Ms. McHenry said some meetings could be held by teleconference – perhaps including a session on the implications for EMS of the new health care reform legislation, likely in late January -- though face-to-face gatherings are more productive.

Ms. Gainor turned to the timing of the other council meetings for the coming year. After discussion, the group agreed by consensus to hold face-to-face meetings in March, (followed by another teleconference in the summer), September, and December.

After some discussion, the group agreed to consider which of the items in the Bucket list should be dropped.

Ms. Gainor read out each item, one after the other, and then decided, based on a show of hands by the group, which to drop.

At 4:32 Ms. Gainor asked for a motion to recess; it was made and adopted by acclamation.

**DAY 2 – WEDNESDAY, December 15, 2010**

The National EMS Advisory Council reconvened for the second day of the meeting at 8:05 a.m. (EDT) on December 15, at the Omni Shoreham Hotel, in Washington, D.C.

In accordance with the Federal Advisory Committee Act (PL 92-463), the meeting was open to the public.

**ATTENDANCE**

**Council Members in Attendance**

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Maria Aguilar  
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Xenya Gainor, student  
Mary Hedges, National Association of State EMS Officials  
Ken Holland, NFPA  
Andrew Kline, DHS/OHA  
Kurt Krumperman, Advocates for EMS  
Greg Lynskey, Association of Air Medical Services (AAMS)  
Terri Nally, Emergency Nurses Association (ENA)  
Susie Nicol, EMS World  
Rick Patrick, DHS/OHA  
William Seifarth, DHS/OHA  
Michael Stern, USFA  
Walt Stoy, Dir. of Emergency Medicine, U of Pittsburgh (PITT/CEM)  
Ian Weston, EMSC National Resource Center  
Jolene Whitney, UT Bureau of EMS

## **MEETING**

**DISCUSSION ON THE COMMITTEE STRUCTURE AND MEMBER INTEREST** (continued from previous day)

At the instructions of Ms. Gainor, blank sheets were distributed, and members took a few minutes to look over the items remaining in the Bucket list as well as the additional 21 new and emerging issues, and each wrote up a list of the 10 they considered of highest priority. The lists were then passed to the chair.

### **UPDATE FROM THE NHTSA OFFICE OF EMS**

Ms. Gainor asked Mr. Dawson to provide an update on the activities of the NHTSA Office of EMS.

Mr. Dawson said most NHTSA program updates were presented at the last teleconference.

For FICEMS, he discussed the following items:

- The committee structure of FICEMS
- Grant funding: there is a tendency toward more focused strategic planning, to try to identify a more limited number of opportunities for coordination and collaboration.
- Reports on the Mexican Hat crash and on helicopter EMS.

Mr. Dawson invited questions. In response to a question, he said day-to-day coordination on EMS issues among federal agencies has been improving. The aim now, he said, is seeing how to increase collaboration at the highest level. Dawson said further enhancing collaboration is a reasonable goal, but consolidation of all EMS issues (including research) into a single lead federal agency may not be.

Ms. Gainor read out the numbers of the items from the bucket list that received the least support in the earlier exercise, and asked members to cross them out from their ballots. When that was completed, she asked members to each indicate from the remaining items, the five they consider most important.

#### FEDERAL PARTNER UPDATE

Ms. Gainor asked Rick Patrick, from the Department of Homeland Security (DHS), to make a presentation.

Mr. Patrick gave an overview of the DHS's Office of Health Affairs (OHA), starting with its four overarching goals:

- Advise DHS leadership
- Build national resilience around health incidents
- Enhance national and DHS capabilities
- Protect DHS workforce against health threats

Mr. Patrick continued:

- Five branches of OHA deal with bio-terrorism threats and other health threats
- Four branches of OHA deal with health workforce issues
- OHA tries to identify gaps in health protection
- OHA has four key EMS projects underway with contractors.

Mr. Dawson asked for questions for Mr. Patrick. Dr. Cooper noted that with the 10-year anniversary of the 9/11 attacks less than eight months away, there is still no compact, national educational program for first responders, nor have the competencies they need been agreed on.

#### PUBLIC COMMENT

Mr. Dawson invited the public attendees to comment.

Ian Weston, director of the Emergency Medical Services for Children National Resource Center (NRC) introduced his agency and current projects.

- Finalizing an online tool for providers to understand clinical research and apply it to EMS.
- Developing a pediatric disaster-clearing house.
- Archiving and disseminating the results of grant research.
- Developing social media efforts, with Facebook, Twitter, and blogs.
- Producing toolboxes for pediatric EMS providers and researchers, on such issues as cultural competency, exception from informed consent, and inter-facility transfer.
- Just finished producing performance measures as benchmarking tools for states, hospitals, etc.

Dr. Wright acknowledged the important collaboration of a large number of partner organizations.

Ms. Gainor called on Mr. Krumperman, who spoke about:

- Maximizing the comprehensive integration of EMS into prevention, public health, and primary care, in the context of the new health care reform legislation
- Guidance for the academic community in identifying research issues for students.
- A lead national agency for EMS.

In response to a question from Mr. Goldstone about generating research ideas, Mr. Krumpferman felt two channels would be best: solicit ideas from the field and have NEMSAC also provide ideas.

Dr. Patterson suggested the council should indicate more clearly to the public how the issues on its bucket list relate to public health.

Ms. Gainor called on Ken Holland of the National Fire Protection Association (NFPA) to speak:

- Today is the last day to submit comment on the NFPA's ambulance standards document
- NFPA has shifted its focus to become more involved in EMS.

There being no questions for Mr. Holland, and no one else from the public who wanted to speak, Ms. Gainor asked members to do their final ballot by each noting their three highest priority issues from the 13 highest-scoring issues from the previous ballot, whose numbers she proceeded to read out.

Ms. Gainor then gave the floor to Nels Sanddal, of the Critical Illness and Trauma Foundation, who spoke via audio teleconference about the National EMS Assessment Project. (He presented apologies for Dr. Greg Mears who was unable to be there):

- Where data has been missing, the project has used expert panels
- The 18-month project will present its draft report in January 2011 and its final report in March 2011.
- The project has already identified information covering 90 percent its outline document.
- Some findings from four expert panels (two in EMS; two in emergency preparedness) include: a wide variation in how states define EMS agencies, making comparison and measurement a challenge; there is little oversight of dispatch centers or the training of their personnel; there is inadequate data on safety (ambulance crashes, errors in care, etc) though more should emerge from current "Culture of Safety" projects; new electronic communications, data, and patient tracking technologies are developing but their implementation is spotty.

Ms. Gainor asked for questions. In response to a question, Mr. Sanddal said the purpose of the study is to give NEMSAC and FICEMS a better understanding of the current status of EMS in the country, to help both bodies in their work.

After thanking Mr. Sanddal, Ms. Gainor asked Gregg Lord, of the National Commission on Children in Disasters (NCCD) to talk about the group's work:

- The commission was established by Congress, as an independent, bi-partisan group, over concerns about inadequate EMS equipment and facilities for children.
- The commission submitted its second annual report to Congress last fall.
- The federal government should designate a "Czar of Children" to coordinate disaster response efforts as they pertain to children.
- The federal government should designate a federal agency for all EMS – not just pediatric - - to coordinate funding grants and create standards, and thereby improve the system for

everyone, including children.

- Since many ambulances do not meet pediatric equipment standards, new regulations are needed to impose the standards.
- DHS and HHS should develop stronger pediatric performance measures in grant programs.
- HHS should start funding – through NIH – a significant research agenda in pediatric EMS, led by a national strategy.

Dr. Cooper proposed that at its next meeting, NEMSAC endorse the NCCD's latest annual report.

Ms. Gainor said she would consult with Mr. Dawson on the proposal. Then she called on Mr. Judge to talk about the position statement before the council on the protection of access to broadband.

Mr. Judge thought it was important to protect a part of the broadband spectrum for EMS before it goes up for commercial auction, and made a motion that the council adopt the statement. Dr. Cooper seconded it.

Mr. Dawson asked Mr. Judge to explain the pros and cons of the proposed statement.

Mr. Judge said that as EMS services struggle to upgrade their communications systems, auctioning off the parts of the broadband spectrum under discussion would mean that EMS services would have to rent bandwidth from commercial providers, something that would be prohibitively expensive.

Dr. Sahni added that those opposed to reserving parts of the bandwidth for emergency services argue that opening the spectrum to commercial use would lead to competition, which would in turn lead to better and more efficient products, which would benefit everyone, including public safety.

Several members commented about the possible value of amending the proposal to endorse the auctioning of the spectrum as long as the winning bidder had to provide some of it free to public safety.

Mr. Ludwig proposed the council endorse the position of the Public Safety Alliance on this issue, though members later rejected the idea as unnecessarily complicating their own work on defining their position.

Mr. Gorman was disturbed that the council was asked to vote on a position statement it had only just received, without time to study the issue. The chair and another member pointed out that the purpose of the proposed statement was to react quickly to a timely issue; a telecommunications industry coalition had just announced its position within the previous two weeks.

After some discussion aimed at clarifying and strengthening the statement, the statement was adopted by acclamation. The statement will be posted on EMS.gov.

Ms. Gainor turned to committee composition. Having received the list of top issues that members individually chose, she said members would be notified shortly as to which committee they would each be assigned to.

She then read out the issues that had received the most votes, and the committee each would fall under:

- The need for a lead federal EMS agency with clear responsibilities and lines of authority [Systems]
- Leadership development [Education and Workforce]
- EMS protocols [Oversight, Analysis and Research]
- Healthcare reform implementation [Finance]
- Base reimbursement on performance standards [Finance]
- Public education and information [Education and Workforce]
- Research into patient outcomes [Oversight, Analysis and Research]
- Better standardization in collection of EMS data points [Oversight, Analysis and Research]
- Integration of EMS with other health and public health partners [No assignment]
- Absence of government responsibility and accountability [Systems]
- Interstate credentialing and licensing [Systems (tentatively)]
- Equitable access to federal grants for EMS agencies [No assignment]

Ms. Gainor said that after the composition of the committees was announced, committees would meet and first look over their list of issues and prioritize them, and indicate if any issues don't belong there. They should also discuss which instrument would be most appropriate for disseminating the council's position on each issue (advisory, position statement, white paper.)

Mr. Dawson then said that his office needed ongoing assistance from NEMSAC with two issues:

- The education agenda
- Enhanced and improved medical direction

Mr. Reinert said technology issues should be more of a focus of NEMSAC's work, perhaps by creating a new committee devoted to the issue. Ms. Gainor said she and the DFO would take the proposal under advisement.

There was some discussion indicating that even though the issue of "safety" did not in itself receive enough support to be included among the top vote-getting issues, it was nonetheless a constant concern that permeates the council's work, particularly in regard to the problem of ambulance crashes.

Mr. Reinert proposed a motion:

*NEMSAC requests that CMS reinvest in the Medicare ambulance fee schedule the loss of reimbursement to EMS providers resulting from the fractional-mileage policy change. The GAO has documented that ambulance services are already under-reimbursed on the average six percent. Any further loss of reimbursement will have an additional negative impact on EMS providers, and their ability to provide quality EMS and first responder services. NEMSAC*

For Consideration by NEMSAC on April 14, 2011

*therefore urges CMS to reinvest the money into the ambulance fee schedule.*

Mr. Hagen seconded the motion. However, Mr. Dawson cautioned that this complex issue, which affects a number of federal agencies, needs more consideration, rather than sending it on to the FICEMS meeting tomorrow.

At the suggestion of Ms. Gainor, both Mr. Hagen and Mr. Reinert withdrew their motions.

Ms. Gainor and Mr. Dawson expressed their thanks and appreciation to council members. At 11:33 a.m. (EDT) on December 15, 2010, the NEMSAC Meeting adjourned.

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I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.

Approved by: Drew Dawson  
Drew Dawson  
Designated Federal Official

Dated: 13 APR 11

These minutes will be formally considered by the Council at its next meeting, and any corrections or notations will be incorporated in the minutes of that meeting.