

FICEMS Meeting Minutes
December 8, 2006

Introduction

The inaugural meeting of the Federal Interagency Committee on Emergency Medical Services (FICEMS) was held on Friday December 8, 2006, from 1:30 to 3:00 PM in the MacCracken Room of the Federal Aviation Administration at, DC.

Committee members in attendance:

Department of Transportation

Nicole R. Nason
Administrator, National Highway Traffic Safety Administration

Department of Homeland Security

Jeffrey W. Runge, M.D.
Chief Medical Officer

Charles Dickinson
Acting Administrator, U.S. Fire Administration

Department of Health & Human Services

Peter C. Van Dyck, M.D., MPH
Associate Administrator, Maternal & Child Health
Health Resources & Services Administration

Henry Falk, M.D.
Director, Coordinating Center for Environmental
Health and Injury Prevention
Centers for Disease Control and Prevention

Thomas Hamilton
Director, Survey & Certification Group
Centers for Medicare & Medicaid Services

David R. Boyd, MDCM, FACS
EMS Coordinator, Emergency Services
Indian Health Services

RADM Craig Vanderwagen, M.D.
Assistant Secretary for Public Health Emergency Preparedness
*Kevin Yeskey, M.D., FACEP, Acting Deputy Assistant Secretary attending on
behalf of Dr. Vanderwagen

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Department of Defense

Lieutenant Colonel William J. Kormos, Jr.
Office of the Assistant Secretary of Defense Health Affairs

Federal Communications Commission

Catherine W. Seidel, Acting Chief, Wireless Telecommunications Bureau

A list of observers is provided in Appendix A.

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.

Meeting Summary

Opening Remarks

The meeting was called to order by Nicole Nason, NHTSA Administrator. Ms. Nason welcomed the group, thanked them for attending, and reviewed the agenda items.

Ms. Nason discussed the importance of emergency medical services, not only to NHTSA's mission of reducing fatalities and injuries on the roadway, but also to the missions of all the agencies represented on the committee. Ms. Nason expressed hope that FICEMS could serve as a Federal clearinghouse for EMS and as an incubator of new policies and new strategies that will ultimately advance and improve EMS. Greater collaboration among the member agencies should also result in better coordination of Federal funding for EMS. NHTSA will be providing staff support to FICEMS through the Office of Emergency Medical Services under the direction of Drew Dawson, Director.

The FICEMS statute also requires that a State EMS director be appointed to the committee. Designation of this representative is in process and a State EMS director should be participating at the next FICEMS meeting.

Ms. Nason invited each member to share their thoughts and suggestions on EMS and the role of FICEMS:

Jeffrey Runge, M.D., Department of Homeland Security, (DHS)

Dr. Runge reviewed his involvement with EMS including 17 years as an emergency medicine physician. EMS is essential to the whole concept of preparedness - a major focus of the

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Department of Homeland Security. Coordination of EMS-related grants across agencies will be an important FICEMS activity. A lot of work went into including FICEMS in the transportation reauthorization bill and he congratulated NHTSA staff for making it a reality.

Henry Falk, M.D., Centers for Disease Control and Prevention (CDC)

Dr. Falk provided information on his experience both as a pediatrician and in emergency response efforts including Mount St. Helens, Three Mile Island and Katrina. While CDC focuses considerable attention on the prevention of injuries, one Division addresses improving the care of persons after their injury. CDC is very concerned about the reduction of long-term disability. Dr. Falk has come to appreciate the very essential role of EMS which he credits for his current ability to walk after the injuries he sustained in a crash.

Peter Van Dyck, M.D., MPH, Health Resources and Services Administration (HRSA)

Dr. Van Dyck represents three programs within HRSA, the Emergency Medical Services for Children Program in the Maternal and Child Health Bureau, the Office of Rural Health Policy which has some emergency medical services responsibilities in rural areas, and the Health Systems Bureau, which has a division, Emergency Preparedness, that has major responsibility for the National Bioterrorism Hospital Preparedness Program (NBHPP). He feels a strong sense of responsibility for being a voice for and representing the pediatric aged clients across the country that use EMS systems and programs.

Thomas Hamilton, Centers for Medicare and Medicaid Services (CMS)

Mr. Hamilton explained that CMS is the largest health insurer in the country assisting approximately 80 million beneficiaries in Medicare and Medicaid and in the State Children's Health Insurance Programs. CMS is a major payer for the delivery of Emergency Medical Services. In normal times CMS sees the benefits of effective emergency services. On-site emergency medical services have dramatically improved the odds that a person with severe injuries will recover many of their functions and be able to participate in community life to a much greater extent than anytime in history. This has enhanced the lives of CMS beneficiaries and also reduced the extent to which Medicaid, in particular, has had to provide on-going services.

In national disasters, such as Hurricane Katrina, CMS becomes involved in EMS not just through their normal disbursements but also from their ability to grant waivers and to fund types of services that would not otherwise be covered. CMS is keenly interested in FICEMS and is committed to participating.

David Boyd, MDCM, FACS, Indian Health Service (IHS)

IHS, brought into the Public Health Service 55 years ago, represents approximately 560 recognized tribal nations and supports more than 80 Ambulance Service Programs including paramedic services, basic EMT's, and first responders. Dr. Boyd expressed his commitment to the importance of emergency response to rural America since most of the tribal reservations are classified as rural, and, in some cases, ultra rural.

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Catherine Seidel, Federal Communications Commission (FCC)

Ms. Seidel explained that the FCC considers and implements policies and regulations relating to communications including land line and wireless media. Part of the agency's core mission is public safety and the licensing and regulation of critical infrastructure facilities. She was pleased to be included on the Committee and is looking forward to participating.

Lt. Col. William Kormos, Department of Defense (DoD)

Lt. Col. Kormos represents the Assistant Secretary of Defense for Health Affairs. DoD's health program includes 519 medical treatment facilities at the local level, each of which has reciprocal agreements with the local organizations and agencies. At the national level, the DoD is involved with the National Disaster Medical System and keeping track of 83,000 hospital beds that could be used in national emergencies. DoD is looking forward to participating in FICEMS and to assessing needed system improvements.

Kevin Yeskey, M.D. Department of Health and Human Services (HHS)

Dr. Yeskey, representing Rear Admiral Craig Vanderwagen, M.D, Assistant Secretary for Public Health Emergency Preparedness, of HHS, indicated the Office of Public Health Emergency Preparedness is designated as the lead agency for public health and medical services in the national response plan. They work with a variety of Federal agencies in preparedness-related issues. His office looks forward to engaging in discussion with the committee.

Charles Dickinson, United States Fire Administration (USFA)

Mr. Dickinson recounted his long experience in the fire service and observations he has made about the evolution of emergency medicine. He cautioned the group that despite all of the national attention over the past five years, there is no national medical emergency response. It all starts at the local level. He urged the group to remember that their deliberations should have a positive impact on local level personnel who are actually delivering the care. They are all part of an EMS system that starts with the call to 911 and ends when a person arrives at a place where care is given. All FICEMS agencies must deliver a consistent message. The United States Fire Administration looks forward to being a part of FICEMS because nearly every fire department in the country is involved in some type of emergency medical response.

Election of a Committee Chair

The FICEMS statute requires the election of a chair. Ms. Nason commented that NHTSA would continue to provide staff support to the group regardless of who served as chair. Dr. Runge nominated Nicole Nason. The nomination was seconded by Dr. Boyd and unanimously approved.

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Proposed Method of Operations

At the request of Ms. Nason, Drew Dawson reviewed the Proposed Methods of Operation which had been drafted by NHTSA staff and circulated to the committee members. (A copy is attached in Appendix B)

The committee discussed the proposed document including the establishment of additional working groups to address emerging areas of interest and the need to have the flexibility to involve different agencies in these sub-committees depending on the issue being addressed. Mr. Dawson indicated that this would provide a formal mechanism for NHTSA, which is mandated by Congress to operate a National 911 office, to involve other agencies in discussions on 911 issues. Ms. Nason confirmed that the full committee will have one State representative with full voting rights. The working groups will be made up of Federal representatives, but, as with the full committee, there will be opportunities for public input. Ms. Nason asked the members to review the Proposed Methods of Operations, to provide any additional suggestions, and to designate their representatives for the Technical Working Group (TWG).

Establishment of Priorities for FICEMS and the Technical Working Group

Following discussion, the following issues were agreed upon for work by the TWG and presentation to FICEMS:

- Review the statutorily-mandated items and ensure completion of the Congressional report
- Identification of strategies for accomplishing the mission of FICEMS
- Review opportunities for improving EMS data standardization, collection, and analysis (coordination with other data gathering systems, such as NEMSIS and the National Fire Incident Reporting System)
- [EMS systems must engage in disciplined planning to face a range of threats and hazards that comprise the continuum of risk. A focus on targeted capabilities and appropriate planning scenarios is the key to assessing current and future preparedness, determining gaps and investing available funding. Improvements in EMS policy, funding, standards and metrics for preparedness and response should be based upon a shared national vision, capabilities and priorities.](#)
- Review funding for EMS Research to support the NHTSA EMS Research Agenda.. (Inventory of current federal EMS research funding & seeking more funding for EMS research)
- Increase collaboration among the Federal Agencies and State Agencies to enhance EMS
- Improving the medical oversight of EMS
- Examining the recommendations of the *Institute of Medicine report: The Future of Emergency Care in the United States Health System*

FICEMS will focus primarily on out-of-hospital medical care, but recognizes the importance of the strong ties to the full spectrum of medical and hospital services.

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Public Comment

Kurt Krumperman, American Ambulance Association

Mr. Krumperman expressed his hope that this FICEMS, and its Federal members, will have the ability not only to talk about good ideas but to also take those ideas and develop them to lead EMS in the United States to a higher level. Everyone in the private sector is willing and eager to assist.

Robert Bass, M.D., National Association of State EMS Officials.

Dr. Bass indicated his organization is very pleased to see FICEMS finally come together and expressed their appreciation for the significant effort that went into establishment of the committee. There are several challenges that are facing EMS including preparedness, recruitment and retention, funding, overcrowding and communications. State and local organizations are heavily dependent on working with Federal agencies to address these issues and believe that FICEMS will provide an excellent mechanism for expediting the needed dialogue among all parties.

Robert O'Connor, M.D., National Association of EMS Physicians

Dr. O'Connor reported that the NAEMSP Board recently met and expressed their support of FICEMS. He emphasized the need for the committee to focus on the access to care as well as the interaction with emergency medicine as a whole. The emergency medicine system is in crisis right now and EMS is dependent on adequate staffing in emergency departments so that patients may be delivered to expert care givers.

Robert Martin, National Emergency Number Association

Mr. Martin indicated his pleasure to hear that 911 and emergency communications are being considered part of the purview of FICEMS. He looks forward to discussions on interoperability communications and its future infrastructure. He expressed his belief that this approach is an integral component for the continued success of EMS service in this country.

Closing Comments – Charlie Dickinson

Mr. Dickinson spoke of how things have changed since 9/11. He stated that prior to 9/11, funding for first responders was minimal and since then funding has increased significantly for fire departments, but Emergency Medical Services was left out and not included in that funding.

He stressed that America's first responders are the heart of our homeland defense and that many feel 9/11 was not a one time thing. He stated that we have to plan for the future which includes all of us, not just law enforcement, fire and public works. A huge part of that response will be medical and yet they're the very ones that need the most help right now as the healthcare systems are in a critical stage. He suggested that collaboratively funding must be made available. The

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fire service is anxious simply because they're a huge part of that emergency medical delivery and yet part of that system is at a critical stage because of the lack of funding.

He stated that the US Fire Administration wants to work in every way it can to encourage and to find funding for EMS because it has been a remarkable system. He stated that we have to collectively note this need for EMS to be integrated with first responder needs across the country.

Adjournment

Ms. Nason suggested that the full committee meet again in approximately six months unless the Technical Working Group identifies a problem that needs to be addressed sooner. The Technical Working Group will get started as quickly as possible with the hope that a framework for the Annual Congressional Report will be ready by the next meeting.

Ms. Nason then adjourned the meeting at 2:54 PM with thanks to all for participating.

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Appendix A

List of Observers

1. Michael Harrington	NHTSA, Director, External Affairs
2. Marilena Amoni	NHTSA, Associate Administrator Research & Program Development
3. Brian McLaughlin	NHTSA, Senior Associate Administrator Traffic Injury Control
4. Dan Kavanaugh	Emergency Medical Services for Children (HRSA)
5. Christina Turgel	Emergency Medical Services for Children (HSRSA)
6. Jon Krohmer, M.D	Office of the Chief Medical Officer at DHS,
7. Terry Adirim, MD	Office of the Chief Medical Officer at DHS
8. Rick Ziebart	United States Fire Administration
9. Sandy Bogucki, M.D., Ph.D, FACEP	Office of Public Health Emergency Preparedness (OPHEP)
10. Drew Dawson	NHTSA/Office of EMS
11. Susan McHenry	NHTSA/Office of EMS
12. Gilberto Torres	NHTSA/Office of EMS
13. Laurie Flaherty	NHTSA/Office of EMS
14. Gamunu Wijetunge	NHTSA/Office of EMS
15. Dave Bryson	NHTSA/Office of EMS
16. Julie Krueger	NHTSA/Office of EMS
17. Robert Bass	National Association of State EMS Officials
18. Debra Alvarez	AARP Federal Affairs
19. Gabriela Gonzalez	Emergency Health and Medical Services Administration (EHMSA) DC Department of Health
20. Christopher Eastlee	Association of Air Medical Services
21. Mary Jagim RN,BSN,CEN,FAEN	ENA Foundation Board of Trustees
22. Lucian H. Deaton	International Association of Fire Chiefs (IAFC)
23. Kurt Krumperman	American Ambulance Association

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24. Dave Finger	National Volunteer Fire Council
25. Schuyler St. Lawrence	TK Holdings Inc.
26. Robert E. O'Connor, M.D.	National Association of EMS Physicians
27. Lisa Meyer	Cornerstone Government Affairs

Appendix B

Proposed Method of Operations

**Federal Interagency Committee on Emergency Medical Services (FICEMS)
Proposed Method of Operations**

BACKGROUND

Official Designation: Federal Interagency Committee on Emergency Medical Services (FICEMS)

Statutory Authority: Pursuant to Section 10202 of the Safe, Accountable, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), the Secretary of Transportation, the Secretary of Health and Human Services, and the Secretary of Homeland Security, acting through the Under Secretary for Emergency Preparedness and Response, shall establish a Federal Interagency Committee on Emergency Medical Services.

Scope and Objectives: The following purposes/objectives of FICEMS are specified in the law:

- To ensure coordination among the Federal agencies involved with State, local, tribal, or regional emergency medical services and 9–1–1 systems
- To identify State, local, tribal, or regional emergency medical services and 9–1–1 needs
- To recommend new or expanded programs, including grant programs, for improving State, local, tribal, or regional emergency medical services and implementing improved emergency medical services communications technologies, including wireless 9–1–1
- To identify ways to streamline the process through which Federal agencies support State, local, tribal or regional emergency medical services
- To assist State, local, tribal or regional emergency medical services in setting priorities based on identified needs
- To advise, consult, and make recommendations on matters relating to the implementation of the coordinated State emergency medical services programs

FICEMS is required to prepare an annual report to Congress regarding the Committee's activities, actions and recommendations.

FICEMS Statutorily Required Membership

The following members, or their designees, are required FICEMS members:

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- The Administrator, National Highway Traffic Safety Administration.
- The Director, Preparedness Division, Directorate of Emergency Preparedness and Response of the Department of Homeland Security.
- The Administrator, Health Resources and Services Administration, Department of Health and Human Services.
- The Director, Centers for Disease Control and Prevention, Department of Health and Human Services.
- The Administrator, United States Fire Administration, Directorate of Emergency Preparedness and Response of the Department of Homeland Security.
- The Administrator, Centers for Medicare and Medicaid Services, Department of Health and Human Services.
- The Under Secretary of Defense for Personnel and Readiness.
- The Director, Indian Health Service, Department of Health and Human Services.
- The Chief, Wireless Telecommunications Bureau, Federal Communications Commission.
- A State emergency medical services director appointed by the Secretary.

Additional representatives of Federal agencies may be appointed by the Secretary of Transportation or the Secretary of Homeland Security through the Under Secretary for Emergency Preparedness and Response, in consultation with the Secretary of Health and Human Services providing they have a significant role in relation to the purposes of the Interagency Committee.

PROPOSED METHOD of OPERATIONS

The National Highway Traffic Safety Administration suggests the following *Method of Operations* for consideration of FICEMS:

FICEMS

The FICEMS, composed of high level officials, will meet at least two times per year and will:

- a. Establish policies for collaboration and cooperation among the participating Federal agencies to meet the statutory requirements;
- b. Make assignments to the Technical Working Group (TWG) which will report back to FICEMS.

The FICEMS Chair will be elected at the first meeting. A Technical Working Group, meeting at least quarterly, will provide staff support, advice and recommendations to FICEMS.

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Technical Working Group (TWG)

The TWG, composed of mid-level managers and technical experts from FICEMS member agencies and other pertinent agencies, will be chaired and staffed by the NHTSA Office of EMS in cooperation with HHS and DHS. Examples of TWG membership might include:

HHS

- Emergency Medical Services for Children (HRSA) staff
- Office of Rural Health Policy (HRSA) staff
- Hospital Preparedness and Bioterrorism (HRSA) staff
- Division of Injury Response (CDC) staff
- Division of Heart Disease and Stroke Prevention (CDC) staff
- Office of Public Health and Emergency Preparedness (OPHEP) staff

DHS

- Chief Medical Officer staff
- United States Fire Administration staff
- Grants and Training staff
- Infrastructure Protection staff

DOT

- NHTSA Office of EMS staff
- Federal Highway Administration – Chief Safety Engineer staff
- Research and Innovative Technology Administration staff
- Federal Motor Carrier Safety Administration staff

DOC

- National Telecommunications and Information Administration staff

FCC

- Wireless Telecommunications Bureau staff

It is anticipated that the TWG may address the following topics through committees:

- Education and Training
- System Infrastructure
- Research
- Preparedness
- Medical Oversight
- Emergency Communications
- Public awareness
- Wireless 9-1-1

FICEMS Administrative Support

NHTSA Office of EMS, in cooperation with DHS and HHS, will provide FICEMS administrative support including scheduling meetings, setting agendas, keeping minutes and records, and producing reports. (FICEMS statute is provided as Attachment). NHTSA has contracted for administrative support to FICEMS.