

## **Introduction**

The Federal Interagency Committee on Emergency Medical Services (FICEMS) meeting was held on Tuesday December 18, 2007 from 1:00 to 2:36 p.m. at the U.S. Department of Transportation in Washington, D.C.

Committee members in attendance:

### **Department of Transportation**

Jim Ports  
Deputy Administrator, National Highway Traffic Safety Administration  
(for Nicole R. Nason)

### **Department of Homeland Security**

Jon Krohmer, M.D.  
Deputy Chief Medical Officer  
Deputy Assistant Secretary, Office of Health Affairs  
(for Jeff Runge, M.D.)

Chief Gregory Cade  
U.S. Fire Administration

### **Department of Health & Human Services**

Captain Dan Kavanaugh, MSW, LCSW  
Senior Program Manager, Emergency Medical Services for Children Program  
(for Peter C. Van Dyck, M.D.)

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

Angela Brice-Smith  
Deputy Director, Survey and Certification Group  
Centers for Medicare & Medicaid Services  
(for Thomas Hamilton)

Kevin Yeskey, M.D., FACEP  
Deputy Assistant Secretary, Office of Preparedness and Response

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

**Department of Defense**

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

**Federal Communications Commission**

Erika Olsen  
Deputy Chief, Public Safety and Homeland Security Bureau

**State EMS Director**

Robert Bass, M.D.  
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.

**Attachments**

Agenda  
Draft June 26, 2007 FICEMS Meeting Minutes  
Draft Technical Working Group Report  
Draft Model State Emergency Medical Services System Plan

**Meeting Summary**

**Opening Remarks**

The meeting was called to order by Jim Ports, Deputy NHTSA Administrator who welcomed the committee members, Technical Working Group members and guests. FICEMS members and guests made self-introductions. The newest member of FICEMS is Erika Olsen.

## **Approval of Minutes**

Mr. Ports asked for and received approval of the minutes from the June 26, 2007 meeting.

## **Report from the Technical Working Group**

Mr. Ports asked for a report from the Technical Working Group. Drew Dawson and the committee chairpersons provided an update on the Technical Working Group activities, goals and the recommendations to FICEMS. Mr. Ports indicated the work plan is currently in draft form and the Technical Working Group is soliciting any comments from FICEMS. A motion to adopt the pertinent portion of the Report will be adopted immediately after it is presented.

Drew Dawson introduced Dr. Michael Zanker, participating by telephone, from the DHS Office of Health Affairs and Co-Chair of the Assessment Committee of the Technical Working Group. Mr. Dawson commended each of five chairpersons on their work in establishing the committees and in completing the work plan and recommendations as requested by FICEMS at the June meeting.

Mr. Dawson provided an overview of the Technical Working Group (TWG) activities in the past six months:

- Developed a suggested two-year TWG work plan and performance measures that includes an accelerated National EMS Assessment
- Initiated the development of a matrix of current Federal EMS responsibilities
- Established the timetable and procedures for the development of a prehospital Evidence-Based Practice Guidelines process
- Initiated review of the Model State EMS Plan developed by the National Association of State EMS Officials (not on the meeting agenda but included in the binder for review)
- Continued to assess Federal activities and funding in support of Institute of Medicine Report – *The Future of Emergency Care in the United States Health System*.
- Collaborated on several “day-to-day” Federal EMS activities
- Initiated discussions about a mechanism for tracking the number of dollars going into preparedness funding (Dr. David Marozzi from HHS/ASPR heading up this effort). This group might also look at other sources of EMS funding.

Reports were given by each of the Standing Committee chairs (attached)

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### Assessment Committee: Michael Zanker, M.D., Chair

See Draft Technical Working Group Report for details of activities. The goals and objectives are summarized:

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

Dr. Zanker confirmed that they would be looking at various sources of national data, not just federal.

Mr. Ports asked for and received a motion to approve the assessment portion of the Technical Working Group report.

### Medical Oversight Committee: Richard Hunt, M.D., Chair

See Draft Technical Working Group Report for details of activities. The goals and objectives are summarized:

Goals	Objectives
Goal 1: Promote development and implementation of evidence based practice guidelines for prehospital care	1.1 Organize national conference to that will result in consensus-based recommendations for a process to develop and implement evidence-based guidelines for prehospital care
Goal 2: Incorporate medical oversight requirement 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 described the two recommendations from the Medical Oversight Committee:

1. Recommendation 1: It is proposed that FICEMS be the sponsor for the conference to develop a process for developing and implementing evidence-based practice guidelines for prehospital care.

Mr. Ports asked for and received a motion to approve this recommendation.

2. Recommendation 2: It is proposed that FICEMS endorse the following proposed language for medical oversight requirement to be used in EMS-related federal grants and cooperative agreements and promote the adoption of this language by member agencies and other federal partners.

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“It is the intent of FICEMS that all Emergency Medical Services be provided under Medical Direction\*. To the extent practical, Federal funding for EMS should require and support medical direction, consistent with local and state requirements, including funding when appropriate.”

\*Medical direction of EMS systems has several components, including on-line (direct) and off-line (indirect) medical oversight. On-line direction involves providing direct orders to EMS field personnel regarding the care of specific patients. Such direction is usually provided over the radio or telephone by a physician at the receiving hospital, although there are other, more centralized models. Off-line medical direction involves providing medical oversight through education, protocol development, and quality assurance. Such direction is typically provided by physicians who are paid or volunteer to serve as the medical director of a local, regional, or state EMS system.

Future of Emergency Care: Emergency Medical Services at the Crossroads. Institute of Medicine.

There was considerable discussion about the “including funding where appropriate’ phrase. The following language was proposed and approved.

“It is the intent of FICEMS that all emergency medical services should be provided under medical direction. Federal funds may be used to support EMS activities in systems operating under medical direction consistent with local and state requirements and with the concurrence and approval of that medical direction entity. In those situations in which medical direction is not in place, funds may be used to assist in the establishment of a recognized medical direction program, consistent with the requirements of the specific grant program.”

### 9-1-1 and Medical Communications: Drew Dawson, Chair

See Draft Technical Working Group Report for details of activities. The goals and objectives are summarized:

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.

Mr. Ports asked for and received a motion to approve the work plan for this committee.

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### Data and Research Committee: Dan Kavanaugh, Chair

See Draft Technical Working Group Report for details of activities. The goals and objectives are summarized:

<b>Goals</b>	<b>Objectives</b>
Goal 1: Improve outcomes for illness and injury from the time point 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 prehospital EMS	2.1 Ensure that departments represented within FICEMS have available data on the state of prehospital 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 prehospital research
Goal 4: Ensure consistent standardized nationwide prehospital information	4.1 Improve availability of standardized prehospital EMS information through coordination of resources and strategies to support the National EMS Information System (NEMSIS)

In response to a question about NEMSIS compliance with national health IT standards, including interoperability, Susan McHenry (committee co-chair), explained they are looking at running NEMSIS through a standard development organization that's approved by ANSI, most likely the HL7.

Mr. Ports asked for and received a motion to approve the work plan for this committee.

**Preparedness Committee: Robert Bass, M.D., Chair**

See Draft Technical Working Group Report for details of activities. The goals and objectives are summarized:

Goals	Objectives
<b>Goal 1: EMS resources are effectively and appropriately dispatched and provide prehospital 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 <sup>1</sup></b>	<b>1.1 Develop EMS system preparedness standard(s), as appropriate</b>
	<b>1.2 Complete a nationwide EMS system preparedness assessment</b>
	<b>1.3 Develop preparedness education requirements for EMS personnel, as appropriate</b>
	<b>1.4 Clarify Federal responsibilities for EMS response to disasters</b>

Some additional items were suggested for consideration:

- In a large disaster, particularly intra-state, the mechanism for establishing who is in medical control and how other units fall under that control
- Coordination of the education/training requirements with what's going on under Homeland Security Presidential Directive #21

Mr. Ports asked for and received a motion to approve the work plan for this committee with the recommended additions.

**Recap of Reports**

There was a short discussion on the importance of including in the assessment an investigation of where is the funding going now and where are we going to recommend that it goes in the future.

Mr. Ports commended the committees for their good work.

**Homeland Security Presidential Directive #21**

Dr. Yeskey gave a slide show presentation on HSPD21. The electronic file was distributed to committee members.

Key points:

- Released in mid-October 2007 with 90-day time lines
- Establishes the national strategy for public health and medical preparedness

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<sup>1</sup> Outcome as defined in the Emergency Triage and Pre-Hospital Treatment Capability of the Target Capabilities List (TCL)

- Complementary to the Pandemic and All Hazards Preparedness Act
- Four big components: Biosurveillance, Countermeasure Stockpiling and Distribution, Mass Casualty Care, and Community Resilience
- Emphasizes participation from outside partners, public and private, to look at the surge capability of the NDMS; public health and medical preparedness curriculum; grant guidance, specifically addressing performance measures and accountability
- New organizational entities: Public Health and Medical Preparedness Task Force led by HHS; Office of Emergency Medical Care within HHS; an advisory committee on Disaster, Mental Health, and Epi surveillance; an educational program for Disaster Medicine and Public Health at the Uniformed Services University

The emphasis is on getting public and private stakeholders engaged in the EMS process.

There will be several working groups: biosurveillance, the countermeasures, the surge capacity, the community resiliency, and probably a fifth working group on risk analysis and education and training. Activities will be cross-referenced with the Pandemic and All Hazards Preparedness Act.

Dr. Marcozzi reported on the Emergency Care Coordination Center

### **Election of Chairperson**

A motion was made, seconded and approved for Dr. Jeffrey Runge, Assistant Secretary for Health Affairs, Department of Homeland Security, to serve a one year term as chairperson of FICEMS.

### **Public Comment**

#### **Kurt Krumperman, American Ambulance Association**

Mr. Krumperman had three questions:

1. About the assessment process: How does it all get out together and how is it not overlapping? (state plan development that has an assessment component, Assessment Committee, assessment in the Preparedness Committee work, HSPD21)

Response from Dr. Bass: The Preparedness Committee will pull information from two sources: TWG effort which is focused more on the overall EMS system with a component that addresses preparedness and the DHS state assessment that will be conducted. He is hoping that the Preparedness Committee can be the coordination point so that it will not create separate vortices that can't be pulled together.

2. There had been some discussion among some EMS folks that perhaps the way to get EMS to have the right profile within ESF8 is to make its own ESF, similar to fire, law enforcement,

and search and rescue. Has that concept been discussed at all in the Preparedness Work Group?

Response from Dr. Bass: Preparedness Committee did not discuss pulling EMS out of ESF8 but did talk about raising EMS' visibility by adding language. Dr. Krohmer stated that the DHS perspective is that it is easier to increase the visibility of EMS within the ESF than trying to create another one. Dr. Bass and Dr. Yeskey spoke of the risk of fragmentation, separating prehospital from hospital from public health. Chief Cade described the Fire Administration's strategy with ESF4.

3. What is the time frame for comments to the FCC on its report on emergency medical and public health communications?

Mr. Dawson responded that the whole process must be complete by February 4, 2008.

### **Closing Comments**

Mr. Dawson commented that FICEMS has been in existence for a year and requested comments and suggestions on lessons learned and process improvements. .

### **Adjournment**

Mr. Ports stated the first order of business for the new chair would be to pick the date, time and location for the next meeting. The meeting was adjourned at 2:36 p.m.

**Observers**

From the National Highway Traffic Safety Administration:

Dave Bryson  
Susan McHenry  
Anthony Oliver  
Cathy Gotschall  
Marilena Amoni  
Gamunu Wijetunge

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