



## **National Emergency Medical Services Advisory Council**

### **Virtual Meeting Summary**

**August 18-19, 2020**

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# **National Emergency Medical Services Advisory Council**

## **August 18-19, 2020**

### **Virtual Meeting Summary**

These minutes, submitted pursuant to the Federal Advisory Committee Act, are a summary of discussions that took place during the National Emergency Medical Services Advisory Council (NEMSAC) meeting on August 18–19, 2020. See Appendix A for a list of meeting participants.

## **Day 1: August 18, 2020**

### **Call to Order and Introductions**

*Vincent Robbins, MS, Chair, NEMSAC*

Mr. Robbins opened the meeting at 1:00 pm and welcomed NEMSAC members and other participants to NEMSAC's first virtual meeting. Mr. Robbins acknowledged all of the emergency medical services (EMS) practitioners and health care personnel involved in combatting the COVID-19 pandemic. Many colleagues have died of COVID-19, as have far too many Americans. NEMSAC's thoughts are with colleagues who continue their valiant effort to provide the best care and services possible throughout the country to help their fellow citizens.

### **Opening Comments**

*James Owens, PhD, JD, Deputy Administrator, National Highway Traffic Safety Administration (NHTSA)*

On behalf of NHTSA and the Department of Transportation, Dr. Owens thanked NEMSAC and the EMS community for all that they have done over the past few months to serve their communities and their country. This country is being challenged as never before. But it has risen to the occasion, as it always does, thanks largely to the many brave women and men who have answered the call to serve their communities.

The EMS community responded quickly to meet the evolving needs of its neighbors, colleagues, and fellow citizens. 911 centers implemented telehealth and triage programs for incoming calls to reduce the burden on EMS dispatchers and emergency departments (EDs) at a time when concerns had arisen that medical resources would be overwhelmed. EMS clinicians provided treatment in place, transport to alternate care sites, management of prolonged transports, and treatment for patients in very difficult conditions. Throughout all of this experience, the EMS community remained flexible, nimble, and professional, and, above all, it saved lives.

Unfortunately, this work has not come without a cost. Many EMS providers have had to distance themselves from their own families to keep them safe. Many worked extra hours, and they face the ongoing stress of potential or actual exposure to the SARS-CoV-2 virus. Some have paid the ultimate price: more than 227 first responders have lost their lives to COVID-19, including 141 law enforcement officers, 39 firefighters, 38 EMS clinicians, and nine 911 telecommunicators.

The COVID-19 pandemic has changed the way in which all Americans live, work, and travel. Between January and March 2020, the rate of crash fatalities on roads decreased by almost 1% from the same period in 2019, and this decline continues a very encouraging downward trend in traffic fatalities over the past 3 years. But although the number of vehicle miles traveled during this period dropped by 5.4%, the number killed per 100 million vehicle miles traveled increased from 1.05 to 1.1 during this quarter. Furthermore, speeding is increasingly common across the country, more drivers are not wearing seatbelts, and rates of drug and alcohol use are rising.

Dr. Owens reminded NEMSAC and all members of the EMS community to look after themselves to maintain their ability to care for others. Even though everyone is working separately, no one is alone.

### **Introductions of Members, Disclosure of Conflicts of Interest**

*Jon Krohmer, MD, Office of EMS, NHTSA*

Dr. Krohmer asked NEMSAC members to identify conflicts of interest or potential conflicts of interest that have arisen since the January 14–16, 2020, NEMSAC meeting. NEMSAC members disclosed the following new real, potential, or perceived conflicts of interest:

- Mr. O’Neal: Product EMS consultant
- Mr. Robbins: Consultant
- Mr. Washko: Board member, National EMS Quality Alliance
- Ms. White: Committee member, American Red Cross; executive committee member, Prehospital Guidelines Consortium

No other NEMSAC member reported a new or potential conflict of interest.

### **Approval of January 14–16, 2020, NEMSAC Meeting Minutes**

NEMSAC approved a motion to approve the minutes of the January 14–16, 2020, NEMSAC meeting.

### **EMS/Prehospital Team of the Federal Healthcare Resilience Task Force**

*Jon Krohmer, MD*

When the COVID-19 pandemic reached the United States in early 2020, the Office of EMS began hosting regular conferences calls for EMS stakeholders to provide updates. In March, the Department of Health and Human Services (HHS) and the Federal Emergency Management Agency (FEMA) jointly established the Healthcare Resilience Task Force. Dr. Krohmer was asked to lead the EMS/Prehospital Team for this task force. This team has representatives from NHTSA, Department of Homeland Security, U.S. Fire Administration, FEMA, Department of Defense, U.S. Coast Guard, and HHS. Other task force teams are addressing telehealth, ambulatory care, and chronic diseases. HHS has now assumed leadership of the federal COVID-19 response, and the HHS Office of the Assistant Secretary for Preparedness and Response is coordinating most federal COVID-19 activities.

The EMS/Prehospital Team is addressing three areas of concern for the EMS community: funding, personal protective equipment (PPE) supplies, and workforce challenges.

Funding challenges for EMS agencies have resulted from the decreases in calls and transport volume, the inability to hold fundraising events, and declines in tax revenue. Several agencies have had to scale back operations, and 36% of EMS agencies could cease operations.

EMS agencies have had difficulty obtaining needed PPE through routine distribution mechanisms or through emergency management or public health systems as a result of shortages across the country. Many EMS providers have been quarantined because of exposure to SARS-CoV-2 or development of COVID-19. Social distancing and responses to the pandemic have also affected EMS education programs.

The EMS/Prehospital Team has issued more than 35 guidance documents, available at [www.ems.gov](http://www.ems.gov), on these and other issues. The team has also developed a PPE reporting tool to track PPE needs at EMS agencies. The team will continue to assess resources and needs, especially during the potential overlap in the fall between COVID-19 and the seasonal flu.

## **Discussion**

### NEMSAC Advisories Related to the Pandemic

Mr. Robbins pointed out that NEMSAC is charged with identifying challenging issues across the EMS field, so it could consider developing an advisory on the topics in Dr. Krohmer's presentation. However, preparing advisories on these issues might be premature because state and local governments are likely to review and respond to their experiences. NEMSAC could wait to see what happens, start identifying issues and assigning them to a committee, or ask NHTSA to identify NEMSAC's role in the pandemic.

Mr. O'Neal suggested that NEMSAC avoid working on pandemic-related advisories until it has a more complete understanding of the SARS-CoV-2 virus and its spread as well as challenges for local agencies. The amount of evidence on COVID-19 is still limited, so any advisory developed now might not be evidence based.

Mr. Washko proposed that NEMSAC address funding needs and the FEMA Community Lifelines framework's classification of EMS as a transportation commodity, not a primary pillar, as with law enforcement and the fire services. He proposed that NEMSAC address this issue in an advisory. Dr. Krohmer reported that the position of ambulances and EMS agencies in the national response framework has been noted, and efforts are underway to address this issue. Ms. Lubogo said that the Preparedness and Education Committee is tackling some of these issues in an advisory, and she suggested that Mr. Washko weigh in on this document. Mr. Gale commented that NEMSAC could address some organizational preparedness issues now, including in the advisory of the Preparedness and Education Committee.

Mr. Powers asked about the relationship between the Centers for Disease Control and Prevention (CDC) and the Office of EMS. Dr. Krohmer explained that the EMS/Prehospital Team has a

CDC representative, and the team has worked closely with CDC on some of its guidance documents.

### PPE

Ms. Lubogo reported that some of the issues Dr. Krohmer had discussed, including PPE and emergency management, are being addressed in a Preparedness and Education Committee advisory. Mr. Robbins said that NEMSAC committees that have already started to work on advisories related to the pandemic should continue this work. These advisories might indicate that they might need to be reviewed and revised in the near future, once more is known about COVID-19 and responses to it.

Ms. Knight commented that her organization has had difficulty obtaining PPE, especially gloves, during the pandemic. The organization met with vendors and worked with other agencies in the area to prioritize PPE for medical personnel and steer medical-grade PPE away from people who do not need it. Dr. Krohmer said that Healthcare Resilience Task Force teams are working on PPE preservation and prolonged-use strategies and on supply chain issues.

Mr. O’Neal asked about plans to add a question about PPE and viral exposure, such as whether personnel were exposed to SARS-CoV-2 during a response, to the National Emergency Medical Services Information System (NEMSIS) data dictionary. Dr. Krohmer replied that NEMSIS used to collect data on exposures and injuries, but agencies do not generally use these data, so the data are no longer collected. Discussions are underway about whether to add these data back. Furthermore, the PPE-reporting tool that Dr. Krohmer had mentioned is part of NEMSIS, but its data elements are not built into NEMSIS. Ms. White reported that a Profession Safety Committee advisory on patient elopement recommends exploring the potential to develop an administrative dataset within NEMSIS to help with reporting on patient safety issues.

### Funding for EMS Agencies

Mr. Baird pointed out that the Sustainability and Efficiency Committee has advisories in development on finance and PPE. He suggested that as NEMSAC advances advisories that address pandemic-related issues, it consistently refer to them as “governmental and nongovernmental ambulance service,” a term used in the Stafford Act, which is the authorizing statute for many FEMA activities. Local ambulance services are sometimes denied access to funding because they are not EMS agencies. Dr. Krohmer said that some federal reimbursement options are only available to certain kinds of agencies, and efforts will continue to establish relationships between governmental and nongovernmental agencies to address these issues.

### Workers’ Compensation

Mr. Garrett said that many EMS agencies are not providing workers’ compensation to staff who are in quarantine after exposure to the virus because their exposure was not documented or not work related. He suggested that NEMSAC consider addressing this need. Mr. O’Neal explained that state governors determine the requirements for workers’ compensation under emergency orders. Mr. Robbins added that because this is a state issue, the federal government is unlikely to

issue a standard on this issue. Furthermore, NEMSAC advises only the Secretary of Transportation and not the Occupational Safety and Health Administration or state governments.

Mr. Garrett said that some federal funds are available, but only when documentation shows that the exposure happened in the line of duty. Dr. Krohmer said that a Public Safety Officers' Benefits program benefit is available to EMS agencies, but not those that are for profit. This is the only source of federal workers' compensation funding for EMS providers.

Mr. Robbins will ask the chairs of NEMSAC committees, especially the Sustainability and Efficiency Committee, whether they would like to address any aspect of this issue. This issue is broader than workers' compensation and includes equal treatment of EMS practitioners and other first responders as well as workforce protection.

### Other Potential Advisory Topics

Mr. Robbins said that another important issue for NEMSAC to address is the mental health of EMS practitioners who are feeling burned out. Many are not planning to return to work after a COVID-19 quarantine, and suicide rates appear to be higher than normal. Another issue to consider is the pipeline for new EMS practitioners. Most EMS training programs were shut down, and the training, certification, and licensure of practitioners have slowed down. Committees addressing the pandemic-related issues discussed—funding, PPE, and mental health—should contact Mr. Chaney for data and should consult EMS.gov for resources.

Another suggestion from Mr. Robbins was for NEMSAC members, who represent many components of EMS, to let Dr. Krohmer know during or after the meeting about experiences in their regions and components of EMS. Dr. Krohmer agreed that feedback from the EMS community is critical, and he encouraged NEMSAC members to contact him and the Office of EMS with any comments or questions.

Mr. Robbins asked the committees that plan to address pandemic-related issues in their advisories to coordinate these efforts with one another.

## **Civil Unrest**

*Jon Krohmer, MD*

Several events in the spring caused a civil unrest the around country, and this civil unrest has affected EMS agencies. The Office of EMS has received questions and expressions of concern about the safety of first responders, especially firefighters and EMS practitioners.

The Office of EMS has worked with the EMS/Prehospital Team and others to address these concerns. With the U.S. Fire Administration, the Office of EMS published *Fire and Emergency Medical Services Response to Civil Unrest*, available at EMS.gov, to prepare personnel, stations, apparatus, and the community for emergency responses in challenging environments. The office is still considering what else it should do, such as developing more educational materials or training programs. Dr. Krohmer asked NEMSAC for advice on potential next steps.

## Discussion

Mr. Robbins reminded NEMSAC that it had recently issued a final advisory, Mitigation of Direct Violence Against EMS Professionals, from the Profession Safety Committee that is related to this topic. Options for NEMSAC are revise this advisory to more directly address EMS responses during times of civil unrest, prepare a new advisory, or simply give advice to the Office of EMS.

Ms. Lubogo pointed out that NEMSAC has discussed consulting experts about video recordings of first responders and their patients during civil unrest events. This concern should be part of any discussion of first-responder safety. Mr. Washko identified other issues to consider: bulletproof vest and body camera use by EMS providers and payment for de-escalation training.

Ms. Knight reported that the Mitigation of Direct Violence Against EMS Professionals advisory is broad, so it could cover all of the issues mentioned. Mr. Robbins proposed modifying this advisory to offer more specific recommendations. For example, NEMSAC might recommend that NHTSA convene the recommended summit as soon as possible because of the issue's urgency.

To revise an advisory, the committee that wrote the advisory makes the desired modifications, and NEMSAC reviews the revised draft for interim approval. At a subsequent meeting, NEMSAC considers the advisory for final approval. Therefore, revising and approving a modified advisory takes a year. Another, quicker alternative is to ask NHTSA, as it implements the advisory's recommendations, to make sure that it addresses issues related to civil unrest.

A motion carried for NEMSAC to send NHTSA a letter explaining that the recommendations in the Mitigation of Direct Violence Against EMS Professionals advisory address concerns about the safety of EMS practitioners during civil unrest events, including bystander videotapes; use of bulletproof vests, firearms, and body cameras by EMS practitioners; education on issues that lead to violence, including language barriers; and self-defense and de-escalation training. A second motion carried for the NEMSAC chair to draft a letter to the Office of EMS.

## Telemedicine

*Jon Krohmer, MD, Director, NHTSA, Office of EMS*

The Telehealth Team of the Federal Healthcare Resilience Task Force has launched a series of COVID-19 clinical rounds in collaboration with the National Ebola and Special Pathogens Training and Education Centers and Project ECHO. On Mondays, the series focuses on EMS issues. More than 10,000 people have participated in the series. The Telehealth Team has also worked with specialty societies to organize other ad hoc meetings and seminars, primarily on hospital and ambulatory care issues. The EMS/Prehospital team established a brainstorming group of people with experience in EMS telehealth that has now issued a guidance document.

Dr. Fallat asked Dr. Krohmer and Mr. Chaney to review the section on FirstNet in the Adaptability and Innovation Committee's advisory, Telehealth as a Strategy for EMS Care, to make sure that the information is correct. Mr. Washko suggested that the committee revise the



advisory to recommend the integration of 911 telemedicine capability or address the fact that telemedicine can be delivered by EMS practitioners on the scene and by technology conversion from telephone calls to video visits during 911 calls.

In response to a question from Ms. Lubogo, Dr. Krohmer reported that the Project ECHO clinical rounds series has not addressed the use of telehealth services for education. However, discussions have been undertaken with stakeholder organizations about the implications of distance learning. Several states have now modified their licensure requirements, and the national registry has also made some adjustments. Dr. Krohmer added that each Project ECHO session features polling questions for the audience, and these responses provide valuable information to the EMS/Prehospital Team on trends in critical care and EMS.

## **Public Comment**

Because of technical difficulties, members of the public wishing to provide public comments were asked to do so the next day.

## **Emergency Triage, Treat and Transport (ET3) Model**

*Janelle Gingold, MPH, Center for Medicare & Medicaid Innovation, Center for Medicare & Medicaid Services (CMS)*

*Brenda Staffan, Center for Medicare & Medicaid Innovation, CMS*

The ET3 model is designed to give more flexibility to ambulance care teams when addressing the emergency health care needs of Medicare beneficiaries after a 911 call. In the ET3 model, CMS will pay participating ambulance suppliers and providers to:

- Transport individuals to a hospital emergency department or other destination
- Transport individuals to an alternative destination partner
- Provide treatment in place with a qualified health care partner on the scene or through telehealth

CMS has chosen 205 Medicare-enrolled ambulance suppliers and providers or hospital-based ambulance providers as model participants, and each must establish partnerships with alternative destination sites (e.g., clinics, behavioral centers, and urgent care centers). Partnerships with qualified health care providers of treatment in place in person or through telehealth are optional. CMS also encourages participants to form relationships with non-Medicare payers to provide reimbursement for ET3 Model services.

CMS will issue a notice of funding opportunity at approximately the time the model is launched (fall of 2020) for up to 40 awards to entities that provide public safety answering point services for establishment or expansion of medical triage line services. Model participants will be encouraged to form relationships with these entities.

Ambulance suppliers and providers will be reimbursed according to the existing Medicare ambulance fee schedule based on levels of service provided and reimbursement base rates. They will also receive payment for treatment-in-place services based on the level of service, and the

qualified health care practitioners will be paid their current Medicare fee-for-service rates. By Year 3, payments can be increased by up to 5% for achievement of key quality measures.

The ET3 Model team has been working closely with the NEMSIS Technical Assistance Center to coordinate application of the NEMSIS standards to the ET3 data needs.

## **Day 2: August 19, 2020**

### **EMS for Children...Every Child, Every Day – Be Ready**

*Kathleen Adelgais, MD, MPH/MSPH, Co-lead, Prehospital Domain, Innovation and Improvement Center, EMS for Children; Member, NEMSAC*

The National Pediatric Readiness Project, a project of the EMS for Children Innovation & Improvement Center (EIIC), is designed to improve pediatric emergency care outcomes and patient safety in the prehospital environment. Approximately 140 EDs responsible for 5% of all pediatric ED visits per year in the United States participated in the EIIC National Pediatric Readiness Quality Collaborative between 2018 and 2020. This effort was designed to improve baseline ED capacity to meet the needs of critically ill and injured children. The data are now being analyzed, and results are expected soon.

Another recent effort was the 2020 revision of the National Pediatric Readiness Project Toolkit. The new design is searchable and includes hyperlinks to resources. Two new sections address telehealth and children and youth with special health care needs.

Two of the nine EMS for Children performance measures address prehospital care. The most recent performance assessment was conducted in 2015. At that time, 80% of EMS agencies had fewer than eight pediatric patients per month, making maintenance of pediatric EMS skills challenging. In addition, 30% had a pediatric emergency care coordinator, and 55% offered only limited training (e.g., once or twice yearly) in the use of pediatric-specific equipment. Assessments of the frequency of this type of training will now be annual.

A 2020 joint policy statement on pediatric readiness in EMS systems (Owusu-Ansah S, Moore B, Shah MI, et al. Pediatric Readiness in Emergency Medical Services Systems. *Pediatrics*. 2020;145(1):e20193308) describes the basic requirements for EMS systems to be pediatric ready. A steering committee is developing plans to assess pediatric readiness in EMS systems and to implement improvements in pediatric readiness. Dr. Adelgais encouraged NEMSAC members to educate agencies about the Prehospital Pediatric Readiness Initiative and encourage them to complete the 2021 assessment from the National EMS for Children Data Analysis Resource Center.

### **Discussion**

Ms. Lubogo asked whether the disaster planning that Dr. Adelgais had mentioned includes pandemic preparedness, especially for children with complex medical needs. Dr. Adelgais explained that the Pediatric Quality Collaborative conducted its work before the COVID-19

pandemic began, and she was not sure whether the plans address infectious disease outbreaks. However, the disaster planning does include children with special health care needs.

## **NEMSAC Member Terms**

*Eric Chaney, Emergency Medical Services Specialist, Office of EMS, NHTSA*

The current council was formed in 2018, but it did not begin meeting until the end of that year. The Office of EMS therefore asked each member whose term expires in 2020 or 2021 to consider extending their terms by 1 year. All members agreed to do so except for Mr. Tobin. NEMSAC will continue to replace half the council every year, and members (other than those who have agreed to extend their terms by a year) will continue to serve 2-year terms.

A Federal Register will soon call for nominations to fill the NEMSAC vacancies in 2021, including Mr. Tobin's position and the positions that are current open. New members will have 2-year terms, from 2021 to 2023.

The Department of Transportation recently issued a new compliance guide for all Federal Advisory Committee Act committees that might change some aspects of the NEMSAC member selection process. However, Mr. Chaney expects that the department will continue to call for resumes and letters of support for each candidate and, after a review of the resumes, recommendations will go to the Secretary of Transportation, who will select the new members.

Dr. Krohmer explained that the review committee has representatives from the Department of Homeland Security and HHS, and the Office of EMS makes sure that candidates have the appropriate qualifications for the open positions. Mr. Chaney asked NEMSAC to encourage qualified colleagues to submit their resumes and, if they so choose, letters of reference.

## **Discussion**

Dr. Fallat asked about the process for current members to apply for a second term and how new Federal Interagency Committee on EMS (FICEMS) members are selected. Dr. Krohmer explained that NEMSAC members seeking a second term should submit a letter indicating their willingness to remain on the council. He added that the composition of FICEMS is defined in statute, and each agency selects its own representative.

Mr. Washko asked whether NEMSAC members whose first term ends in 2022 will be eligible for a second term starting in 2023. Mr. Chaney confirmed that these members may apply for a second term. Mr. O'Neal asked about financial responsibility for NEMSAC. Dr. Krohmer explained that the NEMSAC budget is part of the Office of EMS operating budget.

Mr. Robbins asked about the number of additional meetings for NEMSAC this year. Dr. Krohmer replied that the Office of EMS hopes to schedule another meeting for the current NEMSAC, but it has not yet received approval to do so from the secretary's office. Mr. Chaney added that the next meeting is likely to be in January or February 2021. NEMSAC may meet more than twice a year, and the council is likely to meet again in June 2021, when the new council members will have been appointed, and in the fall of 2021.

Mr. Robbins told Mr. Tobin that NEMSAC will miss him, and the council might call on him to serve as a subject matter expert for some of its advisories.

## **EMS Mental Health and Workforce Issues**

*Vince Robbins, Chair, NEMSAC*

Workforce mental health keeps coming up in virtual meetings of various EMS stakeholder groups. EMS practitioners are reporting that rates of practitioner depression and suicidal intent are rising as practitioners feel stressed from being quarantined and separated from their families. Another issue to discuss was the closure of education and certification programs during the pandemic. Several education programs are receiving fewer applications for emergency medical technician (EMT) and paramedic training than usual, and the pandemic has led some people to stop considering EMS as a career. Mr. Robbins asked NEMSAC to comment on these issues.

### **Discussion**

#### Mental Health

Mr. O'Neal reported that approximately 25% of EMS practitioners in Kentucky are experiencing at least moderate mental stress, and suicide and attrition rates are rising. One way to address this need is to waive copayments for mental health evaluations and visits, but this idea has not gained traction. Mr. O'Neal hoped that future federal COVID-19 relief packages would make EMS mental health a top priority. Ms. White reported that the All Clear Foundation and others offer help. Mr. Robbins asked NEMSAC members to share the names of other resources with the Office of EMS, which collects lists of resources for EMS practitioners. Mr. Powers cited lack of access to COVID-19 testing as a major frustration for first responders.

Ms. Lubogo wondered how to make members of the public aware of these challenges so that they can advocate for funding to meet the needs. Mr. O'Neal said that EMS providers not want the public to know about mental distress and suicide rates because of the negative stigma associated with mental health challenges. Dr. Krohmer added that the public's knowledge of these issues might have a negative impact on community engagement with EMS services. He also reported that several teams of the Federal Healthcare Resilience Task Force are working on mental health issues for the entire health care community.

Mr. O'Neal suggested that the Profession Safety Committee consider addressing pandemic-related issues in the Mental Health and Wellness for the EMS Provider and Their Partners in Public Safety advisory before finalizing this document.

#### EMS Workforce

Mr. Washko was concerned about the low numbers of people seeking EMS careers, possibly because of the limited compensation and increased danger of the field. He suggested a national survey to determine whether NEMSAC needs to address this issue. Another education-related concern is the potential for agencies to hire new EMS practitioners who have never touched a

patient, completed a clinical rotation, or ridden in an ambulance. Ms. White pointed out that at its January 2020 meeting, NEMSAC gave final approval to an Adaptability and Innovation Committee advisory, Rural and Volunteer EMS Recruitment and Retention.

Gamunu Wijetunge of the Office of EMS reported that the National Association of State EMS Officials (NASEMSO) and the National Association of EMS Educators are studying the pandemic's effect on the EMS education system. This effort will include surveys and analyses of organizational datasets, and NHTSA is helping to facilitate this effort. Mr. Robbins asked Mr. Wijetunge to ask this partnership whether demand for EMS education from volunteers and in rural areas is declining. Mr. Wijetunge reported that NHTSA published a national EMS workforce assessment report and the EMS Agenda for the Future approximately 10 years ago, and he will share these reports with NEMSAC.

## **National EMS Projects**

*Dia Gainor, NASEMSO*

### **Specialty Systems of Care: An Analysis of Statewide Practices**

The NASEMSO report, *Specialty Systems of Care: An Analysis of Statewide Practices*, addresses the legal authority of states to organize and implement specialized systems of care for time-sensitive emergencies. Of states that responded to this survey, 69% have authorizing legislation to recognize stroke services, and 26% provide voluntary accreditation services. In addition, 31% states have authorizing legislation to recognize chest pain centers and 21% provide voluntary accreditation services. Many more states have authorizing legislation to support stroke than for ST-elevation myocardial infarction (STEMI) services. Authorizing legislation gives states authority to designate specialty centers, which enhances coordination and improves care systems.

Recognized levels of stroke centers vary widely by state. Of state respondents, 95% recognize comprehensive stroke centers, but only 40% recognize thrombectomy-capable stroke centers. Rates of recognition of different accreditation standards vary widely; 83% of states recognize The Joint Commission facility-based standards, but only 33% use the Healthcare Facilities Accreditation Program. The most commonly used stroke assessment were FAST (Face, Arm, Speech, Time) and the Cincinnati Stroke Triage Assessment Tool, each used by 73% of states.

States use 14 different names to describe chest pain or STEMI-capable centers, and they use different cardiac accreditation standards. For example, 55% of responding states use American Heart Association standards, but only 27% use Society for Cardiovascular Patient Care standards. The most common cardiac registry used is the Cardiac Arrest Registry to Enhance Survival, used by half of states.

Efforts to improve cardiocerebrovascular care are occurring in all 50 states and the District of Columbia, but at varying levels. Eighty-two percent of states have formal care coordination systems, but the state lead agencies for EMS do not always coordinate these systems of care.

## **2020 National EMS assessment**

A total of 54 of 56 states and territories responded to this assessment, and the results were published earlier in 2020. The United States has more than 23,000 licensed EMS agencies, and more than 1 million people have state licensure. In addition, 39% of states require use of pediatric-safe transport devices, 61% provide data or analyses to help public health partners with outbreaks or conditions of concern, and 85% participated in or planned to hold a drill or exercise.

### **Discussion**

Mr. O’Neal asked whether the total number of EMS practitioners might be too low because some states did not respond to the survey. Ms. Gainor replied that the data are accurate because almost all states answered this question. Mr. Robbins asked whether NEMSAC needs to address any of the findings of these two reports. Ms. Gainor explained that the National EMS Assessment did not identify the kinds of agencies that have various capabilities or determined how to measure these factors because no classification system is available for EMS agencies. Mr. Washko suggested that NASEMSO look into a CMS project that attempted to address this issue.

## **PPE Tracking for COVID-19**

*Eric Chaney, NHTSA, OEMS*

*N. Clay Mann, PhD, MS, MBA, Technical Assistance Center, NEMSIS*

Dr. Mann displayed the new EMS COVID Resource Reporting Tool on the NEMSIS website. EMS agencies are asked to submit their reports each week on Monday, and the data are aggregated and made available in a dashboard every Tuesday and Thursday morning. The data available to states include numbers of EMS personnel with positive COVID-19 test results in the past week, EMS personnel in quarantine or not working because of suspected or confirmed COVID-19, personnel shortages, and supplies of specific types of PPE.

State- and federal-level views of the dashboard can be generated. States can see the numbers of agencies in their state (but not in other states) with different levels of stress and with low supplies of given PPE items.

### **Discussion**

Mr. Powers asked how the data are used to make decisions about distributions of supplies and equipment. Mr. Chaney replied that in the past, PPE data from agencies were not included in national HHS and FEMA reports. The data collected with the new tool will give the EMS/Prehospital Team information on PPE shortages and the impact of COVID-19 on the workforce in different regions.

Mr. Washko asked how to spread the word to EMS agencies to submit their data using this tool, because less than 1% are doing so currently. He also suggested using the tool to collect data on the impact of the pandemic on EMS operations, such as load balancing issues. The EMS/Prehospital Team could promote use of the tool in the Project ECHO clinical rounds.

Ms. Lubogo asked whether the data are uploaded each week and whether the tool collects data on the reasons for personnel shortages. Dr. Mann replied that the data are updated every Tuesday and Thursday and are available to states and federal agencies for 2 weeks. The tool does not collect information on reasons for staffing shortages.

Dr. Krohmer explained that the data collected with the tool will not publicly available. The tool is not designed to identify agencies with problems but, rather, to determine which areas of the country have issues that need to be addressed. States will be able to identify agencies in their states that have certain needs.

Mr. Robbins pointed out that several NEMSAC advisories have recommended that NHTSA collect various types of data, and he wondered whether this tool could be used to address these recommendations. Dr. Krohmer offered to look into this possibility but emphasized the balance required between collecting more data and imposing more reporting requirements on agencies.

## **FICEMS Strategic Plan Update**

*Marc Sigrist, Analyst, Energetics*

*Joan Pellegrino, M.S., Senior Vice President of Operations, Energetics*

In 2019, FICEMS decided to close out its 2013 strategic and develop a new one. The strategic planning process has four phases:

1. Identify FICEMS stakeholders and developing the FICEMS value proposition
2. Examine and revise FICEMS membership, operating structures, and procedures
3. Develop draft strategic plan
4. Present draft plan to FICEMS at its December 2020 meeting

A visioning process led to the identification of the major FICEMS stakeholders and 10 core FICEMS values, such as socially responsible, collaborative, and coordinated. The strategic plan, which is in development, will use a logic model to develop strategic goals and objectives. The draft plan is expected to be ready for review by the end of October 2020.

## **Discussion**

Mr. Robbins asked whether NEMSAC will be consulted about the strategic plan. Mr. Sigrist replied that no meetings have been scheduled to discuss the strategic plan with external organizations. However, the draft report will be circulated for review by key stakeholders, including NEMSAC. Mr. Robbins pointed out that NEMSAC ties its advisories to the FICEMS strategic plan, so involving NEMSAC in the development of this plan would be helpful.

## **Public Comment**

Carlyn Attman, a recent graduate of an EMT basic certification program, read aloud the following public comment:

Thank you for the opportunity to share my thoughts with you. My name is Carlyn and I'm a recent EMT graduate. I'm also a cisgender woman with gender nonconforming and

transgendered loved ones. I am presenting this statement in order to point out a concerning omission from both my nationally standardized coursework and the NREMT final. Throughout our textbook (the AAOS 11th Edition) and on the exam, there was no mention of transgender, gender nonconforming, or intersex patients or practitioners. The only gender pronouns listed were “he” and “she,” no “they” or other alternate pronouns. Lastly, there was no guideline for inputting non-cisgender patients’ information into our patient care reports.

As students, we need reminders that our patients will be fluid and diverse. One of my favorite lessons from the curriculum is that our job is not simply to preserve lives, but to do so while upholding our patients’ dignity. At this stage, the curriculum does not reflect this value. By erasing entire populations and body types from these textbooks and tests, we risk internalizing the dangerous belief that only some patients matter. We also risk failing to accurately identify, relate to, and relay information about our trans, gender nonconforming, and intersex patients which can lead not only to dehumanization and low quality care, but also to negligence and death.

In 1995, Tyra Hunter, a Black transgender woman from Washington DC, died after her EMTs refused to provide her with life-saving care after discovering that she was transgender. In 2012 this happened again when another Black transgender woman, Shaun Smith, died after her EMT allegedly denied her care. She was in diabetic shock, the first ailment my classmates and I learned to confidently manage. If both teams of EMTs were trained in a way that challenged their prejudices, perhaps Tyra Hunter and Shaun Smith would be alive today.

I believe it is imperative that we incorporate transgender, gender nonconforming, and intersex specific amendments into the 2020 updated education standards. I encourage you to work with LGBTQI+ activists, practitioners, and patients to design a more inclusive curriculum. I also urge you to consider incorporating implicit bias training into our coursework similar to the one Governor Whitmer recently ordered across the state of Michigan. This may not only protect our trans patients from negligent care, but also protect our Black and Brown patients whose disparate treatment has been spotlighted by both this pandemic and in the 2018 study Racial/Ethnic Disparities in Pain Treatment: Evidence From Oregon Emergency Medical Services Agencies.

Transgender and gender nonconforming communities are facing an incredible health crisis in this country resulting from rampant discrimination and dehumanization. The Human Rights Campaign reports that at least 26 transgender or gender nonconforming people have been killed by violent means in 2020 alone. The national Substance Abuse and Mental Health Services Administration notes that 16 to 32 percent, nearly 1 in 3, transgender people have attempted to take their own lives. One controllable factor that exacerbates this situation is ignorance among healthcare providers. In the 2015 US Transgender Survey which surveyed 27,715 transgender Americans, 24% of respondents reported having to teach their healthcare providers about transgender health. That is not their job. Patients have a right to expect competent, well-educated practitioners committed to providing quality care across the spectrum.



As emergency care providers, we have the honor of interacting with patients on the worst days of their lives. Amendments to the national EMS education standards relating to transgender, gender nonconforming, and intersex patients will enable us to do our jobs more skillfully, compassionately, and, most importantly, with respect and reverence for every single patient's life.

Thank you again for your time, your service, and for all the great work that you do.

Maria Bianchi, Executive Director of the American Ambulance Association, read the following statement aloud:

Good afternoon, my name is Maria Bianchi and I am the Executive Director of the American Ambulance Association [AAA], the national trade association for ambulance service providers.

I would like to take this opportunity to thank the National EMS Advisory Committee and particularly NHTSA's Office of EMS for providing the general public time to comment on the important work the committee is doing and to give you a little bit of insight into the AAA's priorities for 2020. I would also like to thank you for all your work on employee safety, education, technology, parity in patient care, human trafficking, and innovation but I will target my comment to Shawn Baird's committee work on sustainability and efficiency...and not just because he is the incoming President of the AAA (but if it scores me a few extra brownie points so be it).

The Public Health Emergency has only enhanced our focus on the economics of providing quality care. It is not always popular to discuss the "business" of providing mobile healthcare. I would much rather talk about our nation's heroes and the passion we all have for the mission; however, without financial sustainability, ambulance services nationwide cannot make payroll, but state of the art equipment, train and promote personnel, run their service and provide the lifesaving and sustaining care to all of the members of the communities we serve.

Everyday, paramedics and emergency medical technicians (EMTs) are treating, transporting and testing potential COVID-19 patients. While service costs have increased exponentially in response to COVID-19, revenue has decreased as providers maintain full readiness to combat the pandemic and continue to provide 24-hour vital non COVID-19-related ambulance services, but with fewer transports.

Costs for personal protection equipment (PPE), overtime pay, and other expenses directly related to COVID-19 are increasing. Ambulance services need to respond to every call prepared as if the patient has COVID-19. However, in many instances the medical care is only covered if the patient is transported to an appropriate facility.

At the same time, there is a sharp decline in the normal response and transport volume as Americans are reluctant to call 9-1-1 for non-COVID-19 medical emergencies and as hospitals cancel all non-elective surgeries and related medically necessary transports.

Simply put, costs are increasing as services expend the resources necessary to address COVID-19 as their revenue across the board is decreasing.

In communities across America, patients rely on ambulance service providers around the clock for an immediate response to every call for help regardless of ability to pay. Our organizations need immediate financial relief to maintain current staffing and resources to address the COVID-19 outbreak and ensure that they can continue to provide vital emergency and non-emergency ambulance services today and in the future.

Therefore, I strongly encourage NEMSAC to use its resources and its voice to help all services, regardless of provider type in receiving the necessary resources to continue to provide excellence in mobile healthcare. Our financial sustainability priorities are as follows:

1. Targeted funding of approximately 3 billion dollars from the provider relief fund to all ambulance service providers.
2. Reimbursement for treatment in place.
3. Access to FEMA funding for all providers regardless of service type.

Again, my heart giving thanks for your time today and for what each of you do every day and for helping ensure that EMS agencies and personnel have the resources they need to continue to respond to the COVID-19 pandemic and the funding to maintain the short and long-term viability of their operations.

Be safe and stay well.

Christopher Montera, CEO of Eagle County Paramedic Services in Colorado, commented that EMS practitioners have never been called on to do more, and the need for more education has never been greater. EMS practitioners must become part of the health care system, and Mr. Montera commended Oregon and Kansas for making progress in this area. Paramedics in Colorado can now be licensed if they have a bachelor's degree, but such a degree is not a requirement. Community health and community paramedicine are becoming increasingly important. Mr. Montera commended NEMSAC for its involvement in these issues.

Mr. Montera has been involved in a successful podcast for several years, and one of the most commonly debated topics is EMS education. Paramedics and EMTs want more education and more opportunities to advance their careers and be part of the health care system. The advisory of the Preparedness and Education Committee on formalized education does a good job of grandfathering existing EMS practitioners. International partners have already made these changes, and educational standards in the United States have fallen behind.

Antony Tseng, MS, Assistant Chief of the Beacon Volunteer Ambulance Corps, was pleased to hear that many of the issues mentioned at this meeting are being addressed at the federal level. He encouraged NEMSAC to continue its work on these issues. Mr. Tseng cochairs an advisory group that addresses education of the public and elected officials about EMS, leadership,

nonmedical training, recruitment and retention, response solutions in various deployment models, and funding solutions.

Mr. Tseng pointed out that the work of NEMSAC is not being communicated to EMS practitioners on the ground. Other issues in the field include the lack of standardization of de-escalation techniques, the limited availability of grants for EMS agencies, the need for more diversity of EMS practitioners, the increasing numbers of heavy patients, EDs that are closing, and guidance from other organizations that is not always applicable. Mr. Tseng also advocated for addressing social justice in EMS education.

Chris Lake, a firefighter and paramedic in Lansing, Michigan, and the 8<sup>th</sup> District field service representative for the International Association of Fire Fighters (IAFF), thanked the Preparedness and Education Committee for recommending a survey. The IAFF opposes a mandate for degrees. The industry needs a blue-collar pathway that provides affordable, accessible, and inclusive education opportunities to ensure a strong and diverse workforce.

David Becker, MA, the immediate past chair of the EMS Section for the International Association of Fire Chiefs, reported that the fire service supports education. However, requiring entry-level personnel to obtain academic degrees would create an undue burden for employers, students, and schools. This approach would remove the fire service from the education process because it cannot deliver degrees. Approximately 130 programs do not offer a degree option.

## **Discussion**

In response to a question from Mr. Robbins, Dr. Krohmer reported that NEMSAC has not addressed the issues that Ms. Attman raised. The Office of EMS is not typically involved in developing curricula, but Dr. Krohmer offered to advance Ms. Attman's suggestions. He asked her to forward information on the implicit bias training she had mentioned.

Ms. Lubogo said that the Preparedness and Education Committee has discussed some of the issues faced by transgender and other gender-nonconforming patients. She agreed that implicit bias and cultural competence training is important, and she hoped that these issues will be addressed in current or future NEMSAC advisories.

Mr. Baird said that these issues are important not only for educational curricula, but also for work. For example, datasets need appropriate fields to accommodate self-identified gender designations. Mr. Washko said that NEMSAC needs to learn more about these issues. Mr. Powers noted that the Emergency Nurses Association has guidance on care for gender-nonconforming patients, and the association could be a good resource for future advisories. Mr. Washko said that the Equitable Patient Care Committee should address this topic.

Mr. Robbins informed Ms. Bianchi that NEMSAC has issued three advisories on financing. Ms. Lubogo thanked Mr. Montera and explained that the Preparedness and Education Committee agrees with him. She invited Mr. Montera to join the committee's discussion during the meeting. Mr. Robbins informed Mr. Tseng that NEMSAC has worked on many of the issues Mr. Tseng had listed, and Mr. Tseng can visit NEMSAC's website to view its advisories.

Mr. Robbins explained that Robert McClintock, Deputy Director of IAFF, had recently stated that the IAFF supported the revised advisory of the Preparedness and Education Committee. Mr. Robbins also clarified that the latest version of the advisory does not mandate degrees for EMS practitioners. According to Mr. Montero, Mr. McClintock had stated that the association opposes a mandate for degrees.

## **Committee Reports**

### **Profession Safety Committee**

#### Mental Health and Wellness for the EMS Provider and Their Partners in Public Safety

Mr. Power reported that this advisory received final approval in January. Based on comments at NEMSAC's January 2020 meeting, the committee revised the advisory, but none of the revisions was major. The revised version is now available on the NEMSAC website.

#### Addressing Patient Elopement during EMS Transport

A motion carried to grant interim approval to this advisory.

#### Mitigation of Violence Against EMS Practitioners

Mr. Robbins had distributed a draft letter from NEMSAC encouraging the Office of EMS to give this advisory urgent consideration, given the civil unrest across the country and the consequent exposure of EMS practitioners to events that require situational awareness. Several NEMSAC members had commented on the letter, and Mr. Robbins planned to send it to Dr. Krohmer.

### **Preparedness and Education Committee**

#### Best Practice for Transition from Technical Certificate Paramedic Provider into a Practitioner with Formalized Education and Professional License to Practice

Ms. Lubogo reported that the mandates for degrees in earlier versions of the advisory have been removed. The advisory now calls for NEMSAC to create a white paper on best practices for states and organizations wanting to transition to degreed paramedic certification and/or licensure.

Mr. Baird noted the concerns that NEMSAC has heard about the recommendations in the advisory. Although the advisory does not call for a degree mandate, it does offer a strategic vision of requiring an associate's degree for entry-level positions by 2025. At this time of financial crisis and workforce shortages, EMS agencies could not hire enough new EMS practitioners for their open positions if degrees became mandatory. Mr. Baird believes that now is not the time to issue such recommendations.

Mr. Kaye asked when degrees might be required, if not now. He believes that degrees are especially important at this time to advance the EMS profession. Mr. Washko agreed with

offering a vocational option, especially for agencies with a public safety mission. However, practitioners in agencies with a public health mission need additional education.

A motion was made to grant interim approval to this advisory. Mr. O’Neal requested a voice vote, and the results were as follows:

- Yes: Dr. Adelgais, Ms. Ahlers, Ms. Bartram, Dr. Bradley, Dr. Fallat, Mr. Kaye, Ms. Knight, Ms. Montera, Mr. Washko, Dr. White
- No: Mr. Baird, Mr. Gale, Mr. Emery, Mr. McMichael, Mr. O’Neal, Mr. Powers
- Abstain: Mr. Tobin

Dr. Taillac and Mr. Garrett were not present at the time of this vote. The final tally was 10 yes, 6 no, and 1 abstention. The motion carried, and the advisory moves to interim status.

### EMS Resource Allocation and Distribution During Disasters

Dr. Adelgais explained that this advisory addresses preparation for EMS systems to respond to all major unplanned events. Mr. O’Neal pointed out that “FEMA” is spelled incorrectly on page 2. In addition, a recommendation for the Secretary of Transportation is to pursue the recognition of the Office of EMS as the federal government’s coordinating center for EMS. This recommendation implies that FEMA distributes PPE to the Office of EMS, which would then send the equipment to state departments of emergency management. Dr. Krohmer said that the Office of EMS cannot serve in this role, so this recommendation needs editing. Mr. Robbins suggested adding a footnote saying that the recommendation is not intended to change the current distribution process. A motion carried to grant interim approval to this advisory.

### **EMS Sustainability and Efficiency Committee**

#### COVID-19 Public Health Emergency Treatment in Place Reimbursement

Mr. Baird explained that the purpose of this advisory is to address reimbursement for treatment in place. A motion carried to grant interim approval to this advisory.

### **Adaptability and Innovation Committee**

#### Telehealth as a Strategy for EMS Care

Mr. Gale reported that some changes had been made to this interim advisory during this meeting, and Dr. Fallat discussed these changes. Ms. Montera suggested waiting to give final approval to this advisory because some additions might be made. She also wondered whether the advisory should avoid mentioning Project ECHO. Dr. Krohmer said that Project ECHO can be mentioned because it is neither commercial nor proprietary, but the advisory might discuss telehealth programs in general and mention Project ECHO as an example. Dr. Krohmer did not think that any of the activities by the brainstorming team for the Federal Healthcare Resilience Task Force will conflict with the content of this advisory. If the brainstorming team identifies concepts that should be added to the advisory, the document can be amended. Dr. Krohmer added that one

recommendation calls on NHTSA to provide demonstration grants, but NHTSA does not have EMS grant opportunities. A motion carried to grant final approval to this advisory.

## **Equitable Patient Care**

### Reducing Social Inequities in EMS Through a National Out-of-Hospital Cardiac Arrest Registry

Dr. Bradley summarized this advisory, which addresses social inequities in the EMS field, especially with respect to out-of-hospital cardiac arrest outcomes. A motion carried to grant interim approval to this advisory.

## **Human Trafficking Committee (Ad Hoc)**

Dr. Knight explained that this ad hoc committee has summarized its findings in a report, which recommends that the Preparedness and Education Committee or the Ad Hoc Human Trafficking Committee explore the development of an advisory on this topic.

Ms. Lubogo said that the Preparedness and Education Committee is willing to explore an advisory on human trafficking. Mr. Powers suggested a survey of EMS practitioners on what they know and believe they should know about human trafficking. Mr. Robbins assigned this topic to the Preparedness and Education Committee, and Ms. Lubogo asked Ms. Bartram and Ms. Knight to assist the committee. Mr. Powers and Mr. Kaye volunteered to work on this potential advisory as well.

A motion carried to send this topic to the Preparedness and Education Committee for its review.

## **Social Determinants of Health: Considerations for EMS**

*Eric Beck, DO, MPH, Chief Operating Officer, University Hospitals Health System, Cleveland*

The social determinants of health are economic and social conditions that influence the health of people and communities. Examples include education, built environment, housing status, and income. A person's ZIP Code might be more important than genetics in determining their health outcomes. Structural inequities in society resulting from policy decisions influence health outcomes directly and indirectly.

Healthy behaviors account for 50% of the factors that make people healthy, followed by environment (20%), genetics (20%), and access to care (10%). In contrast, approximately 88% of health-related expenditures go to medical services, only 4% goes to healthy behaviors, and 8% is spent on other activities.

Dr. Beck and his colleagues provide medical direction for 300 EMS services, and they have access to aggregated prehospital and hospital data. Dr. Beck displayed maps showing the spread of COVID-19 in the Cleveland area between March and June. These maps display data on vulnerable populations, including a deprivation index that takes into account food and housing insecurity, access to transportation, and Census tract data. COVID-19 rates are higher in neighborhoods with the most socially vulnerable populations. The response to these inequities

has included community-sensitive messaging and collaboration with community leaders to understand their unique challenges.

## **Discussion**

Mr. Washko said that EMS providers can identify social determinants of health that are often not detected when patients reach the hospital. Knowledge of these factors can help hospitals create countermeasures to address these issues in their discharge planning. Mr. Washko asked Dr. Beck how NEMSAC could address this issue. Dr. Beck listed three actions for any EMS agency or system:

- Share their data. Most county health departments have resources to support data sharing, but EMS data are not traditionally shared, and their value is not appreciated. EMS data become more valuable when they are combined with hospital outcomes and public health data.
- Help EMS providers identify community resources to which to refer patients. For example, if an EMS provider treats a patient who has food insecurity, the provider might connect the patient with a community resource.
- Leverage their expertise in transportation and logistics. EMS agencies can help address transportation logistics in their community.

Dr. Krohmer asked how Dr. Beck provides medical direction to 300 EMS agencies. Dr. Beck said that his hospital system serves Hispanic, African American, impoverished, and very wealthy communities. Matching hospital leadership with public health leadership requires a great deal of relationship building and an understanding of the EMS providers, agencies, and the communities they serve.

Dr. Fallat asked whether the hospital or individual EMS agencies are responsible for transportation. Dr. Beck replied that each EMS system is different. In large cities, transportation logistics expertise might pertain to the public transit system, school district, sanitation department, and roads department. In most cases, EMS agencies have data on the clinical health status of the communities they serve, and they have a more health-oriented perspective.

Mr. Robbins suggested that the Equitable Patient Care Committee consider an advisory on the social determinants of health.

## **Wrap Up**

Mr. Robbins asked the committee chairs to identify new advisories that they would like to develop. Dr. Bradley reported that the Equitable Patient Care Committee would like to develop an advisory on education for EMS personnel on implicit bias with respect to pain management. Mr. Robbins approved of this suggestion. Dr. Adelgaiz said that she had thought that the advisory would address implicit bias in general, and Dr. White agreed. Mr. Robbins said that the focus of the advisory is up to the committee and its chair.

Mr. Washko asked when to restart the ad hoc Vehicle Crash Committee, which was put on hold. Dr. Krohmer offered to discuss with staff when the NHTSA investigation team might be available to provide advice on the work of this committee.

Ms. Lubogo asked whether NEMSAC committee meetings are open to the public. She planned to invite Mr. Tobin, who is stepping off NEMSAC, to meetings of the Preparedness and Education Committee. Mr. Robbins said that committees may not invite nonmembers to their meetings until the Office of EMS finds out whether doing so is permissible. Mr. Chaney added that Mr. Tobin will remain on NEMSAC until the end of December, and after that time, he can attend committee meetings as a subject matter expert.

Mr. Powers asked about the status of all of the advisories. Mr. Krohmer said that the Office of EMS will provide an update on advisory status.

Ms. Montera asked about the status of the letter on pediatric safe transport. Ms. Montera suggested that the Profession Safety Committee take on pediatric safe transport, and she volunteered to help the committee with this advisory. Mr. Robbins approved of this suggestion. Dr. Adelgais volunteered to work on this advisory as well.

Dr. Krohmer thanked NEMSAC and the NHTSA staff for all of their work. He also thanked NEMSAC members for submitting their advisories before the meeting so that the documents could be posted online. A new Office of EMS staff member will work on NEMSIS and FICEMS. Mr. Robbins added his thanks to NEMSAC members for staying engaged in the committee's work during the long interval between meetings.

## **Adjournment**

A motion carried to adjourn the meeting at 5:02 p.m.

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



9/16/2020

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Vince Robbins, Chair, NEMSAC

Date

These minutes will be considered formally for approval by the council at its next meeting. Any corrections or insertions will be made in the minutes at that time.



## Appendix A: Participants

### National Emergency Medical Services Advisory Council Members in Attendance and Their Sectors

Kathleen Adelgais, MD,  
MPH/MSPH  
Pediatric Emergency  
Physicians  
Golden, CO

Mary Ahlers, Med, BSN  
EMS Educators  
Cincinnati, OH

Shawn Baird, MA  
Private EMS  
Portland, OR

Cherie Bartram  
Call Taker/Dispatchers  
Richmond, MI

Richard Bradley, MD  
Emergency Physicians  
Houston, TX

Eric Emery  
Tribal EMS  
Rosebud, SD

Mary Fallat, MD  
Trauma Surgeons  
Louisville, KY

Val Gale, MS  
Local EMS Service  
Directors/Administrators  
Gilbert, AZ

Brett Garrett  
EMS Practitioners  
McCalla, AL

Sean Kaye  
EMS Data Managers  
Chapel Hill, NC

Lori Knight RN  
Emergency Management  
Placentia, CA

Nanfi Lubogo  
Consumers  
Cromwell, CT

William McMichael, III  
Volunteer EMS  
Delaware City, DE

Anne Montera  
Public Health  
Gypsum, CO

Chuck O'Neal  
State EMS Directors  
Berea, KY

Matthew Powers, RN  
Emergency Nurses  
Pleasant Hill, CA

Vincent Robbins, MS  
Hospital-Based EMS  
Neptune, NJ

Peter Taillac MD  
EMS Medical Directors  
Salt Lake City, UT

John Tobin III  
Fire-based (career) EMS  
Phoenix, AZ

Jonathan Washko, MBS  
EMS Quality Improvement  
Northport, NY

Lynn White, MS  
EMS Researchers  
Copley, OH

## Speakers

Kathleen Adelgais, MD, MPH/MSPH  
Professor of Pediatrics–Emergency  
Medicine  
University of Colorado

Eric Beck, DO, MPH  
Chief Operating Officer  
University Hospitals Health System

Eric Chaney  
Emergency Medical Services Specialist  
Office of EMS, National Highway Safety  
Administration, Department of  
Transportation

Dia Gainor  
Executive Director  
National Association of State EMS Officials

Janelle Gingold, MPH  
Director, Division of Health Innovation and  
Integration  
Center for Medicare & Medicaid Innovation,  
Center for Medicare & Medicaid Services

Jon Krohmer, MD  
Office of EMS, National Highway Safety  
Administration, Department of  
Transportation

N. Clay Mann, PhD, MS, MBA  
Principal Investigator  
Technical Assistance Center, National  
Emergency Medical Services  
Information System, National Highway  
Safety Administration, Department of  
Transportation

James C. Owens, PhD, JD  
Deputy Administrator  
National Highway Safety Administration,  
Department of Transportation

Joan Pellegrino, MS  
Senior Vice President of Operations  
Energetics

Marc Sigrist  
Analyst  
Energetics

Brenda Staffan  
Senior Advisor to ET3 Model Team  
Center for Medicare & Medicaid Innovation,  
Center for Medicare & Medicaid Services