

ALASKA COUNCIL ON EMERGENCY MEDICAL SERVICES
MINUTES
April 17, 2003

Call to Order

Chair Barb Simonsen called the spring meeting of the Governor's Alaska Council on Emergency Medical Services to order at 9:02 a.m. ACEMS member Debra McCarty, CHP was unable to attend.

Welcome and Introductions

ACEMS Members in Attendance:

Barbara L. Simonsen, RN, Chair
Ken Brown, MD
Daniel B. Cox, EMT-III
Donald G. Hudson, DO
David Hull, MICP

Dorothy Jones
Charlie Lean, EMT-I
Steven D. O'Connor, MICP
Karen F. O'Neill, MD, FACEP

State Section of Community Health and EMS Staff in Attendance:

Mark S. Johnson, Chief
Matt Anderson, EMS Unit Manager
Kathy McLeron, Public Health Specialist
Zoann Murphy, Health & Social Services Planner

Shelley K. Owens, Health Program Manager
Doreen Risley, Public Health Specialist
Alice Walters, Health Program Manager
Judy Skagerberg, Grants Administrator

EMS Regional Staff in Attendance:

Troy Dolge, EMS Administrator, Copper River EMS
Tom Fazzini, Director, Injury Control/EMS Medical Services, Yukon Kuskokwim Health Corporation
Sue Hecks, EMS Coordinator, Kenai Peninsula, Southern Region EMS Council, Inc.
Daniel Johnson, Executive Director, Interior Region EMS Council, Inc.
Bobbi Leichty, Executive Director, Southeast Region EMS Council, Inc.
Aggie Lie, EMS Director, Maniilaq Association
Debbie McCravey, Finance Manager, Southern Region EMS Council, Inc.
Mike Owens, MICP, EMS Director, Norton Sound Health Corporation
Dave Potashnick, EMS Regional Coordinator, North Slope Borough Fire Department
Skip Richards, EMS Coordinator, Chugachmiut
Teresa Seybert, EMS Sub-Area Coordinator, Bristol Bay Area Health Corporation
Teresa Stone, EMS Coordinator, Kodiak Area Native Association
Ronni Sullivan, Executive Director, Southern Region EMS Council, Inc.

Liaison Representative Members in Attendance:

Lt. Col. Chuck Foster, RCC; Yuancie Lee, Highway Safety Planning; Frank Sacco, MD, Alaska Native Medical Center and American College of Surgeons. Terry Smith, Division of Emergency Services, and Ken Zafren, MD, State EMS Medical Director were unable to be present. A written report from Terry Smith, ADES, was submitted.

Special Guest:

Sandy Giffin, RN, MS, Director, Oregon Poison Center, Oregon Science and Health University

A quorum of the Council was present. Barb Simonsen, Chair, welcomed everyone and noted that she had met with the Doug Bruce, Director of the Division of Public Health, and that Joel Gilbertson, Department of Health and Social Services Commissioner, planned to visit the ACEMS meeting.

Approval of Agenda

Dave Williams, Division of Medical Assistance, was added to the Thursday agenda to brief ACEMS on the new pilot state grantee payment mechanism called ProShare. A planned call-in by Dr. Sacco on Friday at 9:10 am was added to Persons to Be Heard.

MOTION: To adopt the agenda for April 17 and 18 as presented.

(Dan Cox, Don Hudson)

ACTION: The motion was approved.

Approval of Minutes

The minutes were reviewed and no additions or corrections were noted.

MOTION: To accept the minutes of the October 3 and 4, 2002 meeting as submitted.

(Steve O'Connor, Dan Cox)

ACTION: The motion was approved.

Barb reminded ACEMS members that a quarterly ethics report is due to the Attorney General's office. Members should let her know if any ethics issues arise.

REPORTS FROM COMMITTEES, TASK FORCES, AND WORKING GROUPS

Executive Committee Report (Barb Simonsen)

Invitations were sent to the Governor, Commissioner of the Department of Health and Social Services, Director of the Division of Public Health, and others for the ACEMS meeting and reception. Barb represented ACEMS at the Primary Care Council meeting. The Executive Committee had a teleconference with CHEMS on tasking the air medical task force to review the state and national standards for air medical care.

CHEMS Section Report (Mark Johnson)

The Governor recommended continuance of FY03 EMS grants-to-regions funding for FY04. The situation for multi-program components is not known at this time. The tobacco and block grant monies have been transferred out of CHEMS, and the Assistance for Community Health Facilities grant budget eliminated. The projected reduction for the Community Health Aide Training and Supervision grant program is 5%. Clinics could suffer with these reductions, and it will be hard to meet federal requirements. The RSA with Medicaid is a question mark at the moment. The EMS Unit budget looks okay right now. Homeland Security money won't fill general fund gaps because it is federal and narrowly focused. Mark provided a chart of the reorganization of the Department of Health and Social Services. CHEMS and Maternal, Child, and Family Health are the sections of Public Health most seriously impacted. In Phase One of the reorganization, two CHEMS units, Tobacco Prevention and Control and Health Promotion, have been transferred to the Section of Epidemiology. CHEMS administrative staff continues to provide services to these units, however. The personnel shift is 46 lost and 4 gained. In Phase Two (date uncertain), the transfer into CHEMS of licensing functions is to take place. The effects of the reorganization on the EMS, Injury Prevention, and Primary Care Units are unknown. It can be argued that Community Health has a relationship to the licensing of hospitals and nursing homes, but the realignment of functions and personnel could significantly shift priorities. Paramedic licensing, currently done by the state medical board, is not slated to move to CHEMS.

EMS Program Report (Matt Anderson)

Grant funding through Rural Hospital Flexibility and Bioterrorism is very important to the EMS Unit. CHEMS has a new EMS staff person, Kate Coleman, to work on bioterrorism issues, including protocols. The SARS epidemic and other emerging infectious diseases have created some new problems, such as the quarantine of medical staff. The website of the Centers for Disease Control and Prevention (CDC) has a lot of good information which Matt posts on the FirstClass website. CHEMS will continue to be involved through grants from the Health Resources and Services Administration (HRSA) and the CDC. Charlie Lean

mentioned that West Nile virus could come to Alaska through migrating birds and mosquitoes. The cruise ship industry is very proactive on issues of infectious disease. Alaska has very good bioterrorism planning and good communications among response agencies.

The Code Blue project, while very time-consuming for the regional EMS staff, has resulted in a lot of great equipment all over the state. Phase III is now started, with \$4.2 million of requests in the database. These include ambulances and other emergency vehicles, communications infrastructure, protective gear, and training equipment. Bobbi Leichthy mentioned that Southeast Region purchased two 4-wheel cargo bodies; these are used as remote ambulances at Angoon and Whale Pass (Prince of Wales Island), providing useful off-road service for \$50,000 rather than \$150,000. The interaction with the USDA staff for Code Blue has been very good, and the project has gotten great coverage in the USDA statewide report. Rural Hospital Flexibility funds support the travel that allows the regional EMS staff to meet the challenges and keep requests focused to fit best into what is allowed and needed. Charlie cited the value of letting small communities use their emergency vehicles for other purposes to keep them running and maintained.

Matt gave an update on other CHEMS EMS projects: updating the bioterrorism resource guide; the annual report to the legislature; the EMS goals revision; a contract for AED purchase in progress, with distribution to follow; and a paramedic training and licensing session in Anchorage next week.

Mark Johnson suggested that ACEMS might wish to speak to the topic of where paramedic licensing resides in the state. Matt is reviewing existing EMS and DCED regulations. A meeting is planned to discuss changes, with customer service as the goal. The Division of Occupational Licensing has the regulations and investigative staff to support this program.

Legislation (Mark Johnson)

The Federal government is working on its budget now, and Traumatic Brain Injury, EMS for Children, enhancement for trauma systems are in place or being discussed. Boating safety funds from the Coast Guard fund Kids Don't Float, among other programs. Juneau Representative Bruce Weyhrauch has introduced legislation to remove the sunset law on this provision. Regarding an AED bill and the liability issue, Senators Olson and Therriault have introduced SB 160, which looks promising. This bill is more comprehensive and differs from last year's bill. Rep. Weyhrauch has introduced a bill for graduated licensing to prevent motor vehicle accidents. Shelley Owens provided assistance to Rep. Weyhrauch's office and to the House HESS committee on the bill he sponsored regarding end of life issues, HB 25. Ronni Sullivan is monitoring the bill that would provide insurance for small non-profit organizations. Legislative information is available through BASIS and the Legislative Information. Sue Hecks discussed HB 260, sponsored by Rep. Seaton, regarding immunity for doctors and other health professionals from liability if they provide free medical services after they retire. Sue also mentioned that a bill has been introduced at the federal level to address the potential tax liability caused by local property tax exclusions/exemptions for volunteer EMTs.

Rural Hospital Flexibility Program (Matt Anderson)

Hospital downsizing a number of years ago caused some significant gaps in both costs and capabilities. The critical access hospital designation is designed to address this. Pat Carr and Kim Busch manage the RHF program in CHEMS. Mark and Matt participated in writing the EMS portion of the federal grant application. EMS projects funded by RHF money include TATs, model standing operating guidelines, model state medical standing orders, Code Blue steering committee travel, air medical meetings, paramedic internship meetings, quantifying the dollar value of volunteer EMT time as in the Pennsylvania model, and ambulance service billing workshops. HIPAA workshops are needed soon, this program will also fund that.

EMS Training Committee Report (Kathy McLeron)

The training committee has been very busy. Tasks include developing EMT exams from the new regulations and upgrading the medevac instructor course. Online course approval became a reality this month; it has a

very good search feature and notification system. Regarding medevac regulations, all services were contacted and asked for response; regulation review, the first since 1985, will start in early May. Dr. O'Neill asked about the new cold injury guidelines; Matt said he hopes they'll be ready soon.

State EMS Symposium Planning (Doreen Risley)

Symposium will be November 12-15, 2003 at Egan Center in Anchorage. Two-day courses are ICS (Incident Command System) for EMS and GEMS (Geriatrics for EMS); possibly also a pediatric disaster life support course. One-day and half-day courses will be offered in Leadership during MCI by Jeff Dyar of the National Fire Academy. Jeff is also keynote speaker. Norm Dinerman, MD from Maine will also present. Other folks may speak on orthopedics, frostbite, and pediatrics.

EMS for Children (Doreen Risley)

The Alaska Native grant ended in January. The partnership grant was extended to December of 2003. Update of Alaska Medevac Escort Course slides and a book should be done by December. Southeast and Interior pediatric TAT contracts continue. The new \$100,000 per year, three-year grant is for development and doesn't include TAT. Focus areas include pediatric disasters, injury prevention, and data collection. Pediatric emergency medical care training for the DMAT team and a pediatric disaster life support course at Symposium are planned. Also planned are injury prevention drivers' education in Juneau, Fairbanks, and Anchorage with parents and teens. A one-year supplemental EMSC grant was awarded; this is a regional effort for \$39,000. The first meeting will be in Oregon in conjunction with the EMSC conference in June. Loma Linda University may develop a pediatric DMAT team.

Regional Directors and Coordinators (Sue Hecks)

RD&C had a very productive meeting on Tuesday. Matt gave an update on the current AED program and planned grant activity, CAH, HRSA training, Code Blue, and paramedic certification. Martha reported on IHS partnering with CHEMS, Zoann reported on injury prevention in a bag, Mark and Matt on Code Blue communications and Alaska Land Mobile Radio project. Legislation reported on earlier by Mark was discussed. Funds from the disbanded Alaska EMS Association were used to print and laminate the poster done by Zoann honoring volunteers. Ken Zafren is doing a survey on medical directors insurance costs. This should be an item on the fall agenda. Sue thanked the regional directors and CHEMS for putting together the Report to the Legislature. RD&C was asked to investigate whether the Alaska Municipal League joint insurance association would expand its charter and regulations to allow some unincorporated villages to participate in the insurance program. The Directors feel it is up to the individual tribal entities to pursue that at their government levels. The Code Blue Program requires full coverage insurance on vehicles, so these villages would like to get into the AML insurance pool. Sue and Dave Hull were on KTOO Juneau radio for a 17-minute talk arranged by Shelley, giving an overview of EMS in Alaska. Ronni will coordinate the distribution of the annual report to the legislature. Sue, Ronni, Dave Hull, Bobbi, Thor, Dave Potashnick and Dan Johnson participated on EMS Day at the Legislature on March 6. They took blood pressures, applied stress dots, and talked about EMS.

PIE Report (Skip Richards)

PIE met on Wednesday. The EMS posters were very well received. The regions will keep the posters updated but will need access to the database for the names. Dave Hull is taking photos for a new ACEMS poster for Symposium. The Directors and Shelley made a new poster for EMS Day at the Legislature. It was a very successful day this year. Pictures for the website are always welcome; Code Blue, responders, training photos. The EMS brochure is updated. The PIE homepage, which Zoann is doing, will be attached to the ACEMS page. The memorial plaque is now full; it is planned to get a new larger one to put underneath so more names will fit. Skip asked for ACEMS ideas on a CPR/AED class for the legislators next January (early in the session). Skip asked if ACEMS would consider sending a letter announcing it if it is offered. Perhaps this can be discussed at the fall meeting. Sue says the dialogue she had at the legislature about AED was positive. EMS week is not the best time and Skip said the fall would be a better time. Skip also suggested showcasing success stories, such as those volunteers who went on to other medical service.

Perhaps folks could take some home videos to make PSAs. These could be showcased at Symposium. Charlie said Nome used EMS week to recruit last year; also went to the grade school and gave an end of year pep talk on safety. Skip gets continuous feedback that paramedics would like to be on the EMS posters; Shelley says the information is available on the DCED website, but ETTs are not available. It would be nice to acknowledge them in some way.

Planning Task Force (Matt Anderson)

The Task Force met Wednesday. Discussed were the development of equipment lists and a 2003 EMS checklist for EMS coordinators to stay on track through the year. Other issues included recommendations for *Response* articles. Exit and attrition surveys were discussed at the regional meeting. Matt would like to develop and maintain ideas for a list of “wouldn’t it be nice if state EMS could...?” Barb suggested the group prioritize their top 5 items and the lists will be collated on Friday.

ProShare (Dave Williams, Division of Medical Assistance; Commissioner Joel Gilbertson)

ProShare is a new state program for financing payments to grantees. Reductions in the general fund monies available really threaten grant programs. It is not desirable to reduce clients or field staff, or dollar awards to grantees. The answer is this payment plan. Payments go to a private hospital after a negotiated agreement is signed. The purpose is to close the funding gap by maximizing Medicaid from the 13 million allocated for grants to the 30 million needed. Payments fall into classifications; RHCA is used for EMS. Payments go directly to selected hospitals. A separate accounting system is being used, not the statewide accounting system AKSAS. Providence Hospital was awarded the agreement this year; several other private hospitals will be added in FY 04. EMS grants to regions will be paid through ProShare. ACEMS members expressed concerns about the future of the program. EMS is part of the health care system, but what if a reevaluation later on endangers the program? Commissioner Gilbertson came in, and he said this program permits savings through Medicaid. We do take some risks here, but the general fund was in trouble, and this arrangement assumes the dollars go to healthcare.

ACEMS members were introduced to the Commissioner, and there was a period of question and answer. The Commissioner elaborated on the Department reorganization: it is an effort to streamline the number of providers with whom a client needs to deal, especially seniors and children. EMS and ACEMS remain vital in the reorganization. They will be part of primary care and first response in health systems planning. Charlie Lean pointed out that there was a lot of value in the service of the EMS volunteers; the state’s reliance on volunteer EMTs means there are fewer dollar savings available in this area.

Poison Control Center Report (Sandy Giffin, Director, Oregon Poison Center (OPC))

Sandy presented a slide show about OPC’s activities and its service to Alaskans. Funding OPC is a challenge; the attraction of the service is that it is toll free and immediate, charging for the service would be a deterrent to usage. The Poison Control Stabilization and Enhancement Act signed in 2000 legislated a single national toll-free number. All centers are now certified regional centers. Federal grant money is available through HRSA. OPC directs calls about medication to pharmacists. Hard drug questions are not often addressed to OPC because these calls are screened and handled elsewhere. The 911 system uses the Center to identify symptoms; this may preclude the need for transport. Barb says combining trauma 2000 data with OPC data will be very enlightening. OPC is HIPAA compliant and the data are protected as required. A current issue is the requirement for a written privacy notice to patients. OPC offers to mail it to the patient. Patient identification is removed from the data uploads that go to the CDC every three minutes. Theresa Stone and Dave Hull said they’ve had very good experiences with OPC.

Recess (Barb Simonsen)

Barb recessed the group until 9:00 am 4/18.

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Call to Order (Barb Simonsen)

Chair Barb Simonsen called the meeting to order at 9:00 a.m. Barb said that the ProShare slide presentation would be emailed to those who request it. Zoann Murphy offered to tabulate the priority list discussed the previous day and put the results on the CHEMS website under poison.

Persons to Be Heard (Barb Simonsen)

Dr. Sacco gave a telephone report on the Alaska trauma system and the American College of Surgeons. There are two new Level IV hospitals: Norton Sound and Bethel. Additionally, Dillingham is applying and Ketchikan has plans to pursue this designation. Ketchikan and Mt. Edgecombe are Level III now. ANMC is scheduled for a site visit from the American College of Surgeons verification committee to provide a three-year re-verification. Level III hospitals won't be required to have a published back-up call schedule; this will help small communities in Alaska, which usually have a limited number of surgeons. The Head Injury Task Force met on February 25 and developed guidelines. The final draft was sent to Doreen Risley who emailed it for comment. Dr. Sacco is waiting for approval and expects completion by mid-May. The guidelines will be published, and there will be sessions on them at Symposium. ATLS has been very active, there will be four courses in 2003; he'd like one each year in Southeast. Alaska and South Dakota have asked for a change regarding mid-level participation, he thinks this change will be approved.

West Virginia has legislation capping malpractice damage awards for care provided at designated trauma centers. This gives facilities an incentive to seek designation. This bears follow-up in Alaska. The caps apply to physicians and hospitals alike. He suggests introducing similar legislation in Alaska, it would encourage the private hospitals. Bioterrorism money can be used for trauma system development. Shelley asked if malpractice insurance premiums were impacted in WVA after the legislation? Dr. Sacco said yes. ACEMS could recommend that the Commissioner propose that the Governor sponsor or find a sponsor for such legislation. The trauma center designation means a rigorous review of the facility. Dr. Sacco asked for a resolution from ACEMS to encourage capping total damage awards for facilities that agree to be designated trauma centers, including level four hospitals. Barb will add this to the list of action items. Dr. Brown said this would be well received at Bartlett Hospital in Juneau. Alaska Regional Hospital has reorganized and reassignments took place; the trauma nurse position was eliminated. There is a concern that AK Regional doesn't have an active trauma program anymore. The citywide trauma committee sent a letter to the CEO stating that they hoped the program would continue. Dr. Hudson said that there have been many changes at AK Regional, but it looks as if the trauma program will remain intact. There will be two ER managers and trauma coordination will be in the ER. Dr. Sacco suggested ACEMS send a letter asking AK Regional to continue its commitment to the trauma center.

Alaska Trauma Registry Report (Martha Moore)

Almost all the hospitals' data have been entered through 2002. The contractors are doing a great job with the data work. The state statute mandates the Trauma Registry, and it is exempt from HIPAA. The next meeting will be in May.

Injury Prevention Update (Martha Moore)

Martha's unit of seven staff has been involved in many projects. A lot has been done through partnerships, such as with Alaska Native Health Center. They work together on smoke alarm installation and locking gun cabinet distribution. They are collaborating with ANHC on the injury prevention track this year. The partnership with the Coast Guard for Kids Don't Float continues to go well. There are 330 active sites in 135 communities. The child passenger safety seat program with DOT&PF Highway Safety moves along. Gordon Glaser installs seats and promotes the program and a parent wrote a letter thanking Gordon for helping his child avoid injury through correct use of the safety seat. Other partnerships include EMTs and

Public Health Nursing. Alice Walters set up a display of home safety materials. She distributes DVDs with injury prevention messages to public health clinic waiting rooms and to health fairs. An injury prevention track is planned for the health summit the first week of December. The state technical assistance team will be here in July to review injury prevention in Alaska, sponsored by STIP and funded by CDC. Legislation: HB 213 is a graduated licensing bill. A booster seat bill was requested through the Committee. HR 5 is a resolution on Poison Awareness Week. A 2 ½ hour gatekeeper video will be shown on APHTN concerning a study showing that prior contact with law enforcement authorities is a risk factor for suicide among young people. Comment have been made that the Kids Don't Float life jackets have a brief service life due to UV deterioration, that jackets are borrowed and not returned, or that new ones are replaced with old ones, and that a board needs a sponsor to keep it up and to monitor the wear and tear. It was observed that adults need reminding, too, about water safety, but Martha said that the boating safety injury prevention money is for children.

New Business

Dave Hull asked if ACEMS should endorse any legislation and Matt said that position papers submitted by CHEMS could include ACEMS input. Mark Johnson said that ACEMS is the Governor's Council and can make recommendations regarding new or pending legislation. CHEMS may go to the legislature with the governor's approval, via the chief of staff. CHEMS submits its position in a position paper; if the administration agrees, CHEMS may go forward. ACEMS is in basically the same position and may support positions that have been approved by the administration. Individual members may speak as individuals without claiming the ACEMS relationship. Barb asked how to follow through with the Governor and Legislature. Matt suggested that ACEMS determine its position on legislation already underway, and submit ideas for new legislation and go on record with these positions.

MOTION: To amend the agenda to add action items at the end of the meeting.

(Dan Cox, Don Hudson)

ACTION: The motion was approved.

Member status (Barb Simonsen)

A consumer position is vacant. Boards and Commissions believes that existing applicants are really providers so not in the right category although 'consumer' hasn't been defined. A consumer member is needed from a legislative district different from Dorothy's. Two terms end in November; Dave Hull's and Debbie McCarty's.

MOTION: To write a letter asking that Dave Hull continue on ACEMS.

(Steve O'Connor, Don Hudson)

ACTION: The motion was approved.

Bylaws Amendment (Barb Simonsen)

Barb read the proposed amendment to the Bylaws adding a liaison position representing the pediatric community. The Governor appoints liaison members.

MOTION: To accept the Bylaws revision.

(Dave Hull, Steve O'Connor)

ACTION: The motion was approved.

BJ Coopes, MD has sent a letter of interest in the position.

MOTION: To accept BJ's application and write a letter of support.

(Dave Hull, Don Hudson)

ACTION: The motion was approved.

Appointments to Task Forces and Committees (Barb Simonsen)

There is no need presently for changes in task force or committee membership.

Health Information Portability and Accountability Act (HIPAA) (Shelley K. Owens)

Shelley handed out a Health Information Portability and Accountability Act (HIPAA) resource packet. She identified the entities that are responsible for enforcement of the law, and explained where information can be found. It allows for civil and criminal penalties. HIPAA was developed to address the protection of personal data and codes used in medical billings, and the handling of electronic information. How can CHEMS help EMS deal with the requirements? Training will be held in Anchorage. There are FAQs on the websites shown in the resource packet; these are a good source of information. Charlie said HIPAA is very complicated and could cause panic in small services. City support could suffer and cause ambulance services to close. Steve said that earlier versions of HIPAA were worse, that it has become more workable. Matt said he hopes that CHEMS can help simplify HIPAA for EMS, that EMS was not the intended target of the regulations. Barb asked what ACEMS can do, and Matt said there are things that can be done to help EMS respond. An algorithm can be constructed to determine which services might be vulnerable. It should be taken one step at a time. Karen asked if a sample medical director's business agreement could be developed. Steve suggested that the CHEMS priority list might be the place for this item. Barb asked how emergency is defined. Dan Cox said this is an issue in categorizing dispatches. Don said that HIPAA is fearsome, the penalty is \$250,000 and 10 years in jail. Shelley said that HIPAA is a complaint-driven, voluntary compliance law. The Federal Office of Civil Rights has a mandate to provide technical assistance to correct problems.

Regional EMS Reports and Grant Presentations (Regional EMS Program Representatives)

Interior Region (Dan Johnson)

Code Blue continues to dominate activities; Phase I is being wrapped up. It was very successful in Interior Region. Matt provides excellent leadership. Interior Region is an area of highways; every rural ambulance service except McGrath has a new ambulance. Phases II and III will fill in gaps in critical equipment needs. They will try to avoid critical situations in the future; they've tightened up the regional review and prioritization process and honed the recycle program for old equipment. There are fully functional old ambulance in three communities formerly without. They've completed the five-year strategic plan; this is a framework for the annual grant and program evaluation. They will look annually at the plan with the board and committees. They had 120-130 attendees at the symposium this month. The feedback was positive. They're trying to expand sub-region coordination. Pediatric TAT visits have been accomplished and more are planned. The Region is also doing all-day training for Fairbanks North Star Borough with the goal is to get the most people trained minimally rather than just a few highly-trained; when there's an emergency, people respond, so they should be minimally trained. It also builds a core of people who may go on to more advanced training. The ETT course is popular and a goal is to decentralize ETT training. Facility and insurance costs are high and keep escalating. Matt congratulated Interior Region for its effectiveness, and commented that their medical director system works very well.

Southeast Region (Bobbi Leichy)

The regional directors and coordinators relationships have strengthened through the Code Blue process. Their collaboration and agreement has been a great support and they've displayed a coordinated approach to legislation. Code Blue has brought a lot of equipment to Southeast Region and Phase III will bring more. Symposium was very good; next year's theme is transport. The Regional board of directors was reconstituted. The injury prevention program started with a grant from highway safety; they matched 10% the first year and now match 25%. The ETT book is finished and print-ready. The Cold Injury Guidelines are done as well. Feedback from EMS Day at the Legislature was good.

Southern Region (Ronni Sullivan)

Kathy Griffin is the new training coordinator and Paula is the webmistress. Over 600 attended Symposium last year. Ronni attended a State and Territorial Injury Prevention meeting in Washington, D.C. Southern Region sub-area coordinators do so much work; budget reductions have an effect on them. Rising costs are making the budget more and more difficult; project income is in bad shape and of course interest is very low

now. The new facility lease is a big concern – rent is doubling after staying stable for years, and insurance and benefits costs are going up as well.

North Slope Borough (Dave Potashnick)

Dave has been working to foster relationships with the hospital, police department, and college. They pull the CHA/Ps in for training and adjust their offerings to meet basic needs. Injury prevention is not a large component of EMS, but the fire department does a lot of public education. They've been flat-budgeted by the Borough. Matt complimented Dave on his grant application.

Maniilaq Association EMS (Aggie Lie)

They graduated five students in the ETT to EMT bridge course and an ALS class is planned. A physician is helping out for one month. Recruiting to fill vacancies is always tough. Code Blue has been very absorbing; four-wheelers and snowmachines have been delivered to the villages. Phase III is next. Aggie thanked the other regional directors for support and assistance. 23 students completed medevac training. They want to teach ETT in the high school, but the principal hasn't warmed to the idea yet.

Norton Sound Health Corporation (Mike Owens)

The EMS department is fully staffed, including a CHA/P EMS trainer position. They participated in the smoke alarm project, fully covering two villages. Code Blue is time-consuming but rewarding. They are near closure on Phase I and have ordered necessary transport equipment, including an ambulance for Nome. They have noticed injuries to the lower extremities of children from snowmachines. It may be the high suspensions. Adults are strong enough to pull their shoes or pants out, but children get caught. Don said he is going to a meeting with snowmobile manufacturers soon and will share this information about injuries. The trend is to make snowmachines more sleek and hot-rod like. Mike said there were people in Stebbins from the University of Washington teaching medical classes and felt it would have been useful to have known of their planned visit so they could coordinate. Karen knew nothing about it either. Matt asked how changes to HSHC will affect Mike's program; Mike said he doesn't know at this time.

Yukon-Kuskokwim Health Corporation (Tom Fazzini)

Tom is trying to fill a staff vacancy. He plans to have a position focus on Code Blue equipment and on developing first response. 27 ATVs and medical sleds and 3 ambulances have been ordered. They've accomplished a lot of training. Gordon Glaser will be offering a car seat clinic in Bethel. Tom said helmet usage among youth is up in Bethel and the Y-K region. A helmet law is in place but not enforced.

Recommendations for Grant Funding Priorities (Matt Anderson)

Matt discussed the preparation for the grant cycle. Getting information out on CD worked very well, and there was good pre-proposal guidance. Funding is presumed to be the same as last fiscal year. An issue is how to measure objectives – these are hard to write. Barb said that outcome measures might be better than process measures. The regions modify their workplans as the grant year progresses to take advantage of an opportunity or need. It is a challenge to be complete and yet succinct in the grant applications. Matt would like to streamline the quarterly reporting process. Skip says that for him the report is a reminder of what needs to be done. He addresses the fourteen goals in the report.

Action Items (Barb Simonsen)

1. Dr. Sacco asked for a resolution from ACEMS to encourage capping total damage awards for facilities that are designated Trauma Centers and to recommend to the Commissioner and Governor that a bill be sponsored to address this issue following the model from West Virginia.

MOTION: To endorse the concept of capping total awards for trauma liability at \$500,000 for designated trauma centers.

(Don Hudson, Dan Cox)

ACTION: The motion was approved.

2. Commissioner's approval of the grant procurement authorization to award funds to four regions for EMS communications grants.

MOTION: To send Commissioner Gilbertson a letter of thanks for his approval of the EMS communications grant program.

(Karen O'Neill, Don Hudson)

ACTION: The motion was approved.

3. Recognition for the hard work of the regions and the state staff on the Code Blue project: a letter of Commendation to the Commissioner with copies to the Director of the Division of Public Health, Mark Johnson (section chief), regional boards, the Mayor of North Slope Borough, and corporate CEO's of the health corporations. Letter needs to include those who worked so hard in the past as well and should address the quality and quantity of work done on Code Blue.

MOTION: To send letter and relevant courtesy copies recognizing all the hard work on Code Blue.

(Dave Hull, Don Hudson)

ACTION: The motion was approved.

4. Paramedic certification and licensing: it was moved and seconded (Dave Hull, Don Hudson) that ACEMS support the movement of this state function to CHEMS; however, Matt pointed out that he was meeting with these folks the following week, and it might be best to wait and see and hold off on any action. The motion was withdrawn.

5. HB 260 (immunity from liability after retirement). This bill in a draft and not at a stage where it is ready for support yet; there are numerous versions. No endorsement voted at this time.

6. SB 160 (Civil Liability for Use of AEDs). It will enhance the purchase, distribution, and use of AEDs.

MOTION: To support SB 160.

(Dave Hull, Dan Cox)

ACTION: The motion was approved.

7. HB 213 (Graduated Licensing). Helps a new driver (youth) be licensed in stages. States with these laws have shown statistically significant reductions in accidents among young drivers.

MOTION: To support HB 213 due to its potential to decrease injury and accidents.

(Don Hudson, Dave Hull)

ACTION: The motion was approved.

8. HB 93 (repeal of the sunset provision of Boating Safety law). This law gave the state authority to register boats, collect and use the revenue, and receive and use boat fuel tax funds. The Kids Don't Float program gets funding from this program.

MOTION: To support the repeal of the sunset provision on this bill.

(Dan Cox, Don Hudson)

ACTION: The motion was approved.

9. SB 25 (Health Care Decisions/DNR). The Department's position isn't known and that the legislation is very dynamic but ACEMS could provide a statement on preserving Comfort One and organ donation portions.

MOTION: To write a statement on preserving Comfort One and organ donation portions of the bill.

(Dan Cox, Don Hudson)

ACTION: The motion was approved.

10. HB 44 (Use of headlights when operating a motor vehicle). Zoann said data is inconclusive regarding the benefits of this practice. NHSTA does not have a recommendation to date. Discussion was tabled.

11. HB10 & SB19 (Health Insurance for Non-Profits and Small Businesses). These bills would pool health insurance to small businesses and non-profits and assist in attracting and retaining employees.

MOTION: To support these bills.

(Dave Hull, Dan Cox)

ACTION: The motion was approved.

12. Endorsement of a CPR/AED class for the legislature. Action was tabled, since so many unknowns and uncertainties were discussed. PIE will bring something to the fall meeting.

13. ProShare. Whether ACEMS should take a position on this new grant funding distribution mechanism will be revisited at the fall meeting, and what takes place between now and then can be considered.

14. Commissioner Gilbertson's visit to ACEMS.

MOTION: To write thanking Commissioner Gilbertson for attending the spring ACEMS meeting.

(Don Hudson, Charlie Lean)

ACTION: The motion was approved.

15. Prioritization of "Wouldn't it be Nice if State EMS Could?" list:

- (a) Develop a HIPAA-compliant feedback system for EMTs
- (b) Continue to fund Code Blue Steering Committee travel
- (c) Coordinate the amendment of air medical regulations
- (d) Fund site visits to develop/enhance local data collection capabilities
- (e) Fund community visits by one or more appropriate individuals to provide assistance/assessment in circumstances where full Technical Assistance Teams are not necessary
- (f) Develop a video for Physician Medical Directors on performing run reviews
- (g) Pilot test new technologies in electronic data collection

MOTION: To accept the prioritized list of 7 items.

(Dave Hull, Don Hudson)

ACTION: The motion was approved.

Select dates for next meeting (Barb Simonsen)

Thursday and Friday, October 2 and 3, 2003, were selected as dates for the next ACEMS meeting, with the Regional Directors and Coordinators meeting on Tuesday, September 30 and committees and task forces meeting on Wednesday, October 1.

MOTION: (Dan Cox, Don Hudson)

ACTION: The motion was approved.

Adjournment

Barb adjourned the meeting at 4:35 pm.