



GOVERNMENT & LEGISLATIVE AFFAIRS COMMITTEE



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Special points of interest:

- IAFP Celebrates 20 Years of Representing Paramedics.
- Do you want to get involved...become a State Delegate!
- Bledsoe has accepted an invitation to the open forum at AMTC on Tuesday afternoon.

PUBLIC SAFETY OFFICER BENEFIT

BY: GLAC NEWS STAFF

The Public Safety Officer Benefit compensates the families of public safety officers who have died in the line of duty. In the past, this program has been largely used by publicly employed officers and not given to the families of those employed by private companies or programs. AAMS and AAA have teamed up to introduce language that would broaden that definition to include air medical crews and ground ambulance crews, including drivers and pilots.



Missing Man Formation...
Photo courtesy of Master Sgt. John E. Lasky

A paramedic who perished in a crash in Spartanburg, SC two years ago was denied the death benefit because they were working for a private company at the time of injury. The paramedic's father has raised many questions about why this current benefit should be reevaluated. Family was upset because the paramedic who perished in the helicopter crash was a professional firefighter paramedic when not flying. According to the current PSOB, the para-

medic was not eligible for any death benefit because they were not working as a firefighter, but as a paramedic for a non-municipality service. Further investigation of this issue will be ongoing.

The IAFP Board has voted to support the initiative.

BRYAN BLEDSOE D.O. RECENT PUBLICATION RAISES QUESTIONS WITHIN AAMS!

Bryan Bledsoe's recently published article in *Air & Space Smithsonian* magazine has created much discussion within AAMS. AAMS raises internal questions about the validity of data on air medical crashes which Bledsoe references. AAMS is inquiring *Air & Space Maga-*

zine to possibly provide an article for publication that better depicts a portrait of the Air Medical Industry Safety. AAMS is exploring other publication opportunities.

GAO REPORT

The House Transportation committee has tasked GAO to begin an investigation and report on air medical services. The GAO (Government Accountability Office) is found under the Legislative Branch that works for Congress to evaluate Federal spending of tax dollars. The GAO is also used to evaluate the effectiveness of legislation as it relates to organizations. AAMS is committed to working closely with GAO in order to make as certain as possible the report focuses on the

positive aspects and the necessity of air ambulances. The press generated by a rapid increase in air medical accidents over the last two years probably initiated the Congressional interest.

The GAO team hopes to have the report finished for the start of the 110th Congress (January of next year). There will be opportunities for AAMS to review and comment on draft reports before the final report is completed.

OHIO STATE DELEGATES TIM WHITAKER & MIKE SMITH

Mike and Tim have an ongoing discussion with OCCTA (Ohio Critical Care Transport Association) to help clarify some language on newly revised state legislation that was thought to possibly eliminate the need for paramedics in the critical care transport environment.

Additionally there is a new piece of legislation being proposed to help retain and recruit EMTs. The legislation would allow volunteers to obtain EMT certification by attend-

ing the educational classes without having to test upon completion of the curriculum. This legislation was introduced to help recruit volunteers in EMS to combat the decline of EMS providers in Ohio. The general consensus is that this piece of legislation will not pass.



THE IAFP NEEDS YOU!

Current State Delegate Needs:

Arizona

Arkansas

California

Iowa

Kansas

Kentucky

Louisiana

Missouri

Nebraska

Oregon

Pennsylvania

Utah

Washington



IAFP Website Gets Face Lift!

The IAFP Board of Directors have been working to develop a plan of action to create a new website since AMTC 05. The new site will provide an improved communication line between the IAFP, its members, the air medical industry, the EMS community and the public.

WHAT WILL YOU SEE? New photos, graphics, layout, headings, secured online registration for conferences, continuing education, and memberships.

WHEN WILL YOU SEE IT? You can expect to see a roll out of our new site in the next couple of months!

QUESTIONS OR SUGGESTIONS? You may send any comments to any of the Board Members.

FUEL EXCISE TAX-FET UPDATE

BY: JIM RILEY

Dave Gencarelli reports that work continues on finding the appropriate vehicle and language that will make the necessary changes to provide a vendor rule that will give the ability to file for a refund back to the programs and operators.



Who's really paying at the pump?

On tax exemption extension; according to recent reports from the IRS, the air medical excise tax exemptions are not due for renewal until 2007. While there is full

support for the extension of this exemption, that will take place in the FAA reauthorization act in the 110th Congress. New draft changes are being pushed forward. There is some question about whether

non-profit organizations will be eligible for reimbursement. AAMS is working on final language to clarify the non-profit organizations.

IAFP MEMBERS...ACT NOW TO GET YOUR HOTEL DISCOUNT AT AMTC 2006!

The IAFP has reserved a block of rooms at the newly renovated, elegant, historic Hotel San Carlos, only two blocks from the convention center.

Reserve your room now by calling the Hotel San Carlos reservation number, (602) 253-4121, and mention the IAFP room block. You must make your reservation by August 1, 2006 in order to receive the IAFP room block low rate of \$99 per night. Rooms are available on a first-come-first-serve basis.

“Non-profit organizations may not qualify for FET reimbursement”

IDAHO STATE DELEGATE GREG VICKERS

Mr. Vickers reports that the State EMS Bureau has been meeting with all of the air medical transport programs to address safety concerns. Mr. Vickers relates they are trying to develop a program that is more organized. Mr. Riley advised Mr. Vickers to look into developing an Air Safety Council. A good example of a site would be the Wisconsin Air Safety

Council at www.wisconsinamc.org.



EMS PAC AND CAUCUS

June 21st, 2006 at Cornerstone Government Affairs in Washington, D.C. was the scene for the 13 associations that met in Dallas in January and in April to explore the options of developing an EMS PAC and Caucus. The April phone conference firmed up the decision to place the PAC on a long term agenda and move forward with the Caucus. The June meeting in Washington was a continuation of the forward progress to develop an operational plan of action to develop a Caucus for the betterment of EMS. The meeting was organized with the intent to primarily discuss the IOM report that was released a few days prior to the meeting. All associations had homework to prepare and arrive with a



Advocates for EMS logo.

decision of support or no support for the Caucus. The biggest question at hand was who was going to represent the associations? Advocates for EMS has agreed to lead the Caucus after careful deliberations with their Board of Directors since April. The IAFP is moving forward in support of the EMS Caucus, because we support the betterment of EMS and a unified voice is the only way we can be heard on the hill. The IAFP still will represent paramedics in the critical care transport industry, however we also need to be supportive of causes that will affect all of EMS as well. Future phone conferences and meetings are being scheduled to finalize the operations by September 2006.

APR AND DRG REIMBURSEMENT?

Reimbursement changes will take affect January 2007. The new changes to take affect will cause reimbursements to reduce for Cardiac and Trauma patients. The original information proposed in the air medical industry came from Maryland where the air transport is a State Funded

program and therefore all of the information is skewed. The other states in the union are not state funded and therefore cannot maintain financial viability as described in Maryland.

Would you feel comfortable working with someone not adequately trained?

MAINE STATE DELEGATE BOB JOHNSON

Mr. Johnson reports there is only one service in the state. He said that 2 years ago RSI was proposed for field providers to use in their protocols but concern was raised about maintaining competency was significant enough that RSI was denied for the field providers.

FW service has a large concern because currently the crew configura-

tion is a non-air medically trained RN and a UMBC Paramedic are providing care in this transport environment. Concern has been brought up that the nurse is not adequately trained for this mission profile. Mr. Johnson will follow up next month on the FW concerns.

CRITICAL CARE PARAMEDIC IN ALASKA

BY MIKE MORROW

In the middle of a very deep sleep we were awakened to a phone call at 0700 hrs on a Sunday morning. Is there anyone left to take care of at this hour? I was pretty sure that we flew everything in last night that could be flown.

Self inflicted GSW to the chest. The time of call is reported as 0512. The delay is caused by weather, and they can't wait any longer to see if the weather will come up. The Com. Spec. has already contacted the U. S. Army Reserve, and the Blackhawk will be ready in 20 minutes.

While getting dressed I called the MD in the Emergency Department to get the report. He informed me that it was, indeed, reported as

a self inflicted GSW with a 300 Remington, and that we needed to stop by the hospital to pick up some blood.

While my partner headed to the lab for the blood, the Doc shares that the vitals are stable, and that the patient is awake and alert. ETOH was involved. That's about all he knows, so that all we know as we head out the door with 4 units of O neg. and 4 units of O pos.

The hour-long flight seemed like it only took 10 minutes. We put down in a field to off-load, and the flight crew repositioned the aircraft back at the airport. We loaded all of the equipment into the pick-up for the 3 minute ride to the village clinic. Cont...Page 6

BRYAN BLEDSOE D.O. ACCEPTS INVITATION TO FORUM AT AMTC 2006

Bledsoe has accepted an invitation to the open forum at AMTC on Tuesday afternoon. Bill Bryant, President of Sierra Health Consulting will be leading the de-

bate. We would encourage everyone to attend to listen and ask questions.

Next General Membership Meeting:

AMTC

September 24, 2006

1700-1830

Location TBA



Shaping Our Future
Phoenix, AZ
September 25-27, 2006

*IAFP Invites You To Celebrate
the Twentieth Anniversary
of the National Flight Paramedic Association
and the
International Association of Flight Paramedics*

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|-------------------------|----------------|--|
| Sunday, Sept. 24, 2006 | 9 a.m.- 4 p.m. | IAFP Presents: Developing Leaders From Within the Organization
Register Now at www.FlightParamedic.org |
| Sunday, Sept. 24, 2006 | 5 p.m. | IAFP General Membership Meeting |
| Tuesday, Sept. 26, 2006 | 7 p.m. | IAFP Leadership Reception |

Stop by the IAFP Booth in the Exhibit Hall for a full schedule of events!

*Do you have pictures of IAFP, AMTC, or CCTMC events? Remember when you started your critical care career?
Forward digital copies of your photos to Monica at the IAFP office: m.newman@flightparamedic.org*

Critical Care Transport Certification Review
at the AMTC ~ September 22-23, 2006
Register at www.bacfieldgroup.com

FP-C Exam, September 24, 2006
To register call: 770-979-6372 or visit
www.CertifiedFlightParamedic.org

CRITICAL CARE PARAMEDIC IN ALASKA...

CONTINUED FROM PAGE 5

Thankfully the CHAP's (Community Health Aid Practitioners) has managed to keep everyone in the clinic under control, AND has been able to keep the patient alive for over 3 hours.

Within 1 minute of entering the room, however, the patient states that "he is going to die," and becomes unresponsive, pulseless, and apnic. Never mind the RSI meds. He is immediately intubated. One of the people in the clinic room gets a crash course in how to bag an intubated patient, while the other is shown how to do CPR. Very efficiently I might add.

A 10 gauge-3 inch catheter is placed in the right femoral vein while my partner hangs the NS and blood. As soon as the line is placed, a 14 gauge-21/4 inch IV is started in the left EJ, and fluids are poured in. We later piggy-backed some Dopamine for some (attempted) pressure support.

After close to an hour of working the patient it was agreed that we had done all that we could. We contacted Medical Control and advised him of our decision to terminate resuscitation efforts unless there was anything additional that he could think of doing. After a brief discussion, the call ended and we turned our attention to the clinic staff, and the family members.

Our discussion with the staff, in between the tears and the hugs, revolved around the outstanding job that they had done. We assured them that they had done everything that they could have done, and that everything else was outside of their control.

Our attention turned to the family. We spent the next 20 minutes cleaning the patient, and the area, to ready him for the family, and the village, to see him and say good-bye. We loaded our gear back into the truck and slowly

made our way back to the aircraft for the flight back (which this time did seem like an hour).

When we reached base, we stopped at the hospital to return the blood, sign the forms, and talk with the Doc. for a quick "Monday morning quarterback." We also spoke with the Behavioral Psychologist about following up with the CHAP's, the family, and the village. In the end, there was nothing additional that anyone could have done to alter the outcome. Our worst factor was that the weather in Alaska, at this time of the year, is warm in the daytime and cool in the evening. That creates heavy fog in the early hours, and that was what prevented us from launching earlier.

Licensed in the State of Alaska as a Mobile Intensive Care Paramedic (MICP), Alaska is one of a very small number of states to license Paramedics at the advanced practice level.

How advanced is your State? How expansive is your Scope of Practice in your State? Do you see an expansion to allow Paramedics to become licensed advanced care providers?

Let Us Know!

FIRST ANNUAL LEADERSHIP PRE-CON AT AMTC 2006

Have you been working as a paramedic for several years and feel you are ready to move into the management career?

The IAFP is dedicated to Developing Leaders from Inside the Organization.

Be sure to attend the Pre-Con: "The Transition From Competent Professionals To Successful Leaders!"

The IAFP has worked diligently to develop this educational opportunity to prepare paramedics for the management world.

The IAFP wants to see everyone succeed in their managerial endeavors. The more tools the IAFP can provide the better you will become at becoming a successful leader.

Dr. Kathleen Gallo, Chief

Learning Officer for North Shore-Long Island Jewish Health System in Great Neck, New York will be lecturing on key elements to make the transition from provider to manager successful.

Please join us on Sunday, September 24, 2006 at the Hyatt Regency Phoenix from 9:00 a.m.— 4:00 p.m.

International Association of Flight Paramedics

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GLAC MISSION FOR 2007-2009

BY: GLAC NEWS STAFF

The future of the GLAC is to help provide a strong foundation for the future of paramedics. In order to accomplish these goals we have developed a plan of action that will be executed over the next two years.

The GLAC has identified the need for paramedics to become licensed healthcare providers due to the expansion of the roles of paramedics in the healthcare industry. Paramedics are working in a capacity that not only include pre-hospital roles but filling the vacancies in hospitals due to nursing shortages.

In order for paramedics to be competent healthcare providers in the critical care setting, the single most important component needed is education. Education trends are moving towards associate degree paramedics with finishing bachelor and master degrees in management.

Paramedic education today possess the same core curriculum as the nursing workforce with the exception of six to seven core nursing classes where paramedics are taught pre hospital emergency medicine; emergency procedures, disaster management, and critical care medicine and transport modalities.

At this point you may be asking how are we going to accomplish the above goals? The first step is working with four to five states to present a new oversight regulatory board for EMS. The Board of EMS would be developed similar to the Board of Nursing, where the Governor appoints members to the Board to regulate EMS. This could mean a little better funding for EMS services in every State. The new Board of EMS would help combat current problems of limited continuity in EMS scope of practice between states. The Board of EMS would allow continuity of care and operations be-

tween States.

In order for this process to be effective there would be two levels of paramedics in operation. The "911 Paramedic" trained and educated in the core curriculum of paramedics according to present day NHTSA. The second level of paramedics would be classified "Critical Care Paramedic" where the additional education is concentrated on advanced surgical procedures and critical care concepts and theory along with challenging and expanding the critical thinking skills of paramedics. In order to test this competency knowledge base, the FP-C exam tests the required knowledge base for the paramedics to provide care to the critically ill and injured.

The advantage of establishing two levels of paramedics would allow eligibility for SCT reimbursement for public and private transport services.

Medicare has alluded they would provide higher reimbursement when State Legislation identifies a differentiation of paramedic licensure. According to NHTSA, they would not place a high priority on establishing varying levels of paramedics until Medicare would establish a reimbursement guideline. The GLAC has concluded that little action will take place unless one entity would move forward.

The GLAC has decided to develop our current plan to help jump start a new movement in EMS. We have been working with multiple associations to assist us in our efforts. The plan of action will be a considerable amount of work but we are committed to create a better system in EMS.

If you have any contributions or questions please feel free to contact any of the committee members.



The IAFP is working for you!