



A Publication of the International Association of Flight Paramedics

March 2006

Greetings Everyone,

We at the IAFP Government and Legislative Affairs Committee would like to take the opportunity to thank you for the support in our efforts. We are currently working with other associations to develop a stronger network in the EMS community. The following is a detailed report of our meeting in Dallas, Texas, exploring the development of a unified EMS Political Action Committee and Congressional Caucus.

We would like to emphasize a new section at the end of the newsletter that describes National and State Specific Updates. We encourage all readers to not miss this part of the newsletter; you will find a lot of new topics under discussion.

## **EMS PAC and Caucus Exploration Meeting**

### **Dallas, Texas**

### **January 5-6<sup>th</sup>, 2006**

Attended by:

**Jim Riley & Jim Reeves**  
***International Association of Flight Paramedics***  
***Government & Legislative Affairs Committee***

January 5<sup>th</sup> 2006, the meeting came to order with the following associations:

1. National Association of EMTs
2. International Association of Flight Paramedics
3. National Association of EMS Physicians
4. National Association of EMS Managers

Mr. John Becknell, author of EMS Principles and Practices of Management and a freelance journalist provided his expertise in the field of EMS as the facilitator of the two-day meeting.

The goal of the first day's meeting was to become familiar with each of the associations and explore the formation of a Political Action Committee (PAC) between the five host associations said above.

A vast majority of the day was spent with Lisa Meyer, who works for Cornerstone Government Affairs, a company that provides political and lobbying services for Advocates for EMS. Lisa has been working on the Hill with Congress and in the House for the past eight years. She spent a considerable

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amount of time educating the associations about the development and limitations of PACs, Caucuses and Lobbying.

To help everyone understand the purpose and the limitations of a PAC, Caucus, and Lobbying we will briefly describe each.

Political Action Committees or “PACs” are organizations dedicated to raising and spending money to either elect or defeat political candidates.

### **Three Types of PACs:**

- Type I PACs are connected...meaning there is a connection to a specific corporation, labor group or recognized political party. Examples Microsoft (corporate PAC) Teamsters Union (organized labor). This type of PAC allows solicitation of contributions from their employees or members to contribute in the PACs name to give to candidates or political parties. A way to solicit funds would be to send out a voluntary PAC Contribution slip throughout members of NAEMT and IAFP. This type of solicitation would be similar to what the International Association of Fire Fighters, IAFF currently provide for the Fire PAC.
- Type II PACs are non-connected and these raise and spend money to elect candidates from any political party who supports their ideals or agendas. This type of PAC is made up of individuals or groups of U.S. citizens not connected to a corporation, labor party, or political party. An example of this type would be the NRA (gun owner rights). This type of PAC can solicit contributions from the general public of the U.S.
- Type III PACs are formed by politicians to help fund the campaigns of other politicians. These are used to prove party loyalty or to further their goal of being elected to a higher office.

The Federal Election Commission (FEC) will allow a PAC to contribute a maximum of \$5000 to a candidate committee per election (primary, general, or special). A PAC can also give up to \$15,000 annually to any national party committee and \$5000 to any other PAC.

PACs are limited to contribute a maximum of 15% of the total annual revenue to a political party or combined candidate committee.

PACs have unlimited spending abilities to use for advertising in support of candidates or in promotion of their agendas or beliefs.

In order to start a PAC (Corporate, Trade, Labor) a separate segregated fund (SSF) must register upon formation by filing (FEC Form I) Statement of Organization. The name of the committee must include the full name of the connected (sponsoring) organization. Such SSFs should download the campaign guide for corporation and labor organizations.

After registering with the FEC, PACs must file regular reports disclosing their receipts and disbursements in a quarterly or monthly fashion. PACs have the ability to change their filing frequency once per year. Quarterly filing may require pre- and post- election reports depending on their activity.

### ***Can the IAFF have a PAC and also be a member of another PAC?***

*Robert Longley, Your Guide to U.S. Gov Info/Resources, made all information regarding PACs in the said above possible. Additional information can be found using the following website:*

[http://www.fec.gov/ans/answers\\_pac.shtml](http://www.fec.gov/ans/answers_pac.shtml).

After our education on PACs, we as a group, discussed ways to form a PAC. One suggestion was to form a 501 (c) (6) incorporation with the five associations connected. Another suggestion was to form under Advocates for EMS. There seems to be a fair amount of desire especially by Advocates for EMS to move in this direction. We are not sure if this is because Advocates for EMS are financially unstable and looking for ways to maintain their existence or if there are other reasons. Cornerstone Government Affairs (Lisa Meyer) related that the past three years Advocates for EMS has made good political contacts and we as a group would stand a better chance moving forward from the status quo versus having to start from the bottom. *Jim Riley will make some calls to personal contacts in Washington to see what sort of options would be best.*

The big question that everyone wants to know is how much is this going to cost us? In order to get connected, the price tag would cost \$20,000 at the minimum per Lisa Meyer. This would break down to \$5000 per association. Once we have taken in more than \$200 then we have to file with the FEC.

Target date for a PAC start up would be January 1, 2007. This start date is ideal because it will be after the election and there will be a new crop of congress and senate members ready to take up EMS PAC's appropriate wish list.

*What does this mean for us? We need to report back in the second week of February 2006 via phone conference. Tentatively, February 13, 2006 at 13:00 hrs to give position of the IAFP.*

The January 6<sup>th</sup> meeting came to order with an introduction and review of goals, presented by John Becknell.

The discussion began with how to form a Congressional EMS Caucus. Lisa Meyer gave a presentation on caucuses. The short version relates to this...the association gets together → develops EMS Caucus → identify specific issues that everyone agrees on (politicians love division). The issues agreed upon are given to the Congressional Staffers and then appropriated from a big list of items that are found to be important. The hot issues are given to the Congress to champion our wish list in the house. We need to have at least two champions in the Senate and House with one from each political party.

The discussion was rather quiet, the mood of the room was cautious and nobody had really come out of their shell yet to misbehave. The meeting now progressed to introductions of all associations. All associations were asked to give a brief synopsis of their history, goals, and issues in EMS.

The meeting was a great place to come together to learn about other associations and ways to network to help out each other with various problems. The IAFP is doing fairly well compared to the other associations present.

We learned about some ways to increase our membership from Ken Bouvier, President of NAEMT. We can discuss this more in detail at our next phone conference meeting in February.

Some common issues the group discussed were as follow:

- Workforce – Retention
- Safety
- Leadership
- Quality of Care
- Data Collection
- System Integration – Public Safety, Healthcare, Technology

Because of the diversity of the associations, there seem to be a fair amount of deal breakers for everyone.

After a full day of political talk, we a group finally sorted out some common issues and identified the steps to be taken to move forward. The most important step is to take our information back to our

respective BOD and present the ideas, concepts and decide on whether or not the association is for or against the development of a PAC. The deadline for this decision is in first part of April, so we will have time to discuss this at our meeting in Las Vegas.

If we decide to move forward with the development of a PAC, then we will set up a meeting after the April phone conference to decide the route of the PAC or who will be the arm. Will it be EMS Advocates or a completely new operation?

After several lengthy discussions and time to ponder the true mission I believe the GLAC can conclude two points.

First, we believe there is a need for a PAC for emergency medical systems to include all aspects of emergency care from pre-hospital to rehabilitation.

Second, we believe there is a need for a PAC or some form of representation for Emergency Medical Technicians to include the range of First Responder to Paramedics in critical care. To give examples of a way to unite, look at IAFC, IAFF, ENA, Physicians, Fraternal Order of Police... where is the representation for EMTs?

### **Recommendations for the IAFP**

#### **EMS Scope of Practice:**

Does everyone remember the problem that the Florida chapter of ENA is taking a stance against Paramedics working in critical care transport and in the ER setting? The ENA is working on changing legislation to limit paramedic practice based on their interpretation of the new EMS Scope of practice. We thought this meeting would be a good time to look into a way to get an addendum placed in the document that Ron Walter tried to get included.

We spoke with Gary Wingrove about this since he was part of the NTSHA Committee and he thought we should write a position paper with NAEMS Educators. We then spoke with Deb Cason, R.N. from NAEMSE and found out that she too was on the NTSHA Committee with Gary. She was rather alarmed about the workings of the FL ENA chapter and was going to investigate with the ENA. She thought we didn't need to write a position paper, she would look into the matter herself and take this back to Drew Dawson. We will be contacting Deb soon to see what sort of action can be taken if any.

#### **By-Laws:**

Exploration and discussion of a 2-year term for the President beginning with the next President. Every association we met with had a 2-year presidency term and the ability to provide continuity for two years is far more productive than an annual change in leadership. Can we discuss the rationale for the 1-year term for the past? Has there been a short term because of commitment issues, financial issues...etc?

#### **State Delegate Program:**

The IAFP is working to place representatives in every state so we have a contact and give them the tools to obtain information to develop a database to be used as resource.

We would like to have one delegate for Critical Care Air and one for Critical Care Ground. We realize that we are trying to represent Flight Paramedics, but when the weather is bad we use ground services. Critical Care Ground transport is an important modality that can be equally as prudent as air transport. As we work with other associations, we believe there may be some opportunities to work with NAEMT to help bridge the gap between air and ground.

Communication with the President of the National Association of State EMS Officials, Fergus Laughridge from NV was willing to help give direction to our delegates to key seats and meeting activities so we in critical care transport can have a voice at the state level. Key opportunities will include

State EMS Conferences, Trauma Committees, Air Medical Committees, Air Safety Councils, Homeland Security, American Ambulance Associations, EMS Educators, and Educational Institutions.

The vision is to break up the US into Regions ranging from 10-15 States. On a monthly basis we will hold a phone conference with each region and then publish the meeting minutes on our website.

#### **GLAC:**

We will hopefully come to a consensus on the decision of support for a PAC. We would also hope everyone can see the benefit of working together with other associations.

The GLAC needs to develop a budget that can provide some financial assistance as to continue the cultivation of our relationships with other associations.

A goal for the GLAC is to provide printable documents from our web site that the Delegates can use to provide education about the IAFP to State Representatives and potential future members on various topics.

#### **Website:**

The IAFP needs to look very closely at seeking out solutions to enhance our website for our members. We need to take some action and develop a plan to execute a time line for roll out. First we need to send an RFP out to the membership to see if we can tap into any resources for web design. If the results are poor or inadequate, then we need to send out an RFP for outside companies to bid on to provide a service for us. We can use some of the other associations to help us identify the most economical avenue to pursue.

*Jim Reeves, NREMT-P, CCEMT-P, FP-C*

*Jim Riley, BA, NREMT-P, CCEMT-P*

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## **State Delegate Program**

*James P. Riley, BA, NREMT-P, CCEMT-P,  
Board of Directors  
Government & Legislative Affairs Committee  
State Delegate Program Coordinator*

My name is Jim Riley and I am one of the newest members elected to the Board of Directors for the IAFP. I would like to say thank you for everyone's hard work in establishing and cultivating the State Delegate Program to date.

New changes are to come in the future and I am seeking out your support to develop a network of Critical Care Transport Paramedics throughout the Country.

The plan we have for you will initially be obtaining information from every State. We have drafted a data collection document along with roles and responsibilities to guide every Delegate during their term. The data collection will be used to develop a database for the future to be placed on our web site to reference. This database will be instrumental in a nation-wide Critical Care Transport Paramedic salary survey.

The goal of the state delegate is to gather information on issues within your state and educate local lawmakers to the needs of our profession and industry. The Government and Legislative Affairs Committee will work with the state delegates to provide a unified direction to our efforts and will provide information on our web site to help you understand the limitation in the political arena.

We have now established a Government and Legislative Affairs Committee that will provide educational information that will be placed on our web site for you to use as educational tools for your local representatives.

Your job as Delegates will be to gather and disseminate information on behalf of the IAFP. We would like to expand the number of Delegates in each State to help reduce the load of commitment that will be required. Our future goal for the state delegates is to assist the IAFP in facilitating the development of IAFP state chapters. As we develop the State Delegate Program, we will be building the foundation for the future of State Chapters of the IAFP.

To ensure a constant line of communication, we will conduct monthly phone conferences to keep updated on events, monitor progress, and problem solve any issues you may encounter in your respective State.

A goal we have will be to place IAFP Delegates on State Boards and State Associations, (i.e. State Air Medical Associations, Air Safety Council, State Trauma Board, and others). The more we become involved the more our issues and concerns are recognized. It is hard to draw support for issues facing our profession and industry when you cannot be seen or heard!

So delegates past, present, and future...are you with me? If you are interested in continuing or discontinuing your journey as a Delegate please reply with your intentions so we may allow other members to fill these vacancies!

The States listed below are currently OPEN for representation. The list below is what we have found to be vacant or no longer able to contact the current Delegate listed. If there has been an error, please contact me at once so I can make corrections. If you are interested in becoming a Delegate for a State that is not listed below please contact me because we will be expanding the number of Delegates in every State. The State Delegate term will be for two years with a maximum of four years.

Alaska	Arizona	Arkansas	California
Connecticut	Delaware	Georgia	Hawaii
Illinois	Iowa	Kansas	Kentucky
Louisiana	Massachusetts	Maine	Maryland
Michigan	Minnesota	Missouri	Montana
Nebraska	New Jersey	North Dakota	Oklahoma
Oregon	Tennessee	Rhode Island	South Carolina
South Dakota	Virginia	Texas	Utah
Vermont	Washington	West Virginia	Wisconsin
Wyoming			

If you are new and have never had an opportunity to become active in the IAFP, now is your chance to get in on the grass roots of development of a strong unified voice for Critical Care Transport. Many important issues and changes in EMS are on the horizon and we need to become actively involved in its direction and have a voice in our future.

How does one become a State Delegate? Simply send a reply with the following information: Resume with a cover letter outlining your interest and objectives in the role as an IAFP Delegate. (715) 379-1363 [jriley@flightmedicmail.com](mailto:jriley@flightmedicmail.com)

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## Get Involved! The Needs You!



- Interested in being your State Delegate?
- Would you like to participate on the Government & Legislative Affairs Committee?
- Want to become a resource for your State EMS Agency?

### Please Contact:

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## National and State Updates!

Did you know...?

After the February 13<sup>th</sup> phone conference the IAFP is going to continue to move forward with the exploration and development of an EMS Political Action Committee.

Jim Riley has been in contact with members in the Senate and House of Representatives for advice on PAC and Caucus development. He concludes that the IAFP may need to develop their own independence, however Advocates for EMS can also help champion some needs to enhance the representation for EMS as a whole that will help work on some agenda items. Advocates for EMS have offered to have the IAFP sit in on their Board and membership phone conferences. They are also willing to negotiate some voting privileges of the IAFP. The IAFP will continue to work with Advocates for EMS.

Drew Dawson has been contacted and discussions at considerable length have taken place about the problems and concerns that have developed since the newly published EMS Scope of Practice. NAEMS Educators, Deb Cason has fielded several concerns in her office from states other than Florida. The IAFP is also in contact with Dr. Bob Bass from the NAEMSP to help identify areas in the Scope of Practice and to formulate a plan of action.

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The IAFP GLAC now has been invited to be a member of the AAMS Government Relations Committee. Currently the topics for discussion and action have been with the Fuel Tax Refund and the NTSB report. For further information related to the AAMS Government Relations Committee, go to their web site at [www.aams.org](http://www.aams.org)

The GLAC has decided the best plan of action for our association is to work on local issues at the state level. State legislation is easier to change than Federal legislation. Some of the issues we are going to be working on are to develop a template for all states to classify paramedics into 911 response and critical care. Work with states to develop paramedic licensure and transition away from technician. The final phase at the state level is to work on SCT reimbursement.

The State Delegate Program is growing and we will be conducting our first phone conference coming up in May. If anyone is interested in becoming involved in the State Delegate Program please contact Jim Riley at [jriley@flightmedicmail.com](mailto:jriley@flightmedicmail.com)

The GLAC will be meeting in Las Vegas on Saturday April 1, 2006 to work on a strategic plan and action plan for the upcoming year. If anyone would like to come and voice their concerns please contact Jim Reeves or Jim Riley.

### Illinois

Illinois remains an area of concern for the IAFP-GLAC. All healthcare professionals within this state are licensed by the Department of Professional Regulation; however EMS professionals are licensed by the same agency that certifies food handlers. This limits EMT's and paramedics from advancing as healthcare professionals.

EMS continues to be looked upon as simply a vocation and not as a profession. This is evident by language in state legislation regarding EMT's & paramedics. Only Registered Nurses are allowed to serve as state and regional EMS directors. EMT's & paramedics are forbidden by state law from working in emergency rooms, hospitals and ICU's at their licensure level. Instead they are relegated to assume orderly type and phlebotomy positions. *(More to come on this issue in the next GLAC update)*

Illinois has chosen to continue to follow the original design for paramedic systems by using the base resource hospital approach. While most states have progressed, allowing the EMS services to chose their own qualified medical director; Illinois continues to use the multi-level bureaucracy system. This has limited the abilities of both air and ground services to advance and offer expanded scope clinical care.

### Florida

Florida is one of only a handful of states that allows non-paramedics to challenge the state paramedic exam. Registered Nurses with basic EMS training may challenge the state exam. This is an area of concern as RN training does not adequately prepare an individual to function independently in the pre-hospital environment.

Language within Florida legislation does require that a professional paramedic be on board every air medical aircraft operating within the state. This requirement however, is under assault by the nursing lobby that is trying change the language to require an RN as opposed to a paramedic. Furthermore, they are advocating requiring an RN to be on board all ground critical care transports as well. The GLAC is working with Toby Witt our Florida State Delegate as well as the Florida Air Medical Association and the Florida Association of Professional EMTs & Paramedics to address this issue. We are in the process of developing a strategy to visit with and educate members of the Florida State Legislature regarding our concerns.

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## Government & Legislative Affairs Committee

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