

EMS COLUMN

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...yes it finally happened; terrorism on US soil in a big way. Others have eloquently expressed our shared emotions. Sorrow, insecurity, hate, disbelief and the like have been dredged up in a search for comfort and security that will only come with time and personal involvement. I will keep my own counsel, but work for all our safety.

This wake-up call alerts the EMS community to its lack of preparation. It alerts the Hospitals to their generalized nationwide lack of involvement. It shows how little we can do for some things and how much we can do for others. The need for training and exercises is there; the need for good communication is urgent; the need for training is infinite.

For EMS, we are the first and last bastion. Whatever we can do will determine to some small extent the overall outcome. (At last real-time outcome research). Prepare, read, educate. The amount of information is unfortunately infinite and as always of mixed quality. The current best sources are the US Army pocket manuals on Chemical and Biological dangers and Jane's Bio-Chem Handbook. Equip your Pre-Hospital care workers with these. Read them and familiarize yourself so you can be the local source of information. Schedule and conduct exercises, embarrass the Corporate Hospital structure into acknowledging the need for decon, education and treatment protocols before the victims present themselves to the ER back door.

Your other sources are the Department of Justice through the FBI, FEMA who now runs the Weapons of Mass Destruction program for the Nation, and the Army for the taped lectures available for all levels from Hospital Maintenance workers to EMTs, Paramedics, Nurses and Physicians. These courses run from three hours to two or three days and are packed, (some would say over packed), with info. You may need to review and cull out what you need to present.

I have developed a first responder kit consisting of available antidotes, antibiotics, etc. to provide what we hope are life saving materials for our first responders, (Fire, Police, Ambulance Transport). The contents and shopping list are available at howard.michaels@ci.sj.ca.us. We equip each engine and truck with one kit. Will it help? Is it appropriate? Is it the right use of funds? I don't know-but it helps us feel better.

ANTHRAX INFORMATION

The current outbreak of anthrax cases in the U.S. should motivate all EM physicians to become familiar with the symptoms, pathophysiology, diagnostic tests and treatment of anthrax. Rather than write "another" review article, we would like to refer the reader to two websites with extensive discussions of the subject: www.cdc.gov (see MMWR Vol 50, #s 41, 42, and 43), and www.emedicine.com.

The Editors

Legislative Update

CaJEM Legislative Update

From our CAL/AAEM official representative on the Cal/ACEP Governmental Affairs Committee

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II. Legislative Update:

For a second year, CAL/AAEM continued its legislative activity through its official invited participation on the CAL/ACEP Governmental Affairs committee (GAC). The CAL/AAEM legislative affairs committee chair, Paul Windham, MD, FAAEM, continues his scheduled periodic representation and his detailed reports on the state-wide activity. The most important update we need to report is the regrettable veto of the CMA-CAL/ACEP-sponsored SB-117 by Governor Gray Davis. Sponsored by State Senator Speier, SB-117 would have allowed direct billing of HMOs by EPs when medical groups refused or failed to pay claims. This piece of legislation would allow the Department of Managed Health Care (DMHC) to require a health plan to assume payment responsibilities if their subcontractors fail to make payments as required by existing law. The bill had passed both the Assembly and the Senate by large margins. Despite the bipartisan support for this bill, the Governor vetoed it and justified his decision by stating he wished not to interfere with contractual relationships between HMOs and subcontracting medical groups and IPAs. He wished to leave it up to his DMHC to require and monitor payment of EP claims by HMOs and medical groups. DMHC had made it clear that they were not interested in auditing subcontractor payments and that they were not supportive of SB-117. The responsiveness of the Department has been traditionally subject to criticism, in particular due to the well-documented traditional financial debacles, delays and shortcomings of IPAs and medical groups.

In addition, the Governor also vetoed AB-900, sponsored by Assembly member Lou Papan. The measure would have required any county that establishes an EMS fund — which is legally designated to reimburse providers who provide emergency services to those who do not pay — to "notify physicians of the availability of the fund" and how they can "submit a claim against the fund" (AB-900 text).

CAL/AAEM, CAL/ACEP and the CMA are very disappointed and will continue to pursue regulatory measures to secure proper HMO and county managers' accountability.

Earlier in the summer, another disappointment occurred. SB-254 (sponsored by Senator Joe Dunn) was placed on hold during the legislative committee process. Sponsored by the CMA and CAL/ACEP, the bill would have officially designated Emergency Services an "essential public service" which would have secured legislative and fiscal guarantees similar to the ones that the Fire Department and the Police have. Legislators deliberating the bill at the committee level were concerned that this would carry a financial burden (300 million \$/year) that the State of California could not afford at this point. The committee was dealing at the time with the "power outage" crisis and the looming recession and budget deficit that were being predicted at the time.