March 4, 2011

NIOSH Docket Office
Robert A. Taft Laboratories
MS – C34
4676 Columbia Parkway
Cincinnati, OH 45226

Docket Number: NIOSH – 223

To Whom It May Concern:

This letter is written on behalf of the members of the American Ambulance Association (AAA) in response to the request for public comment on Docket Number NIOSH – 223 regarding Emergency Responder Health Monitoring and Surveillance (ERHMS).

Founded in 1979, the American Ambulance Association’s Mission is: "To promote health care policies that ensure excellence in the ambulance services industry and provide research, education and communications programs to enable its members to effectively address the needs of the communities they serve." The AAA represents ambulance services across the United States that participate in serving more than 75% of the U.S. population with emergency and nonemergency care and medical transportation services. The AAA was formed in response to the need for improvements in medical transportation and emergency medical services. The Association serves as a voice and clearinghouse for ambulance services across the nation and views pre-hospital care not only as a public service, but also as an essential part of the total public health care system.

In reviewing NIOSH’s proposed framework on ERHMS, the AAA and its membership have the following comments, input and concerns:

- **Lack of EMS representation in the authoring of this framework** – In reviewing the author list presented in the Draft ERHMS framework document, the lack of representation and involvement from the EMS community in the creation of this framework is noted. Given that EMS plays an integral role throughout the framework, we believe appropriate levels of EMS industry input should be part of the development of such frameworks and would ask for additional EMS representation as this framework further develops.
• Clarification of regulatory oversight – We seek clarification on which federal agency will ultimately have direct regulatory oversight of the ERHMS framework, once implemented.

• Clarification on when it is appropriate to activate ERHMS and for what level of disaster provider – There seems to be some confusion from our membership on what scale of an incident is it appropriate to activate the ERHMS on-scene and post incident follow up portions of the framework. Additionally, we seek clarification on which levels of responder this framework applies to. For example, is it necessary to monitor the health of Paramedics and EMT’s not directly involved in rescue operations, but could be transporting evacuees needing non-incident related medical care to a distant evacuation facility (like a nursing home patient).

• Concerns over potential increased response time to disasters – Due to the significant levels of effort needed to manage and operate under such a framework, concerns have arisen that following such a framework could potentially delay responders during the initial response and mitigation phases of a disaster.

• Funding for Public and Private EMS agencies alike – The private EMS industry plays an integral role in the provision of Emergency Medical Services for communities throughout our nation, yet funding for such initiatives is often times over-looked for private providers, thus causing undue financial harm on these agencies. We request that any ERHMS framework also include the recognition of such financial needs both for public and private entities alike.

On behalf of the AAA and its members, we appreciate the opportunity for input and feedback on this important issue and welcome any additional interaction necessary to facilitate understanding of our Association’s position and concerns on this issue.

Respectfully submitted,

[Signature]

Steve Williamson
President