

**Congressional Fire Services Institute · International Association of Fire Chiefs  
International Association of Fire Fighters · National Association of EMS Physicians  
National Fire Protection Association · National Volunteer Fire Council**

April 15, 2016

The Honorable Sylvia Burwell  
Secretary of Health and Human Services  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Burwell:

On behalf of the Congressional Fire Services Institute, International Association of Fire Chiefs, the International Association of Fire Fighters, the National Association of EMS Physicians, the National Fire Protection Association, and the National Volunteer Fire Council, we urge you to require the Centers for Disease Control and Prevention (CDC), or another agency within the U.S. Department of Health and Human Services (HHS), to act as the enforcement authority for the regulations contained in the Ryan White HIV/AIDS Treatment Extension Act of 2009 (RWA; P.L. 111-87). Part G of the RWA is an important provision which establishes notification requirements for emergency responders who have been exposed to life-threatening diseases. However, we have noticed a disturbing trend in hospitals across the United States. Medical facilities are not complying with the RWA and are inhibiting the testing and notification process for EMS personnel exposed to a covered infectious disease. No agency is currently permitted to take enforcement action for Part G of the RWA. HHS must empower an agency to ensure hospitals achieve compliance with Part G of P.L. 111-87.

Firefighters and emergency medical services (EMS) personnel face many dangers including exposure to life-threatening diseases such as HIV/AIDS and hepatitis. The RWA established an important process where an emergency responder may receive a source patient's test results for certain illnesses when an emergency responder is exposed to the patient's blood or other potentially infectious materials through a needle-stick or other unprotected exposure. According to the RWA, each emergency response agency must have a Designated Officer (DO) to manage infection control issues. When a DO believes a responder in its agency had an exposure, the DO notifies the medical facility which received the patient. The medical facility must respond to a DO's notification as soon as possible within a 48-hour window and, when applicable, inform the DO of whether the source patient has tested positive, negative, or inconclusive for an illness listed in the RWA.

The process established by Part G of the RWA is an important one which rapidly clarifies whether a first responder was exposed to a potentially life-threatening disease. This rapid notification allows an emergency responder to begin any necessary treatment, but also protects all private source patient information by only sharing whether the source patient tested positive for illnesses and the date of the exposure. No other information, including source patient name or other identifying information, is shared with the DO or emergency responder.

Recently, there have been several cases across the nation where emergency responders and DOs reported exposures only to be denied source patient information by receiving hospitals. In some cases, responders have been instructed to register as a patient themselves so that they could be followed by the receiving medical facility's occupational health group. This deviation in procedure not only violates Part G of the RWA, but requires the emergency responder to be tested for months, rather than receive the immediate screening recommended by the Occupational Safety and Health Administration and the CDC. This delay in treatment is emotionally distressing for the emergency responder and can cause significant delay to the start of potentially life-saving treatment. Additionally, this deviation from the RWA forces emergency responders to rely upon occupational health practitioners who are untrained in post-exposure care and counseling.

Prior to 2008, the CDC intervened in cases when medical facilities failed to comply with the RWA. However, the underlying statute for the emergency responder notification procedures expired in 2008, and no delineation of enforcement authority was made upon its reauthorization in 2009. The IAFC has been in touch with the CDC regarding these recent breaches of the RWA. The CDC has been extremely interested and willing to lend assistance; however, the CDC claims that no agency within HHS has been given enforcement authority. P.L. 111-87 itself does not identify an agency responsible for the reporting, testing, and notification process other than the HHS Secretary. As a result, the IAFC urges you to require the CDC, or another agency within HHS, to act as the enforcement agency for Part G of the RWA.

Thank you for your attention to this important issue. Firefighters and EMS personnel provide a critical service within the healthcare system and deserve to receive effective and timely post-exposure medical follow-up. The IAFC firmly believes that requiring RWA compliance by all hospitals across the nation is an important duty and provides an even more important safety net for the firefighters and EMS personnel across the nation. Our organizations look forward to working with your office to ensure that all hospitals comply with Part G of the RWA and that this critical safety issue for our nation's first responders is addressed.

Sincerely,

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