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Congress passes Ryan White Act

EMS Advocacy Article

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Congress passes Ryan White Act

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WASHINGTON — The Ryan White HIV/AIDS Treatment and Extension Act of 2009 passed the House yesterday by a vote of 408 to 9. The Senate passed the bill earlier this week so the bill now goes to President Obama for his signature into law. There are several new additions to the Ryan White Act which affect emergency care – and specifically emergency responders.


It is important to note that the 'list' established under Sec. 2695 is very powerful – it essentially determines what infectious diseases should be considered 'potentially life-threatening.' The list is also used to determine whether or not emergency responders must be notified of an exposure.

The entire bill can be found at this link <http://bit.ly/2YZs1o>

Here are the sections affecting emergency care and emergency responders:

The bill adds a new section to Ryan White – "Part G Notification of Possible Exposure to Infectious Diseases."

Within 180 days after enactment, Section 2695 Requires the Secretary of HHS to complete the development of:

-  a list of potentially life-threatening infectious diseases, including emerging infectious diseases, to which emergency response employees may be exposed in responding to emergencies (The list developed shall

Keeping Responders Safe

The reinstating of rapid notification for first responders in the Ryan White Act was no lucky break — EMS advocates played an important role in identifying and addressing the problem far in advance.

"We were told by experts that there was an issue with the 2006 Act in that it left out rapid notification of first responders," said Kurt Krumperman, Vice President of Advocates for EMS.

Advocates for EMS is a coalition of EMS organizations dedicated to advocating education and awareness of EMS issues among Washington policymakers.

"AEMS investigated and took the initiative to work with the IAFC, IAFF, NVFC and EMS unions to pull together a coalition," Krumperman said.

After forming a broad coalition, the strategy AEMS took was to get language reintroduced — without expanding the bill — to fix the lack of rapid notification.

"If someone has been exposed in a hospital, this method of notification creates a rapid mechanism for testing and reporting of that information," Krumperman said.



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also include a specification of those infectious diseases on the list that are routinely transmitted through airborne or aerosolized means.)

- guidelines describing the circumstances in which such employees may be exposed to such diseases, taking into account the conditions under which emergency response is provided;
- guidelines describing the manner in which medical facilities should make determinations when an emergency responder is requesting a determination as to whether or not a patient he/she transported had an infectious disease
- This list will then be distributed to the public and the states
- NOTE: This list is very important because it is relied heavily upon in determining whether or not a responder has been exposed to an infectious disease.

The bill also reestablishes some of the notification provisions that were struck during the last Ryan White authorization. This is good news for emergency responders. Specifically, the bill requires Prompt notification – not later than 48 hours after determination is made – to emergency responders when:

- A patient is transported and it is determined that the patient has an airborne infectious disease AND WHEN
- A patient that is transported by emergency responders dies at or before reaching the medical facility, the medical facility ascertaining the cause of
- death shall notify the designated officer of the emergency response employees who transported the victim to the initial medical facility of any
- determination by the medical facility that the victim had an airborne infectious disease.

The bill also contains a provision for emergency responders to request a determination as to whether or not a patient had an infectious disease. Basically the provision states that:

- The employee must first make a request
- The request is then examined, facts are collected by a designated officer
- The designated officer then makes a determination – if the designated officer feels that an exposure may have occurred then he/she submits a request to the medical facility
- Once the medical facility receives the request, it has 48 hours to respond
- The medical facility will make a determination, based on the information possessed by the facility, regarding whether or not the emergency responder was exposed to an infectious disease that appears on the list (created above)
- The medical facility can make 3 determinations, Notification of Exposure, Finding of No Exposure, Insufficient information

Though the recent emergency declaration due to H1N1 creates unusual circumstances that would allow hospitals to bypass the rapid notification rules, Krumperman says the policy would have a significant impact on EMS.

"I understand that right now there is an emergency, but most of the time there isn't," Kuperman said. "Under normal circumstances rapid intervention is very important."

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[If a finding of insufficient information is made, the public health officer for the community in which the medical facility is located can also evaluate the request if the designated officer submits the request to him/her](#)

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