



NASEMSO Opioid & SUD Ad Hoc Committee

NASEMSO Annual Meeting

Reno, Nevada

June 14, 2023

2:30 – 3:45 PM PDT

Attending – Arnold Alier (SC), Dr. Rob Rosenbaum (DE), Peter Geissert (OR), Megan Umbriano (RI), Anna Sessa (NH), David Herring (DC), James Webber (DC), Hannah Yang (MT), Josh Walters (biospatial), Soliana Goldrich (ME), Anthony Roberts (ME), Sam Hurley (ME), Matthew Robblee (NH), Emily Baker (MI), Dr. Peter Taillac (UT), Eric Hicken (NJ), Erin Timbrook (WV), Duane Spencer (PA), Lance Iverson (SD), Kjelsey Polzin (MN), Mike Ely (EMSC Data Center), Steven Jones (MI), Dr. Christian Young (So NV EMS/Trauma System), Dr. Bill Fales (MI), Dr. Brent Myers (ESO), Antonio Fernandez (ESO), Doug Champlin (LA), Mary Hedges (NASEMSO staff), Alex Tyeryar (NASEMSO staff)

Call to Order & Welcome – Arnold Alier, called the meeting to order in the absence of the Chair Tim Seplaki. Attendees introduced themselves.

Review and Approve April 6th Meeting Record [April 6 Meeting Minutes](#)

Presentation: Statewide Buprenorphine Administration by Paramedics / Delaware's Overdose System of Care – Dr. Robert Rosenbaum, State EMS Medical Director, shared that Delaware has recently implemented statewide implementation of buprenorphine administration by paramedics. Delaware had the second highest rate of opioid overdose deaths in the nation, which led to the creation of the first statewide overdose system of care in statute in 2018. When initiating the buprenorphine administration, they wanted to make sure they had a referral system in place so the patient can get into treatment after starting medication assisted therapy. If the patient agrees to the program, they administer buprenorphine and the patient proceeds to treatment. If it is a weekend, they transport them to the hospital where they can get a 5-day supply. They relied upon Dr. Gerard Carroll's experience at Cooper Hospital EMS in Camden, New Jersey. In the New Jersey program, the patient is transported to the treatment program at Camden. Dr. Rosenbaum recommended using the bupe/naloxone strips (Suboxone). He emphasized that it was essential to educate the EMS providers about substance use disorder (SUD) before starting the program. The paramedics are now champions of the program. In the first six weeks of the program, they had 243 encounters and after ruling out those who were ineligible, they had 92 patients eligible for the program. Forty-five accepted and 11 completed the program.

Presentation: Maine EMS Substance Use Disorder Response Program – J. Sam Hurley, Maine State EMS Director, described the program that Maine EMS implemented to address the overdose crisis. The EMS Ambassador Program includes 3 components: leave-behind naloxone, Suboxone induction in the field, referral through ePCR. The Suboxone induction in the field will be rolled out and the state EMS office will purchase and provide the Suboxone to the EMS agency. Community paramedics will follow up for two weeks and administer Suboxone until the patient is admitted to treatment. The state is contracting with EMS clinicians to engage with other EMS clinicians to educate them about persons with substance use disorder. They will track EMS interventions including referral to treatment in the ePCR.

Recent FDA Approvals for Opioid Use Disorder

- [Extended-release buprenorphine treatment option - Brixadi](#)
- [First nalmefene hydrochloride nasal spray for opioid OD - Opvee](#)

Dr. Bill Fales, Michigan State EMS Medical Director, shared concern with this new high dose opioid antagonist Brixadi, which is costly and probably not necessary. The manufacturer had convinced a state legislator to introduce a bill to require this on ambulances, without consulting with the Department of Health. Dr. Peter Taillac shared his concern about this longer acting drug which could put an overdose patient in withdrawal for 5 hours.

Adjourn – The meeting adjourned at 3:45 PM PDT.

The meeting record was respectfully submitted by NASEMSO Program Manager Mary Hedges.