



## **NASEMSO Medical Directors Council**

**January 25, 2023, 12:30 – 5:30 PM EST**

**Meeting Room 1, Marriott Water Street, Tampa, Florida**

### **Meeting Record**

**Attending** – Matthew Sholl, Chair (ME), Richard Kamin, Chair-Elect (CT), Carol Cunningham, Secretary (OH), George Lindbeck, Immediate Past Chair (VA), Gail Bradley (AZ), M. Riccardo Colella (WI), Patrick McDougal (GA), Bill Fales (MI), Joey Scollan (NH), Peter Taillac (UT), Azeem Ahmed (IA), Jeff Beckman (CO), Joe Holley (TN), Angus Jameson (FL), Ken Williams (RI), Walt Lubbers (KY), Garrett Clanton (SC), Tripp Winslow (NC), Eric Ernest (NE), Tim Chizmar (MD), Joe Ferrell (biospatial Inc.), Jon Krohmer (guest) For NASEMSO: Andy Gienapp, Mary Hedges

**Call to Order, Welcome, Self-Introductions** – Dr. Matthew Sholl, Chair, called the meeting to order at 12:35 pm.

**Approval of November 7th Meeting Record** – Dr. Carol Cunningham, Secretary, presented the meeting minutes which were approved as submitted.

**NASEMSO Update** – Andy Gienapp, Deputy Executive Director, provided a brief update on NASEMSO activities: Strategic planning for three state EMS offices (CAP 3) is nearly completed. The Workforce Measurement project (CAP 4) will focus on the five pilot states in 2023 (MD, MS, IN, VT, AK). The Public Health Emergency Guidelines for Collaboration (CAP 4) is in the process of developing guidelines and best practices. The website is [readytogether.us](https://readytogether.us). The airway management evidence-based guideline is underway now. Falls in Older Adults is an enduring project with the National Association of City and County Health Officials (NACCHO), which is assisting local public health agencies integrate with community paramedicine programs for prevention of falls. NASEMSO has hired a new fulltime NEMSIS liaison. Randall Eimerman recently started in the position after serving as EMS data manager in Indiana. NASEMSO is also in the process of acquiring new association management software.

**EMS Workforce Shortages** – Dr. Patrick McDougal (GA) shared that, due to the workforce shortage, Georgia created an EMR level (which they did not have previously) to staff non-emergency ambulances along with an EMT. They are finding that 20-30% of EMRs move up to EMT. Dr. Angus Jameson (FL) reported Florida EMS workforce statistics. Only about 25% of EMTs' and 58% of paramedics' names appear on PCRs which indicates many of them are using their EMS licensure in some other capacity. They survey their licensees at the time of renewal to gather data on many issues, including mental health and resiliency. Many places are now using ambulance drivers with an EMT. They are focusing on pass rates of the NREMT exam as Florida's pass rate has been very low.

Andy Gienapp reported that the survey results from NASEMSO's workforce project are under review by NHTSA OEMS and should be released soon. (NOTE: The report was released shortly after the meeting and is available here: [https://nasemso.org/wp-content/uploads/Measuring-the-EMS-Workforce\\_NASEMSO\\_2023.pdf](https://nasemso.org/wp-content/uploads/Measuring-the-EMS-Workforce_NASEMSO_2023.pdf).) There is a need for standard survey questions. The topic generated much discussion, especially about developing opportunities for career advancement in EMS while replacing those who advance within or leave the profession. In the end, it was agreed that standard definitions for workforce composition would be a major benefit in being able to accurately measure the workforce across the states.

**Recognition of Dr. Douglas Kupas** – Dr. Doug Kupas has recently stepped down as the EMS Medical Director for the Commonwealth of Pennsylvania after serving in that capacity since 2000. Dr. Sholl presented him with an inscribed Nambé plate and thanked him for his leadership. Dr. Sholl shared that Dr. Kupas served as a mentor for him and many others on the Council. Dr. Kupas thanked his colleagues for the gesture of appreciation.

**MDC Work Plan 2022-23 Review and MDC Survey** - Dr. Matthew Sholl shared that one of the goals of in the workplan is to survey the Medical Directors Council members about their roles, responsibilities, credentials and more. We have been developing the survey in Survey Monkey and it incorporates the same questions in the original survey conducted in 2007.

**Michigan's Sexual Assault Protocols Authorizing Emergency Contraception** – Dr. William Fales (MI) reported on the new directive from the Governor to ensure access to pregnancy preventions services. This directive led to the development of the optional EMS protocol authorizing emergency contraception (Plan B) for sexual assault victims. It is a model protocol which is optional, but so far, none of the 23 medical control authorities have adopted it. However, they have developed a broader protocol for treating sexual assault victims that does not include medication.

**EMS Administration of Buprenorphine in the Field in North Carolina** – Dr. Tripp Winslow (NC) shared several strategies that North Carolina EMS has undertaken to combat the opioid epidemic. They were able to add an EMS-based needle exchange program by incorporating it into the EMS opioid overdose protocol. He described the “Bridge” program that Stanly County EMS implemented in 2019. Shortly after an overdose (within hours), a community paramedic visits the patient with a peer support specialist. They encourage them to enter treatment and can administer Suboxone® to prevent them from going into withdrawal until they enter treatment. Onslow County EMS implemented the same program. With the help of state grants, ten more EMS agencies will be developing the bridge program in 2023. Unfortunately, it has been difficult to get outcome data.

Several other medical directors reported that similar EMS-based medication assisted therapy (MAT) programs are starting in their states. Dr. Rosenbaum said Delaware is kicking off its program within the next 90 days. Dr. Taillac said Utah has a program in emergency departments where they supply Suboxone® to patients who come to the ED and request it. Other states that are starting an EMS-based buprenorphine program include Michigan, Wisconsin, Rhode Island, Maine, and Florida.

Dr. Fales asked if others are being pressured to use high dose naloxone. Apparently, the drug companies are talking to legislators. The toxicologists he has spoken with have said there is no value to the high dose version. He wondered if was worth asking the toxicologists to develop a position paper. Dr. Williams said perhaps NASEMSO's Opioid Committee could address it as well.

It was suggested that the topic of EMS's role in providing Suboxone® be placed on the agenda for the MDC meeting in June.

### **Hot Topics**

Patient Refusals and Changing Legislation: Arizona Experience – Dr. Gail Bradley (AZ) shared Arizona's experience with legislation clarifying the EMS practitioner's role in respect to informing the patient of their right to refuse transport. It began in 2020 when a patient with abdominal pain was allegedly discouraged by EMS from being transported to the hospital and subsequently died. The patient was related to a legislator who initiated the legislation. The new law became effective in November, and it is too soon to know if it has impacted the refusal rate.

National Ski Patrol and EMS – Dr. Richard Kamin (CT) expressed concern about the fact that the ski patrol is outside the scope of EMS regulation by states. Dr. Winslow noted the ski patrol is a federally chartered organization and they are a non-transporting organization. Dr. Williams said that the state of RI has oversight over ski patrol in Rhode Island.

**State Reports** - Members shared brief updates, focusing on current, state specific issues.

Wisconsin (Riccardo Collella) – The state office received a significant budget increase. While a long time NREMT state, they have dropped the NREMT requirement for EMR and now must develop their own training and testing.

Connecticut (Rich Kamin) – The state is building the community paramedicine program and creating licensure of interfacility transport. They just completed a workgroup process for EMS providers to identify the challenges they are facing and it primarily revolves around insufficient funding for EMS.

Delaware (Robert Rosenbaum) - Buprenorphine administration has been a big thing, rolling out soon. They are switching to VAN (vision, aphasia, neglect) for their patient screening tool for strokes.

Arizona (Gail Bradley) - Hospital diversion and offload times have been big concerns they are addressing.

Nebraska (Eric Ernest) - The state board authorized EMS to use ultrasound, but they provided no guidance or regulations. There is no clean way to input ultrasound images in the ImageTrend system. They added licensure levels for critical care paramedic and community paramedic.

Ohio (Carol Cunningham) - The Legislature removed the State EMS Board's authority to determine qualifications for EMS medical directors. They have reduced the required hours for licensure but added a requirement for dementia awareness.

Maine (Matt Sholl) - The state office has developed an opioid program with three newly created positions they recently filled to get the program off the ground. They are also facing surprise legislation which they have to address.

Utah (Peter Taillac) – The Legislature has proposed moving the EMS Office from Health and Human Services to Public Safety.

**Mass Transport of Pediatric Patients Position Statement** – Dr. Kathleen Adelgais, representing the EMSC Innovation and Improvement Center, has been working on a gap in pediatric health care as it relates to disaster preparedness. Most agencies do not have a policy or guidelines on mass transport of pediatric transport in a mass casualty incident. It was suggested that volunteers from the MDC work with volunteers from the PECC to develop the statement which would then be taken to the Board for approval. Dr. Adelgais and Rachael Alter would coordinate the effort. Drs. Joey Scollan and Peter Taillac volunteered to represent the MDC in this effort.

#### **Project and Committee Updates:**

Prehospital Airway Management Evidence-Based Guideline Project – Dr. Matthew Sholl said the due date for the EBG is coming up quickly.

Interfacility Transport Position Paper - Dr. George Lindbeck has heard back from NAEMSP but has not heard from ACEP. NAEMSP was less than enthusiastic about the paper so he is going to update the draft and will bring it back to the MDC.

AFC EMS Stakeholder Group - Dr. Lindbeck said the intent was to revise the orientation manual for EMS medical directors that they created a few years ago. He was involved in the original development of the manual. They have had opportunity to submit comments on the revisions but he has not seen the final draft yet.

NEMSAC Update – Dr. Peter Taillac noted the next meeting is next week. Various subcommittees will be releasing their recommendations and reports which must be approved by NHTSA before their release. These

recommendations influence what NHTSA Office of EMS funds in the coming years. The next meeting is his last as he has reached the end of his two terms.

Emeritus Status - Dr. Sholl queried the group about a way to include individuals who are not members of the MDC but have a history with EMS at a high level of experience and expertise and want to continue to be involved, including Dr. Jon Krohmer. He has consulted with Dia Gainor who mentioned the Bylaws Committee is considering an emeritus status. Dia also said that people using the listserv have the option of copying others when sending communications. Some were uncomfortable with adding people as cc to the listserv emails. If the emeritus status is included in the Bylaws the person should be vetted by the full Council.

A motion was made by Dr. Peter Taillac and seconded by Dr. Carol Cunningham to draft bullet points and goals to for the special emeritus status, which will be forwarded to the Bylaws Committee. Motion passed.

**Adjourn** – The meeting adjourned at 5:45 PM. The next meeting is **March 6, 2023**.

*The meeting record was respectfully prepared by NASEMSO Program Manager Mary Hedges with editing by Dr. Carol Cunningham, MDC Secretary.*