



## **NASEMSO Medical Directors Council**

**January 10, 2024, 12:30 PM**

**Rm 303, JW Marriott – Austin**

### **Meeting Record**

**Attending** – Richard Kamin (CT), Gail Bradley (AZ), Matthew Sholl (ME), William Fales (MI), Rob Rosenbaum (DE), Jerilyn Jones (AR), Azeem Ahmed (IA), Dan Bledsoe (PA), P.S. Martin (WV), Kimberly Pruett (NM), Kate Zimmerman (ME), Ken Williams (RI), Carol Cunningham (OH), Daniel Wolfson (VT), George Lindbeck (VA), Peter Taillac (UT), Jason Kegg (IL), Angus Jameson (FL), Walt Lubbers (KY), James “Tripp” Winslow (NC), Curtis Sandy (ID), Garrett Clanton (SC), Patrick McDougal (GA), Eric Earnest (NE), Eric Yazel (IN), Riccardo Colella (WI), Michael Levy (AK)

Mary Hedges (NASEMSO Staff), Gam Wijentunge (NHTSA), Jon Kromer (Prehospital Blood Transfusion Initiative Coalition), Joe Ferrell (biospatial)

**Call to Order, Welcome, Self-Introductions** – Dr. Richard Kamin, Chair, called the meeting to order at 12:32 and asked members to introduce themselves.

**Approval of November 6th Meeting Record** (attached) – Dr. Bill Fales, Secretary, presented the minutes which were approved as submitted.

**NHTSA Office of EMS Update** – Gam Wijetunge, Director, provided an overview of the NHTSA Office of EMS. The EMS Education Agenda 2050 will be kicking off soon and is open for comment. The National 911 Program is on its 20<sup>th</sup> year now with a new coordinator, Brian Tegtmeier, after Laurie Flaherty’s retirement. The National Roadway Safety Strategy is entering its 2<sup>nd</sup> year. It is the first time that USDOT has set a goal of zero deaths on the highways and included post-crash care as one of its top 5 strategies. The Bipartisan Infrastructure Law passed 2 years ago is the main source of funding and highway safety grant programs have increased by 50%. State EMS offices are strongly encouraged to talk to their state highway safety offices. State Highway Safety offices are required to identify countermeasures and NEMSAC has identified some that are EMS-related. They just received the first 3-year plans for highway safety. They are reviewing them and identifying those that have strong initiatives addressing post-crash care. On January 16, they are holding a webinar about the Safe Streets & Roads grant program (SS4A), which do not go to states. Several members requested examples of funded projects.

**EMS Alternative Destinations (Behavioral Health)** – Dr. Gail Bradley presented the efforts of the Arizona Bureau of EMS and Trauma to address the behavioral health population by diverting them to destinations other than the emergency department. They have been able to transport patients to alternative destinations for several years and were able to bill for it, but it was not well understood or known. The current bureau chief researched this and found it could be done under existing law. (Previously they were told they could not transport to alternative facilities.) They developed a screening tool to identify which patients can safely be transported directly to behavioral health facility. They have crisis stabilization clinics that accept patients and see them very quickly. Medicaid covers these transports and the commercial health plans were interested and are working on it now.

## Items of Interest

- Metro Chiefs Position Statement (blood products and heads up CPR) - Dr. Michael Levy shared that he was surprised that this position statement was issued. It was withdrawn after NAEMSP objected to it as a standard of care, but they expect it to be raised again. [NFPA-metro-chiefs-rescind-position](#)
- Transport Decision-making around optimizing/utilizing organ donation – Dr. Ken Williams said New England EMS agencies are being asked to transport legally dead patients to organ donor centers. He understands that it is being done elsewhere. It is becoming more frequent and some crews are feeling somewhat uncomfortable. Dr. Sandy said they have been doing this in Idaho for a couple of years. Dr. Fales added that Michigan has been doing it for 3-4 years. They have regional transport nurses who staff these transports.

**NAEMSO Model EMS Guidelines: Planning for the Future** – Dr. Kamin noted that he and Dr. Carol Cunningham have co-lead this effort since the first project in 2014. They are looking toward Version 4 of the Model EMS Clinical Guidelines. Version 3 was published in March 2022 and there are clinical changes that warrant being added, e.g., buprenorphine induction in the field, cardiac guidelines, etc.

## EMS initiated Suboxone Programs

- Delaware Update – Dr. Robert Rosenbaum provided an update on Delaware’s EMS implementation of buprenorphine field administration, also known as medication-assisted treatment (MAT). The program has been operating for 8 months statewide in ALS agencies. They are tracking reasons for patients refusing MAT and refusals are decreasing. Of 367 eligible patients, 235 were offered buprenorphine and 52 accepted (1 in 5). They are having difficulty following up with patients to understand long term results. They are seeing fewer naloxone administrations by EMS.
- North Carolina Update – Dr. Tripp Winslow reported that 15 county EMS agencies of 100 counties are now offering MAT. Bigger counties like Wake County EMS are now on board. They can offer MAT for up to 7 days. They also have EMS based needle exchange. The biggest hurdle is getting patients into treatment programs. Of the 12 programs who have reported their data, they have a 70% success rate completing the bridge and starting outpatient therapy.
- Utah – Dr. Peter Taillac discussed a buprenorphine program that began in the emergency departments and will be extended to two EMS agencies.

Nalmafene in Place of Naloxone - Dr. Fales initiated a discussion about the promotion of the expensive intranasal Nalmafene intended to use in place of naloxone. Peter Taillac moved and Carol Cunningham that the MDC develop a position statement opposing the use of IN nalmafene in place of naloxone. This statement will first be presented at the Opioid and SUD Committee for discussion.

## State Reports

**Georgia** – Dr. McDougal reported that Georgia recently implemented a requirement for a minimal EMS protocol set as well as training for EMS medical directors. They have been working on a critical care paramedic licensure which will be a fairly high bar with an expanded skill set.

**South Carolina** – Dr. Clanton shared that the state EMS office is undergoing transition due to several key unfilled positions and reorganization of the Department, which is dividing into Department of Public Health and Department of Environmental Control.

**Idaho** – Dr. Sandy noted a bill has been introduced at the state legislature defining EMS as an essential service and to create an EMS fund. The state has 4 helicopter EMS agencies, but the difference in the level of care between the hospital-based air medical and community-based air medical is astounding.

**North Carolina** – Dr. Tripp Winslow shared that their trauma hospitals have joint site visits with ACS and state site visits but are experiencing some difficulty with ACS surveyors. They also have been having difficulty being notified when the ACS gray/orange book is updated.

**Iowa** – Dr. Ahmed thanked those that participated in the survey being conducted by his EMS fellow on stroke destinations and asked if others would meet with her while here. There have been a rash of instances where rural EMS agencies want to perform advanced skills they are not trained to perform. They also have medical directors signing off on PAs who are not trained in EMS.

**Virginia** – Dr. George Lindbeck reported that a hospital advised EMS they were not allowed to come into the ED until they were invited in. The hospital was investigated by CMS and was found to be in violation of EMTALA.

**Ohio** - Dr. Carol Cunningham reported on a project recently completed involving the East Palestine Ohio train derailment and the mental health impacts on the people affected. She also reported that Ohio was selected to participate in the National Governors Association Learning Collaborative involving EMS administering buprenorphine.

**Nebraska** – Dr. Ernest asked for information from members about doing CPR in penetrating traumatic injuries. The issue was raised by a trauma surgeon who was concerned about Lucas devices causing internal injuries. He was pushing for no intervention by EMS. Dr. Levy commented that the ASC-COT is developing a position statement.

#### **Project and Committee Updates – Various Members**

- CARES Board – Dr. Michael Levy is the new NASEMSO representative on the CARES Board, replacing Doug Kupas. CARES funding has increased five-fold with federal funding which is a year-by-year appropriation. This does not change each state’s obligation to pay into CARES. The grant funds are to improve outcomes, improve health disparities and focus on underserved areas. They are changing their software and will have the options for custom fields. There are 17 states not yet on board with CARES.
- Anaphylaxis Definition and Diagnostic Criteria – Dr. Tripp Winslow has been appointed to represent NASEMSO on this, along with Dr. Tim Chizmar, but has not heard anything further at this point.
- Prehospital Airway Management Evidence-Based Guideline Project – Dr. Matthew Sholl reported that the Airway EBG has now been published by PEC and is available at <https://www.tandfonline.com/doi/epdf/10.1080/10903127.2023.2281363?needAccess=true>. There are two papers, one with recommendations and one discussing methods used to arrive at the recommendations. NEMSQA is developing the performance measures. Dr. Sholl thanked his co-PI, Dr. Jeff Jarvis and all those on the technical expert panel.

**NAEMSP Update** – Dr. Mike Levy reported that NAEMSP is focusing on advocacy, including a bill to require payment for medical direction. There has been no new information about the DEA rules that were supposed to have been finalized been now.

**Adjourn** – The meeting adjourned at 5:13 PM.

**Next Meeting** – March 4

**SAVE THE DATE:**

May 12-16, [NASEMSO Annual Meeting, Pittsburgh, PA](#)

*The meeting minutes were respectfully prepared by NASEMSO Program Manager Mary Hedges with assistance from MDC Secretary Dr. Bill Fales.*