NASEMSO Medical Directors Council

NASEMSO Fall Meeting, Oklahoma City

October 9, 2017, 8:30 a.m. – 4:30 p.m.

Meeting Record

Attending – Ken Williams (RI), Chair, Harry Sibold (MT), Aaron Burnett (MN), Curtis Sandy (ID), Carol Cunningham (OH), Bill Fales (MI), Timothy Cathey (OK), Brian Froekle (MO), James Bledsoe (AR), Suzanne Martens (WI), George Lindbeck (VA), Douglas Kupas (PA), Richard Alcorta (MD), Peter Taillac (UT), Michael Mills (WV), Joe Nelson (FL), Mary Hedges (NASEMSO)

Guests – Dr. Robert Swor (NREMT), Dr. Brent Myers (NAEMSP), Andy Gienapp (WY), Dr. Jon Krohmer (NHTSA), Donnie Woodyard (NREMT), Diane Pilkey (HRSA EMSC)

Call to Order, Approval of Agenda – Dr. Ken Williams, Chair, called the meeting to order at 8:40 a.m. CDT. He welcomed members and noted that the order of the agenda would be modified slightly.

State Reports

Idaho **–** Dr. Curtis Sandy:
Idaho completed first year of its time sensitive emergency system, STEMI, Stroke and Trauma systems. Medical directors will be required to complete a medical director course.

West Virginia – Dr. Mike Mills:
The opioid epidemic is the state's biggest challenge. They also struggle with a low pass rate on the NREMT exam. They have legislation allowing EMS providers to assist patients with taking their own medication.

Florida – Dr. Joe Nelson:
The state recently experienced its largest mobilization effort in history in response to Hurricane Irma. Nearly one-third of the state evacuated. They tried to get a POLST law passed and will try again this session. Mobile Integrated Health is expanding in the state and the EMS office is working to address it through a rule change. There is a pilot program (Palm Beach County) involving EMS providers administering suboxone to treat the opioid epidemic, which is showing success.

Wisconsin – Dr. Suzanne Martens:
Rural areas are now allowed to staff with one EMT and one EMR. Other flexible staffing models are being proposed due to the workforce shortage, including the possibility of dropping the NREMT registration requirement in some areas.

Arkansas – Dr. Jim Bledsoe:
Community Paramedics are recognized in statute (2 years now). STEMI study underway as well as stroke system pilot study. Trauma system is working well. Telemedicine bill passed allowing reimbursement for audiovisual consult for established patients. Public naloxone bill passed (no prescription required).

Missouri – Dr. Brian Froelke:

A bill passed that authorized the state EMS medical director in statute, but there is still unresolved issues with the Missouri Department of Health. The EMS Interface between health and public safety has been an issue. Human trafficking, opioid epidemic, response to civil unrest have all been issues. There is legislation allowing EMS to assist patients in administering their own medication. There are challenges with law enforcement requiring EMS to obtain legal blood draws while on scene.

Michigan – Dr. Bill Fales:
The state recently completed planning sessions for EMS and trauma. As in other parts of the country, they are experiencing EMS workforce shortages. They are undergoing a revision of the state protocols, and are following the NASEMSO guidelines as much as possible. A number of agencies may be giving up naloxone. They have a 2-year grant for training law enforcement and EMS on behavioral health. There is a pilot program looking at iGel for EMR's. The state views Level 1 and 2 trauma centers as functionally equivalent for receiving trauma patients from EMS.

Ohio – Dr. Carol Cunningham:
The EMS office has a new Deputy Director. They are in the process of incorporating the NASEMSO EMS Clinical Guidelines into their state guidelines. There is a narcan training for law enforcement available on the Ohio EMS website.

Rhode Island – Dr. Ken Williams:
They are rewriting EMS regulations and will provide guidance defining EMS medical director at the agency level and at the state level. The opioid overdose death rate continues to increase. EMS are contacting an opioids "peer counselor" while enroute to the ED with an opioids OD patient. Opioid OD patients are receiving a first dose of suboxone in the ED. There is more emphasis on chemical dependency treatment now with EMS involvement. Suspected stroke patients with a high score are going directly to a comprehensive stroke center. The New England Council is sponsoring a meeting the weekend before Thanksgiving.

Montana – Dr. Harry Sibold:
Montana's Legislature, which meets once every two years, just completed a legislative session. There were budget cuts. There were 14 bills introduced related to air medical services. The state insurance commissioner has become very involved in the issue. The legislature ended air medical subscription services. Two community paramedicine bills failed (concerns from nurses and home health providers). Legal counsel has advised to move forward with doing community paramedicine and if it is challenged, they can respond. Montana is more of a meth state but opioids are becoming a bigger problem. Legislation passed allowing increased access to naloxone by EMRs.

On the Scene in Charlottesville – Dr. George Lindbeck (VA) shared his experience in planning for/responding to the Unite the Right rally in Charlottesville on August 12th. The counter protesters ended up dramatically out-numbering the Unite the Right protesters. The Unite the Right protesters were carrying side-arms which caused great concern. There were some mild injuries, but nothing too serious treated on scene. There was much concern that law enforcement was too aggressive, especially toward the counter-protesters. The Street Medic movement, which began during the Occupy movement (associated with the left wing, Antifa groups), became involved. The street medics transported their own

people (they do not trust EMS). They wear duct tape red crosses. The counter protesters ran the gamut of various far left groups to more moderate clergy. Dr. Lindbeck said they worked hard to separate EMS from law enforcement by wearing t-shirts (no uniforms) in order to promote trust. The University of Virginia Hospital increased bed capacity in preparation (no scheduled surgeries, etc). The other community hospital also doubled staffing. This was the first time he staffed a mass casualty event where you could not have patients in the same room/tent because of their opposing views. The rally was declared an unlawful event (losing their permit) 30 minutes after it began. Fortunately, only one shot was fired that day, by the alt right. The young woman who died on the scene was caught between the parked car and the charging car. Although she died on the scene, the responders made a wise decision to carry her from the scene administering CPR in order to garner cooperation from the crowd. Just as things settled down, they were notified of the helicopter crash. The helicopter was providing coverage for the Governor who arrived by motorcade. Law enforcement owned the situation. Law enforcement is still being raked over the coals for their response, but EMS is perceived well. It was important to clearly distinguish EMS from law enforcement.

First Aid for Law Enforcement - Curtis L. Knoles, MD, FAAP, provided an overview of this self-care course for law enforcement, developed by the Oklahoma EMSC Program, which has been expanded to include training on in-school shootings. *(Joint session with PECC)*

Opioid Epidemic: NASEMSO response

- Developing and Disseminating an EBG for Naloxone – Dr. Ken Williams reported that NASEMSO was recently awarded a grant from NHTSA to develop and disseminate an evidence-based guideline on naloxone administration. NASEMSO will be partnering with NAEMSP and ACEP in this project. For more information, contact Mary Hedges.
- DHS, OFA, NHTSA First Responder PPE Meeting (Sept 6-7) – Dr. William Fales reported on the meeting he attended to develop PPE advice for first responders. The meeting was called in response to the over-reaction to media reports that first responders were affected by exposure to fentanyl-laced heroin when responding to opioid overdoses. NIOSH issued guidance that was overly cautious (requiring N-100 masks). The intent was to calm the fear that resulted in responders thinking they needed to wear respirators. He urged NASEMSO to get the word to the MDC that they had endorsed the guidance issued by the American Toxicologists association. Dr. Jon Krohmer added that there is virtually no difference between the N-95 and the N-100 mask. They followed up with NIOSH but NIOSH will not change their recommendation for a N-100 mask. It will be very expensive for EMS agencies to restock, re-fit and train on the N-100 mask.

Lunch Break – The meeting recessed for a luncheon session with the National Registry of EMTs. The meeting reconvened at 1:10 PM.

Federal Partner Update

- HRSA, EMSC – Diane Pilkey, Senior Nurse Consultant, reported that the EMSC Innovation and Improvement Center (EIIC), Baylor University, will be developing a quality improvement project for prehospital providers. State EMSC partnership grantees will be working on 3 new performance measures in the next grant period.

NAEMSP Update – Dr. Brent Myers reported that the DEA Bill, which passed the US House in January, is expected be passed by the US Senate next week. He cautioned members, asking them not to contact their Senators at this point. NAEMSP is starting an EMS political action committee (PAC) for the purpose of transparency. They do not know how much money they will raise but it will be a way to ethically thank supporters like Rep. Richard Hudson who was responsible for getting the DEA bill passed in the House. With a PAC, NAEMSP will be able to ethically host a reception for him, suing the money raised by the PAC. Also, NAEMSP will be starting the process to update their website, but it is expected to take a year. In 2019, NAEMSP will be holding its annual meeting in Austin, Texas.

EMS Blood Draw (Missouri) – Dr. Brian Froelke reported on a state survey conducted due to concerns from EMS providers who were being required to draw blood at the direction of law enforcement. The stakeholders are looking for guidance/practices from other states. Dr. Cunningham reported on their experience in Ohio, where EMS providers can do blood draws if approved by their medical director. This takes the EMS provider out of the uncomfortable situation if requested by law enforcement. Dr. Kupas said that unbeknownst to the EMS office, the Pennsylvania legislature passed a bill authorizing paramedics to draw blood for legal purposes. The EMS office developed a protocol that restricted the blood draws to those situations where there is a pre-existing agreement with EMS and law enforcement. Dr. Lindbeck said Virginia allows EMS providers to obtain approval from their medical director if they want to work for law enforcement to do blood draws for sobriety testing.

Project and Committee Updates – Various Members

- Model EMS Clinical Guidelines, Version 2 – Dr. Cunningham reported the Guidelines were submitted to NHTSA on September 8th and released to the public on September 15th. She will present the highlights of Version 2 during the general session of the NASEMSO meeting. As part of the dissemination process, they are confirmed to present the Guidelines at the annual NAEMSP and International Association of Fire Chiefs meetings, and all workgroup members were encouraged to link this project into any speaking invitations that they may accept.
- NASEMSO Fatigue in EMS Project – Drs. Doug Kupas and George Lindbeck reported the NHTSA funded evidence-based guidelines for fatigue in EMS have been completed. The guidelines and several manuscripts related to the process of development and use of the guidelines will be published as a supplement to PEC soon.
- NASEMSO High Consequence Infectious Disease Transport Project - Dr. Ken Williams reported that this multi-agency project is underway. They are hosting a focus group here on Wednesday.
- 2018 EMS Scope of Practice Model Revision – Drs. Peter Taillac and Doug Kupas reported the group has revised the initial portion of the 2007 Scope of Practice Model document. At this time, they are evaluating various new and existing procedural skills, equipment, and medication to determine at which EMS level they should be incorporated.
- DEA Bill – Dr. Harry Sibold informed members that HR 304 passed by verbal acclamation early in the session. S. 916 is with the committee of jurisdiction, chaired by Lamar Alexander (TN). The current tactical instruction by ACEP and NAEMSP is to simply watch, without excessive tweeting or legislative contact as it is expected to pass with little additional debate. It is on the Senate calendar, likely to be taken up in the next week.

State Reports (continued)

Minnesota - Dr. Aaron Burnett:
There is a paramedic workforce shortage with ambulance services offering signing bonuses for full time paramedics. There are increasing opportunities for paramedics to work in hospital based roles primarily in the ED. The superbowl will be in MN in 2018. The MN state EMS certification is being phased out in favor of the National Registry. In the past both were an option for renewal.

Pennsylvania – Dr. Doug Kupas:
Stroke transport decisions are being made based on modified RACE scale. The iGel supraglottic airway was added to the state protocols. EMS providers are authorized to recognize POLST documents. There is growth in the trauma system with new Level 2 hospitals added. The legislator is considering a bill for reimbursement for EMS non-transport.

Virginia – Dr. George Lindbeck:The state is no longer issuing new EMT-I cards. The legislature directed the EMS office to "look into" Air-EMS operations due to constituent complaints about large bills.

Oklahoma – Dr. Tim Cathey:
The state stroke system is consider to have reached maturation with continued focus on rural areas. Likewise, the trauma system has reached maturation with one level 1 and two level 2 trauma centers. There is an active air ambulance system with 31 helicopters in the state. The Department of Health has a budget shortfall this year which may impact EMS. There is work on unifying the state radiology system to make images available to hospitals state wide. This would improve patient care for patients transferred from rural to tertiary care hospitals.

Utah – Dr. Peter Taillac:
The state is setting up a resuscitation academy. There is interest in developing a stroke registry separate from current national organizations such as AHA. They have recently updated and published voluntary statewide protocols. They are utilizing the NASEMSO model rule for air ambulance to develop state rule. They are also working to develop rules regarding proliferation of freestanding EDs in Utah.

Maryland: Dr. Rick Alcorta:
There is a national search for an Executive Director for MIEMSS. The preferred candidate would be a physician. There continues to be growth in free standing EDs without any in-patient capabilities. Maryand has the longest ED wait time in the country leading some EMS to transport to free standing EDs where they will not receive reimbursement but can get back in service much more quickly. Fire departments are designated "safe locations" where people can ask for help with opioids addiction.

Adjourn – The meeting adjourned at 5:00 PM.

Next Meeting – Nov. 6 (possible change to later in November)

The meeting record was prepared by NASEMSO Program Manager Mary Hedges and MDC Secretary Dr. Aaron Burnett.