



## **NASEMSO Medical Directors Council**

**January 23, 2017, 1:00 – 6:00 PM CST**

**Le Pavillon Hotel, 833 Poydras St., New Orleans**

***Bienville Complex***

### **Meeting Record**

**Attending** – Ken Williams (Chair), Peter Taillac (UT), Harry Sibold (MT), Aaron Burnett (MN), David Lehrfeld (OR), James Suozzi (OR), Rich Kamin (CT), Carol Cunningham (OH), Rick Alcorta (MD) Curtis Sandy (ID), Julia Martin (KY), Joe Holley (TN), Joy Crook (NM), Joe Nelson (FL), Ross Megargel (DE), Matthew Sholl (ME), Douglas Kupas (PA), Trip Winslow (NC), George Lindbeck (VA), Suzanne Martens (WI), Joy Crook (NM), Eric Ernest (NE), Bill Fales (MI), Jeff Beeson (TX)

**Guests** – Elijah “Trey” Robinson (Akron General Cleveland Clinic resident/ soon to be EMS fellow at Emory), Susan McHenry (NHTSA OEMS)

**Call to Order, Welcome, Self-Introductions** – Dr. Ken Williams, Chair, called the meeting to order at 1:05 PM CST. Members introduced themselves.

**Approval of November 7 Meeting Minutes** – Dr. Aaron Burnett, Secretary, offered the meeting minutes for approval. They were approved as presented.

**State Reports and Roundtable Discussion**– Members shared noteworthy developments from their respective states.

North Carolina – (James Winslow) Naloxone is being administered by law enforcement. Epi has been drawn up by vial with no problems. They use ketamine in RSI.

Virginia – (George Lindbeck) Health Commissioner approved distribution of naloxone without a prescription. They are still struggling with EMT Intermediates '99 because the NREMT no longer tests this level. The state passed REPLICA legislation last year. They are receiving requests for remounts on old chassis and are trying to determine what regulations apply.

Maine – (Matt Sholl) The state has become the center of the heroin epidemic; they are seeing more overdose deaths in the over age 55 group than with those under age 55. All the heroin is contaminated with something else (fentanyl). They are currently updating the state protocols. Maine became a Cares Registry state. The Governor has decided to eliminate 1000 state employees. Their data manager left and they are struggling because they are not able to hire a replacement.

Delaware – (Ross Megargel) Stroke system legislation was passed. The state is facing a significant budget shortfall and the Governor has proposed eliminating funding for county paramedics. Heroin is a huge problem; they are resuscitating people every day, and the murder rate has increased as a result.

Florida – (Joe Nelson) Trauma centers continue to replicate; now up to 42 (half are HCA owned). Florida was the first state with comprehensive stroke legislation and they are presently updating it. They are trying to become a National Registry state for paramedics, but the Governor has opposed it due to lobbying from the fire service. They will become a CARES state by the end of the year. Telemedicine and community paramedicine are becoming prevalent. Dr. Nelson reported there is now a generic epi-pen that sells retail for \$100 for a two-pack. Another generic one will be available soon.

New Mexico (Joy Crook) – New Mexico had been number 1 state in heroin overdose deaths, and this has been a problem for many years. A critical care ground agency requested to be able to do ultrasound, which the Medical Directors committee supported. They learned however that this falls under the jurisdiction of the radiological board.

Tennessee – (Joe Holley) REPLICA legislation passed last year. They had been working on community paramedicine legislation but faced a glitch. They have also been dealing with naloxone issues and are finding that heroin is being laced with carfentanil.

Kentucky – (Julia Martin) Laypersons have access to naloxone. They have had to escalate their doses. Kentucky is working strong to improve layperson and First Responder CPR. Stroke center guidelines are a significant issue. They are doing CVA triaging with discussion about large vessel strokes bypassing primary centers for comprehensive centers with neuro IR capabilities. Community paramedicine is being used to reduce frequent users and to reduce hospital readmissions.

Minnesota – (Aaron Burnett) The state has had community paramedicine legislation for several years and are now exploring community EMTs, but there is no curriculum yet. Fire-based EMS services are exploring the non-emergency (inter-facility) transport business as a method to address budget shortfalls and recruit under-represented individuals to the fire service (St. Paul Fire). They are a CARES state, and a REPLICA bill is being introduced this year.

Utah – (Peter Taillac) The state is Number 4 in opioid overdose deaths. The Legislature passed REPLICA last year. They have revised their non-mandatory protocols, using the Model EMS Guidelines as a resource, which went very well. 80% of the services adopt the protocols. They allow EMTs to draw up epinephrine and naloxone from a vial. They are a CARES and Heart Rescue state. Peter was elected to the NAEMSP Board this year.

Rhode Island – (Ken Williams) They have new state protocols which were written by a paramedic / nurse practitioner leading a committee. Ketamine was included but was controversial with the Nursing Board because nurses cannot give it. Basic EMTs have been drawing up epinephrine, glucagon and Narcan for years now with no problem. They see about one overdose death per day in spite of a major public naloxone program. REPLICA is taking a step backward because nurses are trying to get out of the nursing compact due to traveling nurses.

Montana – (Harry Sibold) The state is considering repealing the nursing compact due to pressure from nurses. Regarding opioids, they are seeing contaminated drugs coming from the state of Washington. Air medical is a hot topic due to balance billing by air medical companies;

there are a multitude of bills introduced trying to address it. Community paramedicine is being practiced but there is no state law that addresses it.

Nebraska – (Eric Ernest) They are soon to deploy 4 simulation trucks throughout the state for EMS education. They are in presently designating stroke centers. The state has only recently allowed EMTs and EMRs to administer naloxone. Methamphetamines are a bigger problem than opioid abuse. They are working on developing a medical director certification. Lincoln Fire has a 77% Utstein ROSC rate with widespread LUCAS CPR. Volunteer firefighters submitted legislation to dissolve state EMS board

Oregon – (David Lehrfeld) The EMS office continues to maintain their data system through funding from the Office of Highway Safety. The state has a strong trauma system. They are a Heart Rescue state. The EMS office recently bought the CARES package from ImageTrend. The AHA is lobbying for a STEMI system. There are multiple lawsuits involving air medical. No helicopters are in rural areas because it is not profitable. REPLICIA has been re-introduced; everyone supported it until the IAFF opposed it. Lay persons were administering naloxone before EMTs were administering it. They continue to be without a mass mobilization plan.

New Hampshire – (Jim Suozzi) They have developed naloxone administration training for law enforcement and fire, which includes CPR and first aid. Hospitals are now competing for trauma patients. State fire union is opposed to MD EMS credentialing and MD scene response

Connecticut – (Rich Kamin) More people died from overdoses in 2015 than in car crashes and gun deaths. Legislation is confusing regarding who can administer naloxone. Administration of 4mg IN Narcan dose is common. They are developing a “registry” of OD locations to help link hot spots with community resources to prevent OD deaths, and locations of ODs coming from EMS as well as hospitals. They have newly revised state EMS protocols. They are sun-setting the Intermediate '85 and moving to the Advanced EMT. Their EMS data system is having problems.

Ohio – (Carol Cunningham) Ohio will be incorporating C-TECC guidelines into their state EMS protocols. The state is 5<sup>th</sup> highest in opioid overdose deaths. They are seeing carfentanil which is very alarming. They also have a high rate of methamphetamine manufacturing. The I-76 corridor is heavily used by drug dealers. Drug dealers mix amphetamines and methamphetamines with opioids.

Maryland – (Rick Alcorta) The state experienced a high fail rate when they first implemented the NREMT test, but overcame it by requiring the instructors take the NREMT exam themselves. They have a pilot underway involving telemedicine on the scene for suspected stroke patients. It involves triaging CVA patients to receiving stroke center based on LAM score. Neurologist talks to patient or family when en route to hospital to get consent for TPA if needed with goal of decreasing door to drug time. Prehospital ultrasound for FAST exams has been approved to prepare the receiving physician for trauma patients (not for destination determination). Four counties are involved with mobile integrated healthcare using a paramedic and nurse practitioner; it is grant funded. The state has several health information exchange projects involving EMS.

Pennsylvania – (Doug Kupas) They are seeing naloxone mixed with heroin. The POLST program is now being incorporated into legislation that is moving forward. As one of the Heart Rescue states, they are transitioning the coordinator to one of the regional EMS councils. The 2017 EMS protocols will be released, which includes a few new items including: Excited delirium with ketamine for treatment; I-Gel for supraglottic airway; RACE CVA triage score.

Idaho – (Curtis Sandy) Idaho is using hospital-based nurses for a critical care transport program and is currently looking at certifying them due to concerns in the quality of care. Methamphetamine is prevalent in Idaho, and they have seen a 300% increase in naloxone use. The Attorney General has advised they cannot oversee it because it is a freelance drug. The state has just completed the transition to the National Scope of Practice. Their time-sensitive emergency system is now implemented and they expect to be receiving data soon. REPLICA legislation was passed two years ago. The university has a year-long community paramedic program. There is no EMD training required for dispatch centers and they hope to make that required through legislation.

Wisconsin – (Suzanne Martens) Wisconsin requires medical oversight of Narcan but public use has depleted the supply. Ambulances may now be staffed by an EMR and EMT, but it is more common in rural areas. First Responders are using advanced skills that are nearly comparable to EMTs. They just started training for syringe drawn epinephrine. A legislative study was completed on recruitment and retention (but they did not seek input from the state EMS office). Some recommendations include: an income tax credit for volunteer EMS providers; a length of service award; extend the certification period from 2 years to 4 years.

Alabama – (Sarah Nafziger) They experienced a Hepatitis C outbreak and used their EMS data overlaid with other data. The new interim Alabama EMS director is Stephen Wilson. The state stroke system is near completion. CVA triage criteria are under study to determine when to bypass an acute stroke facility for hospital with neuro IR capabilities.

Texas – (Jeff Beeson) The state is facing budget issues and they are concerned about staffing the trauma system. They are also facing a problem with paramedic training programs which will need to be accredited.

Michigan – (Bill Fales) Last week they had their first ever statewide EMS strategic planning retreat and are preparing for their NHTSA EMS Assessment. The Department of Health is being reorganized as a result of the Flint water crisis.

**NAEMSP Survey Project of EMS Medical Directors** – Dr. Christian Knutsen shared information about the NAEMSP project (funded by NHTSA) to survey EMS medical directors nationwide. He intends to inquire about educational background, responsibilities, pay and other topics relevant to EMS medical directors. He asked to present today to request help with the survey content from members. He projected the draft survey and requested feedback. He will send the survey link to members for further feedback.

**Cardiac Arrest Registry to Enhance Survival (CARES)** – Dr. Peter Taillac introduced Dr. Bryan McNally from CARES. The goal of for CARES to become the standard out-of-hospital cardiac

arrest registry for the nation. They are continuing to reach out to states to become a CARES state. About 14,000 EMS agencies and 200 hospitals are providing data. They are working collaboratively with Heart Rescue and the Resuscitation Academy. One of the benefits of participating in CARES is streamlined data collection from three separate silos of data. Dr. McNally stressed the value of aligning CARES data elements with NEMSIS and EMS Compass. Dr. Alcorta showed the 7 CARES data elements that conflict with NEMSIS, which the ePCR vendor will need to resolve.

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

Model EMS Guidelines Report on Project Team Meeting – Dr. Cunningham reported that significant progress was made during the past three days during the Project Team’s working meeting. New guidelines are being added and existing ones updated. This new version will be completed in early September.

NAEMSO Fatigue in EMS Project – Dr. Doug Kupas reported that this evidence-based guideline project is comprised of a multi-disciplinary team which will be developing recommendations for EMS. The Principle Investigator, Dr. Daniel Patterson, will be reporting on the project tomorrow morning at the NAEMSP meeting.

NAEMSO High Consequence Infectious Disease Transport Project - Dr. Ken Williams reported that NAEMSO has entered into an agreement with ASPR to develop a transport template, develop three exercises, and complete an assessment of each state’s capacity and capabilities to transport patients with high consequence infectious disease. The first meeting will be the January 30<sup>th</sup>.

2018 EMS Scope of Practice Model Revision – Dr. Peter Taillac reported that the 2007 Scope of Practice Model will be revised, including five high priority areas: naloxone administration, CPAP and BiPAP, hemorrhage control, therapeutic hypothermia in cardiac arrest and pain management. Dr. Taillac will be co-chairing the subject matter expert panel. They have received 120 applicants for the expert panel.

Committee for Tactical Emergency Casualty Care <http://www.c-tecc.org/> - Dr. Kamin reported that several MDC members participated in the C-TECC meeting recently held in Virginia. It is an open meeting and all are welcome.

Government Information Committee (DEA Bill, HR 304) – Dr. Harry Sibold reported that the 2017 version of the **Protecting Patient Access to Emergency Medications Act** was introduced as the new Congress convened. It was the same version of the bill that the House passed in December. Within a few days of the new Congress convening they suspended the rules and passed it on a voice vote in the House. The bill has been referred to the Senate.

**Future Meetings Discussion** – The Medical Directors Council will meet at the Fall Meeting, OKC, October 9-12 (Council meetings Oct 9).

**NHTSA OEMS Update** – Dr. Jon Krohmer reported that the Joint EMS Leadership Forum met today to address the sustainability of the EMS Compass performance measures. All organizations at the table agreed to develop a nonprofit organization for the purpose of continued development of EMS performance measures. Keith Wages added that members attending the JNEMSLF meeting were extremely pleased to have Dr. Krohmer leading the NHTSA Office of EMS.

Susan McHenry said that the **EMS 2050 Project** is seeking members to appoint to lead that effort. NEMSAC met in early November and issued a variety of position papers. They will be seeking applicants for NEMSAC members whose terms will end in March.

**NASEMSO Report** - Keith Wages, NASEMSO President, thanked the Council for what they do. He reported that they expect at least 3 additional states to enact REPLICA legislation this year. This would enable the compact to begin with the minimum of 10 states included. Keith believes the IAFF mistakenly thinks the interstate compact would make the EMS license portable from state to state as with the nursing compact, which uses a different model. The EMS compact is more comparable to the driver's license. He added that they look forward to beginning the revision of the EMS Scope of Practice.

**Adjourn** – The meeting adjourned at 6:05 PM CST.

**Next Meeting – March 6, NASEMSO Spring Meeting, 1:00 – 3:00 PM**

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