



NASEMSO Medical Directors Council

January 9, 2019, 1:00 – 6:00 PM CST

Room 402-403, JW Marriott, Austin Texas

Meeting Record

Attending – Ken Williams (RI), Harry Sibold (MT), Mary Hedges (NASEMSO), Dia Gainor (NASEMSO), Carol Cunningham (OH), Matthew Sholl (ME), Eric Ernest (NE), Aaron Burnett (MN), David Lehrfeld (OR), Garrett Clanton (SC), Ken Scheppke (FL), Peter Taillac (UT), Joe Schmider (TX state director), Jon Krohmer (NHTSA), Dave Bryson (NHTSA), Tim Chizmar (MD), Dan Wolfson (VT), Ross Megargel (DE), Robert Rosenbaum (guest from DE), Riccardo Collela (WI), Joey Scollan (NH), George Lindbeck (VA), Joe Ferrell (BioSpatial), Josh Walters (BioSpatial), Doug Kupas (PA), Bill Fales (MI)

Call to Order, Welcome, Self-Introductions– Dr. Ken Williams called the meeting to order at 1:10 PM. He announced that we have reservations for dinner this evening for those interested. Attendees introduced themselves.

Approval of November 5th Meeting Record – The November 5th meeting minutes were approved as submitted.

Code of Ethics for EMS Medical Directors – Dr. Williams briefly reviewed the code of ethics that he initiated. He thanked those who made suggestions for improvement. The document is on the agenda for the NASEMSO Board meeting tomorrow. The next step is to seek input and endorsement from NAEMSP and ACEP.

Joint Commission Removal of Physician Training and Procedure Volume Requirements for Mechanical Thrombectomy for TSC and CSC Certification - Follow up – Dr. Peter Taillac attended the Joint Commission meeting in December where this issue was on the agenda. The smaller facilities cannot meet the volume requirement and have requested the requirement be removed. Some are concerned that this would diminish the impact of the bypass protocols for certain stroke patients. Dr. Taillac’s reason for being there was to remind them to keep EMS in mind because such decisions impact the EMS protocols. Dr. Sheppke expressed the point of view that all patients should go to comprehensive stroke centers and should seldom go to primary stroke centers. This is the protocol they are following in South Florida. Ken Williams said that Rhode Island is doing well their system, where they see about a 25% bypass rate. Dan Wolfson said in Vermont they are leaning toward a one-hour difference for bypass, since 30 minutes is not enough in a rural state. Dr. Lehrfeld said that in Oregon, EMS is reluctant to leave their service areas to deliver patients to comprehensive stroke centers.

NASEMSO Update – Dia Gainor, Executive Director, said she was delighted to be able to join the Medical Directors Council meeting. She noted how valuable this group is to NASEMSO as a whole. She reminded members that NASEMSO shifted its annual meeting from fall to spring

beginning in 2018. NASEMSO is no longer holding a mid-year meeting but is supporting regional meetings of the five NASEMSO regions in the fall. She shared that NASEMSO is becoming increasingly scientific with the experience gained from recent projects funded by the federal government (EMS Fatigue Evidence-based Guidelines, Naloxone Evidence-based Guidelines, and more). This year NASEMSO is undertaking an updated, smaller version of the national EMS assessment, which was first completed nearly 10 years ago. NASEMSO has partnered with Biospatial to promote access and optimum utilization of existing EMS data. Dia also mentioned NASEMSO's role in creating the model legislation for an interstate compact for EMS personnel, known as REPLICA. She asked Joe Schmitter, chair of the EMS Interstate Compact Commission, to provide an update. Joe reported that 15 states have now passed the REPLICA legislation, and they are in the process of developing the rules. He stressed that the compact does not mean national certification, but it allows EMS personnel from compact states to occasionally move across state lines in the course of their work.

NHTSA Update –Dr. Jon Krohmer reported that the NHTSA Office of EMS is funded by the Highway Trust Fund which is not impacted by the federal government shut down. Most of their activities are continuing forward, but travel authority is more restricted. He is here on annual leave. Dr. Krohmer recently accepted a temporary promotion (in addition to his own position) until that vacancy has been filled. They are pleased to say that all positions in the NHTSA OEMS are now filled. They hired Eric Chaney, Katie Elkins, Max Severeid, Jeremy Kinsman (former public health fellow in their office) and now have two new public health fellows in their office. The EMS Scope of Practice Model is winding down. They are working with the AHRQ and the University of Connecticut on a systematic review on analgesics as an alternative to opioids. They are finishing up the high-performance CPR project. They will be starting an update of the EMS Education Standards once the Scope of Practice Model has been released. The EMS Performance Improvement Center project is underway. NEMSAC is back in operation after a several month hiatus while they awaited new appointments. One of the projects they will be undertaking is an EMS medical directors survey.

Naloxone Evidence Based Guideline Project – Dr. Ken Williams reported that the project is near completion after nearly 10 months. The evidence-based guideline on EMS administration of naloxone (EBG) was submitted to NHTSA at the end of September along with a protocol based on the EBG. The training module has been submitted and the performance measures are under development now.

South Region Representative Election – Ken reviewed the states that are included in the South Region, which are Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, and Texas. He asked for individuals who are interested in serving in that role to contact him and Mary.

State Reports

Vermont – Dan Wolfson: Recently published 2019 version of the state EMS protocols. They received a grant to fund a 2-year project to hold resuscitation academies throughout the state.

Delaware – Ross Megargel: New state protocols were released this year. They liberalized use of Ketamine. The BLS community is working to get exchanges with the hospitals as there were some safe harbor issues. The state EMS office has shifted much of their focus to opioids now because there is federal money for opioids. Robert Rosenbaum, who is attending as a guest today, reported on the CARES Registry in Delaware.

Wisconsin - Riccardo Collela: He has been state medical director for 5 months. He has been focusing on CARES. The state is focused on developing statewide EMS protocols which they anticipate will be an 18-month project.

New Hampshire – Joey Scollan: They hired two project managers for a naloxone project with a federal grant. They are working with the New England states on state protocols. They are getting push back on their anxiety protocol. She is looking for help in working with their fire department agencies.

Pennsylvania - Doug Kupas: Legislation passed in 2018 related to reimbursement for non-transport, and they are working on rules to implement. They are updating statewide protocols, which are on a two-year update schedule. POLST legislation is pending; they have the POLST form but no authority for EMS to honor.

Virginia – George Lindbeck: Air medical and balance billing has been a major concern and there have been a variety of bills introduced in the state legislature in an attempt to limit the issue. An EMS provider who is reputed to be a fascist/racist posted an outrageous statement regarding a child of color he treated on the ambulance on the web under a pseudo name. The state attorney general is looking into whether action can be taken against his EMS license.

Maryland – Tim Chizmar: Dr. Ted Delbridge has recently been hired as the new state EMS director. The comprehensive stroke centers are all focused in the urban area with none out state. He asked others what they are using as a non-opioid analgesic in their protocols. They rolled out ketamine for use by EMS.

Michigan – Bill Fales: They now are a recreational marijuana state. They have a new governor without a department director, as the department head has been indicted due to the Flint water crisis. They have a state law addressing the right for consumers to reject non-emergency transport by air. They have statewide mandatory protocols and have added non-opioid pain medicines. CARES is now at 80% participation, but they have no state money to fund it. They transitioned to NEMSIS 3.4 and all EMS agencies are required to submit data using version 3.4. First Responders are now permitted to supraglottic airways with training. A law was passed that allows ambulances to transport injured police dogs to a veterinary hospital or human hospital. A POLST law was passed last year which included a commission to promulgate administrative rules.

Rhode Island – Ken Williams: They are doubling the size of their EMS staff going from 2 to 4 people (plus their EMSC coordinator who is funded by the EMSC grant). They added a requirement in administrative rules for EMS medical directors for EMS agencies. They are the second state to become a Biospatial state and they love having the access to the reports. They implemented a protocol to transport safe behavior care patients to an alternative behavior care site but have not determined how to get reimbursed for transport to a facility other than a hospital.

Montana – Harry Sibold: Montana Board of Medicine licenses paramedics as well as EMS physician medical directors. The Legislature meets every other year for three months and there are consistently a large number of bills introduced in an attempt to address excess air medical billing. Community paramedicine has been a concern due to a gray area in the law which prohibits the development of this model. They expect a bill to be introduced to address this. EMS rules were recently rewritten by their lawyers without his input.

Ohio – Carol Cunningham: They had their first state conference for EMS medical directors which was extremely well attended. Their Board previously adopted the EMS Model Guidelines as the foundation document for their adult and pediatric protocols. They recently became a CARES state. They are probably the only state in the nation that were prohibited from reporting their data to NEMSIS but will hopefully be able to do so when a new law is enacted. They are now requiring all EMS education institutions to provide active shooter training. It is also required for renewal of EMS licensure.

Maine – Matt Sholl: He has been enjoying the relationship and regular meetings with northern New England states. He credited Associate State Medical Director Kate Zimmerman for arranging the relationship and meetings. They have a new governor and director of public safety. The former governor was opposed to the fingerprinting requirement in REPLICA, but they hope to be able to advance that legislation now. Maine is a CARES state. They are in the midst of a rules update, which has been a long process. Maine had not been participating in EMSC for a number of years but are now an EMSC state. Community paramedicine has lagged in its development.

Oregon – David Lehrfeld: The EMS office was not allowed to submit legislation this year as part of a Department of Health bill, but outside sources may do so, including REPLICA. The fire service is still opposed to REPLICA but will not identify their concerns. Their office is funded by grants and license fees, but they get no state general fund money. They obtained federal opioid funding since it was more readily available. They have access to emergency department data and are in the midst of working out the agreement as to how the data can be used. They use ImageTrend's E-licensing system which has freed up staff to do other projects. They are a CARES state. He shared a failure with ImageTrend's system which allowed a single user to unintentionally override the current permissions (rolled back users access to whose data they could see). It required a massive amount of time on their part to correct. About 70% of agencies are reporting NEMSIS version 3 data. Now they are getting swamped with requests for their

data. They have the oldest POLST registry in the country. It allows providers to look up if a patient has a POLST.

Nebraska - Eric Ernest: They are continuing to work on their stroke systems of care. REPLICA legislation was passed last year. They are a CARES state. They tried adding requirements for EMS medical directors but were unsuccessful, as it was perceived as too much of a burden for their family medical physicians. They are not able to readily obtain data on criminal convictions which has been a problem when EMS licenses area renewed. Legislation passed allowing the use of naloxone by law enforcement. They are now addressing licensure levels of critical care paramedics. They are developing a new provider level of rural EMT which reverts back to old requirements.

South Carolina – Garrett Clanton: They have a grant to equip all EMS agencies with laryngoscopes. Their state protocols are not mandatory, but many agencies are using them. Many of the protocols involve transport destinations. On the legislative front, they have a bill making assault on a health care provider a felony (it failed to pass last year).

Florida – Ken Scheppke: He will share the contact information for their state stroke registry. They are a CARES state. They have four meetings per year for state medical directors. There are numerous addiction treatment centers in South Florida that have no physicians on staff. They are unable to use Suboxone and are not successful in treating opioid addicts with the 12-step program alone. He is involved in a study which will show the success of addiction treatment centers which utilize Suboxone. They have initiated a antibiotics program in the field to address sepsis. They are changing their inspection process to focus on performance improvement.

Utah - Peter Taillac: They have done 10 resuscitation academies in the last 2 years, which has helped improve care. They added ketamine to protocols. Legislation passed last year to create and fund a stroke registry. They enacted air medical administrative rules which mirror the air medical guidelines.

Texas – Joe Schmider: The state had no state EMS medical director and they have no requirement for physician medical directors. He is concerned about legislation introduced which would significantly reduce moving violation fines, which would eliminate funding for EMS. They transport to non-hospitals (free standing emergency departments) if it is approved by their local medical director.

Request to Endorse EMS Advisory on Adrenal Crisis – Dr. Carol Cunningham explained that the CARES (Congenital Adrenal Hyperplasia Research, Education and Support) Foundation is requesting NASEMSO endorse its adrenal crisis protocol. While they do not necessarily disagree with the protocol (it is consistent with the NASEMSO Model EMS Guidelines), the Medical Directors Council felt it was not appropriate to endorse as it may imply a mandate that all EMS agencies carry injectable hydrocortisone. **Action: This recommendation (no endorsement) will be forwarded to the NASEMSO Board.**

Project and Committee Updates – Various Members

- 2018 EMS Scope of Practice Model Revision – Dr. Peter Taillac said the project is essentially completed and they are awaiting NHTSA's release of the document. He will co-present on the project with Scott Bourne during the general session tomorrow morning. For further information, see [Scope-of-Practice Model](#).
- Universal Reporting of Cardiac Arrest Update – Dr. Doug Kupas reported that the National Collaborative has concluded that they wish to support CARES as the universal reporting system for cardiac arrest.
- Center for Homeland Defense & Security Executive Mobile Education Team – Dr. Carol Cunningham encouraged MDC members to take the course this team has produced. She serves on the Executive Steering Committee.

Triage Discussion (START/JumpSTART, SALT, or other) – Dr. Doug Kupas and Joe Schmider led a discussion on triage systems and triage tags. Dr. Kupas said he has not seen any evidence to support that use of START or JumpSTART reduces mortality. There is a limited amount of evidence on SALT. The problem he sees is the reds and yellows have significant overlap and no one really follows them anyway. Pennsylvania does not have a triage protocol for this reason. He thinks the Israeli system works well. Joe Schmider, chair of the Health and Medical Preparedness Council, shared that they have some of the same concerns. He believes they should take some lessons learned and improve triage systems. Dr. Krohmer explained that MUCC is not a triage system but is tool that defines criteria for triage systems. SALT most closely follows MUCC. It was suggested that the Medical Directors Council and the Health and Medical Preparedness Council have a joint session on this topic at the Annual Meeting in May. **Action: A joint session of the two councils will be scheduled at the May meeting. Dr. Kupas will serve as the MDC liaison on this issue with the HMP Council.**

Adjourn – The meeting adjourned at 6:12 PM CST.

SAVE THE DATE: NASEMSO Annual Meeting – May 13-16, Salt Lake City