



NASEMSO Opioid & SUD Ad Hoc Committee

MEETING RECORD

May 5, 2022

Attending – Tim Seplaki (Chair), Duane Spencer (PA), Anna Civitarese (RI), Anthony Pantaleo (MI), Dr. Daniel Wolfson (VT), Dr. Ken Williams (RI), Paul Westlake (DE), Ridgely Ficks (MA), Tim Hulings (CDC Foundation, DE), Dr. Tripp Winslow (NC), Vicki Blanchard (NH), Ted Delbridge (MD), Peter Geissert (OR), Josh Walters (Biospatial), Joe Ferrell (Biospatial) For NASEMSO: Andy Gienapp, Jennifer Robinson, Dia Gainor, Mary Hedges

Call to Order & Welcome - Tim Seplaki, Chair, called the meeting to order at 2:05 PM ET.

Self - Introductions – Attendees introduced themselves.

Review and Approve April 7 Meeting Record (attached) – The meeting record was approved as submitted.

Co-Responder Consortium Update – Dia Gainor reported the [National Co-Responder Consortium](#) continues to meet monthly. A work group has been formed to reach out to federal partners. They believe there should be mobile crisis teams throughout the nation and until there is, those teams will largely be EMS. The Consortium is building a virtual library and she requested links for existing programs.

Opioid & SUD Workshop, June 22, NASEMSO Meeting (attached)– Tim Seplaki reviewed the workshop agenda. They are seeking a moderator for one of the breakout sessions. Dr. Ken Williams volunteered to serve as moderator.

Mini-Presentation: Michigan EMS Opioid Response & MODA Project – Anthony Pantaleo presented on the Michigan Bureau of EMS Opioid Response and MODA (Michigan Overdose Data to Action) project. The presentation is available at <https://nasemso.org/wp-content/uploads/Michigan-EMS-Overdose-Response.pdf>

Michigan receives CDC and SAMSHA funding and will be receiving opioid settlement money. Their EMS data on overdoses is being widely used. His initial role when he started three years ago was community paramedicine follow-up, but it has expanded greatly since then. The opioid epidemic has impacted rural counties just as much as urban counties. All EMS agencies are required to report data by the 15th of the following month, but most

agencies are reporting within 24 hours. They have multiple ePCR vendors and Biospatial has done great work with the data. Their data shows that white males have the highest number of overdoses, but Blacks have a disproportionately high rate of adverse outcomes with overdoses. They are seeing two worrisome trends: meth and cocaine mixed with fentanyl and increased multiple patient overdose events. Their naloxone leave behind protocol is optional. Of the 59 medical control authorities in the state, 23 of them are using the protocol. Problems they are facing to further their efforts include: 1) Stigma around opioid use continues to be an obstacle, and it impacts EMS providers; 2) Documentation is lacking and they often don't document when they leave behind naloxone kits; 3) Short staffing continues to be a reason for EMS being unwilling to take on extra efforts. Discussion followed to address funding of naloxone kits and motivating EMS to take on the additional responsibility of the leave behind naloxone program. In New Jersey, Tim shared that EMS is required to leave naloxone with the patient if transport is refused after overdose.

Harm Reduction Centers are not licensed by the Michigan Health Department, so they do not know how many or where there are. Dr. Winslow said they have one EMS agency in North Carolina that works with the harm reduction center, and it works well. He said the harm reduction centers have been great partners. Duane Spencer commented that EMS providers in Pennsylvania do not seem to know about harm reductions centers.

Member Comments

Documentation -Tim Seplaki asked about documentation issues with leave-behind naloxone. In Pennsylvania, it is a separate form to complete, according to Duane. In Michigan, Anthony said they add it in the ePCR under procedure. Dr. Wolfson said the discussion on various ways of documenting has been helpful.

Opioid Settlement Funds – Michigan is going to be receiving roughly \$80 million over the next several years with it being divided between state and local entities. In New Jersey, they have heard it will primarily go to harm reduction centers.

Adjourn – The meeting adjourned at 3:06 PM ET

Next Meeting – June 22, 2022 (Opioid Workshop at Annual Meeting). There will be no meeting in July. The next virtual meeting will be August 4.

The meeting record was respectfully prepared by NASEMSO Program Manager Mary Hedges.