



# NASEMSO Opioid & SUD Ad Hoc Committee

---

## MEETING RECORD

**December 1, 2022**  
**2:00 – 3:30 PM EST**

**Attending** – Tim Seplaki (NJ), Stephanie Busch (VT), Paul Westlake (DE), Tim Hulings (CDC Foundation-DE) Alexander Mold (NY), Antony Pantaleo (MI), Dr. Tripp Winslow (NC), Joe Ferrell (biospatial, Inc), Josh Walters (biospatial, Inc), Emma Perry (MT), Megan Salois (ME), Steven Jones (MS), Michael Olivera (Cordata), Duane Spencer (PA), Ridgely Ficks (MA), Arnold Alier (SC), Dr. Ted Delbridge (MD), Eva Nelson (NJ), Rita Massiello (NJ), Molly (NJ), Jay Ostby (WY), Lorriana Jean-Jacques (FL), Vicki Blanchard (NH)  
For NASEMSO: Mary Hedges, Alex Tyeryar

**Call to Order & Welcome** – Tim Seplaki, Chair, called the meeting to order at 2:06 PM EST.

**Self - Introductions** – Attendees introduced themselves through an icebreaker exercise.

**Review and Approve October 6th Meeting Record (attached)** – The October 6th Meeting record was approved as submitted.

**Overdose Data to Action (OD2A) Grants** – Tim Seplaki led a discussion about what states are proposing in the next 3-year grant cycle. While the CDC has announced it will fund 51 state grants, the parameters of the awards have not been issued yet. Arnold Alier said South Carolina intends to continue funding their COPE program with the new OD2A award. He added that the COPE program now has an EMS agency starting suboxone in the field. Anthony Pantaleo shared that Michigan wants to develop an overdose system of care and start administering suboxone in the field. Stephanie commented that Vermont is having an exceptionally bad year for overdoses and are seeing xylazine, as well as gabapentin. Tim shared that New Jersey is also seeing xylazine deaths. Tripp Winslow said North Carolina intends to expand their suboxone program with additional EMS agencies on board.

Tim proposed that states consider working on a collaborative project. EMS administration of buprenorphine or suboxone is one that may be a good collaborative effort among states.

**Discussion of State EMS Protocols and Suboxone** – Tim Seplaki, Mary Hedges

Which states allow EMS to administer suboxone in the field? While some are implementing community paramedic programs allowing administration of suboxone for SUD patients, others are prevented from doing so primarily due to EMS regulations/statewide protocols.

Dr. Winslow said that North Carolina requires the medical director to undergo training for the x-waiver before overseeing a community paramedic program that administers suboxone. Paul Westlake said that Delaware has statewide EMS protocols, but they can administer suboxone through a pilot program. Tim Seplaki added that New Jersey was able to approve paramedic administration of buprenorphine through an executive order. It is permitted in South Carolina through a pilot program, but they must get legislative approval, according to Arnold.

Tim pointed out the biggest problem with the community paramedic program administering buprenorphine is finding a treatment program in which to enroll these patients. Dr. Winslow agreed, noting that is why they call the North Carolina program a bridge program (bridge to treatment). He emphasized the need for getting good outcome data.

It was suggested that during the next meeting, members identify a common project that states can collaborate on.

**Documentation of Naloxone Leave-Behind** – Peter Brodie of the Data Managers Council (DMC) was not able to attend the meeting, but Tim Seplaki explained that the DMC is looking to develop a standard definition for leave behind naloxone. Josh Walters noted that states are documenting leave-behind naloxone in various ways. Anthony said Michigan documents it under procedures because there is a specific procedure code for leave behind naloxone; they are not administering it so did not feel it should be documented under medications administered. Josh Walters said the code is SNOMED in eProcedures.03. Tim Hulings said that ODMAP has a field for leave-behind naloxone. Stephanie shared that Vermont EMS documents it in a supplemental section, which is not ideal.

**Co-Responder Consortium Update/ Update on TASC Subcontract** – Dia Gainor was not able to join the meeting to provide an update.

#### **Discussion of Future Meeting Schedule (monthly/bimonthly)**

Should the committee alternate general meetings (with presentations) with focused meeting to discuss implementing new strategies? Stephanie and Tim suggested holding meeting every other month unless an extra meeting is needed to discuss the OD2A. The next meeting would be February 2.

**Member Comments** – Stephen Jones spoke with Nancy Hoffmann who is responsible for NAEMT's class, Mental Health Resilience Officer. She had agreed to present in January, but he will inquire if she is available February 2.

**Adjourn** – The meeting adjourned at 3:23 PM ET. /**Next Meeting** – February 2, 2023