# FICEMS

Federal Interagency Committee on EMS

March 10, 2016

The Honorable Michael Botticelli
Director of National Drug Control Policy
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

**Department of Defense**
Office of the Assistant Secretary of Defense for Health Affairs

**Department of Homeland Security**
Office of the Assistant Secretary for Health Affairs/Chief Medical Officer
U.S. Fire Administration

**Department of Health & Human Services**
Office of the Assistant Secretary for Preparedness and Response
Indian Health Service
Centers for Disease Control and Prevention
Health Resources and Services Administration
Centers for Medicare & Medicaid Services

**Department of Transportation**
National Highway Traffic Safety Administration

**Federal Communications Commission**
Public Safety and Homeland Security Bureau

Dear Mr. Botticelli,

At an August 12, 2015 public meeting the Federal Interagency Committee on Emergency Medical Services (FICEMS)[1] discussed opioid overdoses and the use of naloxone by emergency medical services (EMS) systems. Following a 137% increase in the rate of drug overdose deaths in the United States since the year 2000, drug overdoses are now the leading cause of injury related mortality in the United States. There were 47,055 drug overdose deaths in the United States in 2014, more than any previous year on record, of which 28,647 or 61% involved opioids.[2]

The 2014 National Association of State EMS Officials' *National Model EMS Clinical Guidelines* on management of the opioid overdose patient instructs EMS personnel to rapidly recognize a clinically significant opioid poisoning or overdose through assessment of the patient's environment, airway, breathing, circulation and mental status and to prevent or reverse respiratory and/or cardiac arrest through support of the patient's airway, oxygen administration, ventilatory assistance, cardiopulmonary resuscitation, and the administration of naloxone, a narcotic antagonist.[3]

Around the country EMS personnel are treating opioid overdose patients on a daily basis. Data from the 2014 National EMS Database, a repository of standard EMS records submitted by 48 U.S. States and territories, indicates that EMS personnel administered naloxone 152,993 times to patients of all ages.[4] Each State government regulates the scopes of practice for their EMS practitioners. The National EMS Scope of Practice Model, published by the National Highway Traffic Safety Administration (NHTSA) in 2007, is a

[1] The statutory Federal Interagency Committee on Emergency Medical Services (FICEMS) (42 U.S.C § 300d-4) was established by the Secretaries of Transportation, Health and Human Services, and Homeland Security to, in part, ensure coordination among the Federal agencies involved with State, local, tribal or regional emergency medical services and 9-1-1 systems.

[2] http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm?s_cid=mm6450a3_w

[3] https://nasemso.org/Projects/ModelEMSClinicalGuidelines/index.asp

[4] NEMSIS National Event Data Cube accessed on 01/14/201616 at http://nemsis.org/reportingTools/reports/nationalReports/createAReport.html

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guide for States in developing their Scope of Practice legislation, rules, and regulation.

Administration of narcotic antagonists, such as naloxone, is included in the National EMS Scope of Practice Model for the Advanced EMT and Paramedic levels, but not the Emergency Medical Technician (EMT) or Emergency Medical Responder (EMR) levels.[5] However, as of September 1, 2014, there are 19 States and territories that allow all levels of EMS practitioners to administer naloxone.[6] Today many States have passed laws allowing the general public to administer naloxone.[7]

In 2016, NHTSA will request advice from the statutory National EMS Advisory Council (NEMSAC) on whether NHTSA should publish an interim addendum to the National EMS Scope of Practice Model recommending administration of narcotic antagonists be included in the EMR and EMT scopes of practice. Additionally, NHTSA will begin a comprehensive revision of the National EMS Scope of Practice Model in 2016.

FICEMS has adopted the following position statement:

*It is the intent of FICEMS that EMS systems be fully integrated and coordinated with community-wide efforts to plan and respond to opioid overdoses. In order to support positive medical outcomes the administration of narcotic antagonists, such as naloxone, by emergency responders should be coordinated with EMS system physician medical directors.*

On behalf of FICEMS, I am requesting your support for this position statement and your assistance in disseminating it to other agencies in the government.

**Further Actions Planned by FICEMS**

- FICEMS will assess the viability of developing an evidence based guideline for the prehospital management of patients suffering from opioid overdose;
- CDC, NHTSA, and other agencies will continue to examine opportunities for collaborative research related to the EMS response to the opioid overdose epidemic;
- NHTSA and the National Center for Disaster Medicine and Public Health (NCDMPH) will host a workshop on the use of electronic learning management systems (eLMS) by EMS systems. One focus of this workshop will be the use of eLMS to efficiently deliver training to EMS personnel on naloxone administration and other lifesaving interventions.

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[5] http://www.ems.gov/educationstandards.htm

[6] https://www.networkforphl.org/_asset/8b7kmi/EMS-naloxone-overview.pdf

[7] http://lawatlas.org/query?dataset=laws-regulating-administration-of-naloxone

If you have any questions please contact the NHTSA Office of EMS, which provides administrative support to FICEMS by reaching Gam Wijetunge at Gamunu.Wijetunge@dot.gov or (202)493-2793.

Sincerely,

Blair C. Anderson
Chair, FICEMS
Deputy Administrator
National Highway Traffic Safety Administration