Report of the National Emergency Medical Services Advisory Council

May 2015 – June 2017

Submitted to:

Secretary of Transportation Elaine L. Chao

July 10, 2017

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National Emergency Medical Services Advisory Council

John Sinclair

Chair 2015-6

Anne Montera

Vice-Chair 2015-6

Vincent Robbins

Chair 2016-7

Sabina Braithwaite

Vice-Chair 2016-7

July 10, 2017

The Honorable Elaine L. Chao
Secretary of Transportation
1200 New Jersey Avenue SE
Washington, DC 20590

Dear Madam Secretary:

On behalf of the members of the National Emergency Medical Services Advisory Council (NEMSAC), it is our honor and privilege to present you with the NEMSAC report for May 2015 – June 2017.

The NEMSAC serves as the non-federal forum for considering national emergency medical services (EMS) topics and our objective is to develop, consider, and communicate information from a knowledgeable, independent perspective. We accomplish this by providing advice and recommendations to the U.S. Department of Transportation (DOT) and to the Federal Interagency Committee on EMS (FICEMS) both on an ad-hoc basis and in response to specific requests from those entities. Our hope is that the NEMSAC's work provides broad based sector expertise to the Department of Transportation and FICEMS member agencies in order to promote the best possible emergency medical services systems structure and function for the Nation both in the short and long term.

At the beginning of the 2015-2017 term, 19 of the 25 positions on the NEMSAC were new appointments. The first meeting consisted of an orientation, sharing of critical challenges facing EMS and healthcare systems, and finally determining the priority areas for the upcoming year through a modified Delphi process. The priority focus areas for the current term were:

1. Funding and Reimbursement
2. Innovative Practices of the EMS Workforce
3. Data Integration and Technology
4. Patient Care, Quality Improvement, and General Safety Issues
5. Provider and Community Education

The National EMS Advisory Council

c/o The Office of Emergency Medical Services 1200 New Jersey Ave, SE, NTI-140,
Washington, DC 20590
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Two additional ad hoc committees were created in response to more time-sensitive issues:

- **Adoption of Recognition of EMS Personnel Licensure Interstate Compact (REPLICA)**

  During the September 2016 meeting, the NEMSAC voted to adopt the recommendation from the REPLICA Ad Hoc Committee. Now that over ten states have adopted REPLICA and it is officially activated, the Federal Interagency Committee on EMS (FICEMS) should commission a workgroup to identify barriers and enablers to enacting it in those and other states, including an analysis of potential or observed benefits in the states that have enacted it.

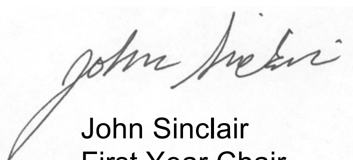
- **Change of the National EMS Scope of Practice to include Naloxone Administration at all levels of providers**

  The response to the NHTSA inquiry of the NEMSAC: *Should NHTSA immediately revise the National EMS Scope of Practice Model to add the administration of narcotic antagonists to the Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) scopes of practice? If so, what supporting materials would States need to implement a change in their scopes of practice?*

  At the December 2016 meeting, the NEMSAC finalized its recommendation supporting the need for the National EMS Scope of Practice Model (SOPM) to be modified to include the administration of narcotic antagonists at all levels of providers, during the next SOPM update as an established process to emergently revise and distribute the SOPM does not currently exist.

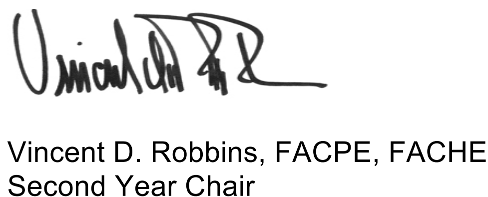
As we conclude this two-year term, we want to express our gratitude for the opportunity to partner with this group of dedicated professionals to contribute to the growth and maturation of the Nation's EMS for the benefit of patients, providers, and communities.

Respectfully,

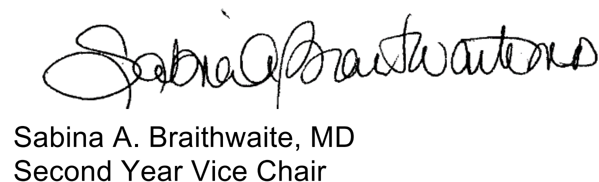


John Sinclair
First Year Chair

Anne Montera, RN, BSN
First Year Vice Chair



Vincent D. Robbins, FACPE, FACHE
Second Year Chair



Sabina A. Braithwaite, MD
Second Year Vice Chair

cc:
The Honorable Thomas E. Price, MD, Secretary of Health and Human Services
The Honorable John F. Kelly, Secretary of Homeland Security

The Honorable Larry D. Fluty, Chair, Federal Interagency Committee on EMS

I. Background and Overview of **the** NEMSAC

The National Emergency Medical Services Advisory Council (NEMSAC) was formed in April 2007 as a nationally-recognized council of Emergency Medical Services (EMS) representatives and consumers to provide advice and expert recommendations regarding emergency medical services to the U.S. Department of Transportation (DOT) and the Federal Interagency Committee on EMS (FICEMS).

Though originally structured as a discretionary advisory board, the NEMSAC transitioned to a statutory advisory committee under the Moving Ahead for Progress in the 21st Century Act of 2012. The law established the NEMSAC, provided it administrative support from the U.S. Department of Transportation (DOT), established membership standards, and created requirements for annual reporting. The statute also provided that the purpose of the NEMSAC is to "advise and consult with the Federal Interagency Committee on Emergency Medical Services on matters relating to emergency medical services and the Secretary of Transportation on matters relating to emergency medical services issues affecting the Department of Transportation." Because the statute requires the DOT to provide administrative support to the NEMSAC, the DOT designated the Office of EMS at NHTSA to be the administrative arm responsible for the NEMSAC.

The NEMSAC provides the EMS community with an opportunity to comment on critical and pressing EMS issues. This is accomplished in three ways: 1) the NEMSAC members represent the various sectors within the EMS community, 2) the NEMSAC accepts formal written comments on all items considered during its meetings, and 3), the NEMSAC provides public comment opportunities during each of its meetings. All NEMSAC meetings are advertised in the Federal Register.

Though the NEMSAC does not exercise program management, regulatory responsibilities, or decision-making authority, the recommendations and advisories provided by the NEMSAC directly impact the programs about which the NEMSAC provides advice to DOT NHTSA. For example, the *EMS Education Agenda for the Future: A Systems Approach* serves as a guide for state EMS agencies as they implement changes to their education regulations. The NEMSAC recommended updates that will ensure that this document maintains its relevance until it is comprehensively updated.

The Mission: What is the NEMSAC?

The NEMSAC is a nationally-recognized council of emergency medical services

(EMS) representatives charged with providing advice and consulting with the FICEMS and the DOT on matters relating to EMS. The NEMSAC also serves as a forum for the development, consideration, and communication to the FICEMS and the DOT from a knowledgeable and independent perspective.

The 25 NEMSAC members, appointed by the Secretary of Transportation in consultation with the Secretary of Health and Human Services and the Secretary of the Department of Homeland Security, consider and may issue recommendations on such topics as:

- Improved coordination and support of EMS systems among federal programs;
- Strategic planning;
- EMS clinical standards, guidelines, benchmarks, and data collection; and
- Strengthening EMS systems through enhanced workforce development, education, training, exercises, sustainability, equipment, medical oversight, system integration, and other areas.

The NEMSAC may also be asked to provide guidance or to respond to specific requests from the FICEMS or the DOT. Even in these circumstances, the NEMSAC builds in specific time for public comment and stakeholder input.

How the NEMSAC Works

The NEMSAC has formalized a process to deliberate and provide recommendations to the government, which includes extensive public comment. The NEMSAC procedures manual is available online at www.ems.gov/nemsac.html. The NEMSAC functions as a team, typically using standing or ad hoc subcommittees to thoroughly research and evaluate EMS issues and make recommendations to the full membership, which then may make a formal recommendation to the FICEMS or the DOT. Content experts may be asked to provide testimony or to submit written responses during the development of any document. Stakeholder organizations are frequently queried and are invited to provide input during each session's public comment period. The committees prepare a draft document which is shared with the public in advance of a NEMSAC meeting. During the council meeting, the public and all members of the NEMSAC are asked to provide comments on the draft documents. The subcommittee then reviews and considers the comments and may amend the document. Most documents are reviewed by the full membership of the NEMSAC and by the public at least three times before adoption.

For the current term, standing committees were created and charged with evaluating

needs and opportunities within 5 different topic areas of EMS: (1) Funding and Reimbursement, (2) Innovative Practices of the EMS Workforce, (3) Data Integration and Technology, (4) Patient Care, Quality Improvement, and General Safety Issues, and (5) Provider and Community Education.

Two additional ad-hoc committees were created to respond to more time sensitive issues: (1) Adoption of Recognition of EMS Personnel Licensure Interstate Compact (REPLICA) and (2) Change of the National EMS Scope of Practice to include Naloxone Administration at all levels of providers.

II. NEMSAC Committee Reports for 2015 - 2017

Committee: Funding and Reimbursement

The Funding and Reimbursement Committee has created one comprehensive advisory with three recommendations.

Title: *EMS System Performance-based Funding and Reimbursement Model*

This advisory was finalized at the December 2016 NEMSAC meeting. The recommendations are:

- **Recommendation 1:** The NHTSA, in coordination with the FICEMS, should support efforts to create a cost survey of the ambulance component of EMS. The cost survey should consider factors such as, but not limited to, the urban, rural, and super-rural nature of the area being served, level of clinical care, and the cost of readiness.
    - **Goal Statement:** The project will provide essential data toward accomplishing the first four steps in the pathway and will develop a baseline from which to develop a comprehensive EMS System Finance study (Recommendation 3).
- **Recommendation 2:** The NHTSA, in coordination with the FICEMS, should support efforts to update CMS regulations such that emergency medical services are identified as a ***provider type***, enabling the establishment of conditions of participation and health and safety standards.
    - **Goal Statement:** The project will establish a foundation for payment reform which could include establishment of new performance metrics and payment models.
- **Recommendation 3:** The NHTSA, in coordination with the FICEMS, should review existing industry-sponsored efforts to initiate an ambulance service cost survey and develop a comprehensive EMS System finance study that accounts for all costs and revenues including the following:
    1. EMS System Components. EMS System costs to be determined by calculating

the dollars to achieve minimum performance standards for each component of the EMS system.

2. Total EMS System Costs. The cost components will use EMS functions at a granular enough level to adequately reflect true system costs regardless of EMS system design.
3. Cost of Readiness. The NHTSA and the FICEMS should adopt the National Academy of Sciences, Engineering and Medicine (formerly the Institute of Medicine) definition for cost of readiness and ensure that accounting for that cost is included in the EMS finance study.
4. Finance Models. Models should address both current and proposed future cost and revenue potentials.
    a. Finance models must evaluate the cost of EMS functions, potential funding streams from the various disciplines, and the Return on Investment (ROI) of EMS on the health care system, public health systems, public safety system, and emergency medical preparedness system.
    b. Finance models must specifically address direct and indirect grant, tax, and user fee funding sources.
    c. Finance model should also establish EMS-specific definitions of charity care and uncompensated care for both policy and tax purposes as described on pages 12-15 (Review of healthcare financing of the EMS safety net) and calculate the total uncompensated care costs incurred by the nation's EMS System. It will identify sources for funding the current significant uncompensated care burden carried by EMS Systems in order to transition away from shifting the cost of this care to commercial insurers and other payers.
    d. Given the unique role of EMS Systems in patient outcomes management, the study should include a shared savings model related to EMS performance enhancement and improved patient outcomes, while preserving the existing funding for the transport system, utilizing existing Medicare and Medicaid authorities.
        i. Deliverable: Healthcare is funded by many different mechanisms within the federal government. The recommendation would include an analysis of existing health care payment models to determine if another payment process would better serve EMS for representative and readiness costs for providing EMS. The recommendation would also serve as the basis for developing a template for a shared saving model for EMS and other health care plans for services provided by EMS that result in downstream health care savings and reducing uncompensated care by the health care system. Shared savings to the health care system would be partially or completely re-invested back into EMS to further develop or expand their cost saving

programs.

Committee: Innovative Practices of EMS Workforce

The Innovative Practices of EMS Workforce Committee has finalized one advisory, with a second anticipated at the August 2017 meeting.

Title: *Recognizing the EMS Workforce as Essential Decision Makers within the Health Care Industry and Assuring Adequate Fiscal Support*

This advisory was finalized at the December 2016 NEMSAC meeting. The recommendations are:

- **Recommendation 1:** All Federal government partners should set aside portions of, and emphasize EMS within, health care workforce grant funding portfolios including expansion of the financial opportunities currently provided to all health care sectors for education, research, and infrastructure.
- **Recommendation 2:** Federal grant programs that encourage innovation in the delivery and provision of EMS and enhance the decision-making opportunities of EMS practitioners to the benefit of the patient, especially when those innovations and enhancements promote overall health care cost reduction, should be developed, made available, and promoted aggressively.
- **Recommendation 3:** The DOT and the FICEMS should adopt the Joint National EMS Leadership Forum's (JNEMSLF) position statement, published on July 21, 2014, concerning the classifications and definitions of the EMS workforce and work with the Department of Labor's Bureau of Labor Statistics (DOL BLS) on a more exacting description of the EMS workforce to include Emergency Medical Responder (EMR), or First Medical Responder [FMR]), EMT, Advanced EMT, Paramedic, Flight Paramedics and Flight Nurses, as separate categories within the health care workforce sector.
- **Recommendation 4:** The FICEMS should pursue discussions with the Centers for Medicare and Medicaid Services (CMS) to recognize EMS (ambulance services) as Providers under Medicare regulations and develop a plan for comprehensive payment reform to account for changes in prehospital standards of care, inclusive of technology and clinical care advancements, more delineated classifications of patient severity and practitioner scope of practice.

Title: *Changing the Nomenclature of Emergency Medical Services is Necessary*

This advisory was not finalized to allow additional consideration of concerns heard from the NEMSAC members and in public comment. The proposed recommendations as of December 2016 are:

- **Recommendation 1:** FICEMS and the DOT should officially recognize that "paramedicine" has emerged as a distinct discipline and profession within the out of hospital health care field.
- **Recommendation 2:** FICEMS and the DOT should officially recognize an all-inclusive standard generic term nationally to describe all health care providers performing within the field of paramedicine, regardless of certification or licensure.
- **Recommendation 3:** FICEMS and DOT should also collaborate with the working groups on the revision of national documents such as, but not limited to, the *EMS Agenda for the Future* to include a singular name, such as paramedicine, to clearly designate the discipline.

Committee: Data Integration and Technology

The Data Integration and Technology Committee created two advisories which were finalized.

Title: *Universal Health Information – Real time and retrospective patient care enhancement*

This advisory was passed at the December 2016 NEMSAC meeting. The recommendation is:

- **Recommendation 1:** The NEMSAC recommends to the FICEMS that there be a universal health record with bidirectional flow to all who care for patients, especially EMS and community paramedicine programs, to aid in the continuum of care for patients who have care provided in any venue or scenario including outpatient clinics, emergency departments, urgent care centers, hospitals, rehabilitation centers, nursing homes, and home healthcare. Also, the standardization of quality improvement (QI) and performance improvement (PI) supports the goal of data quality that is seamless and meaningful. And finally, having a universal health record would help with hard-wired surveillance fields that are needed for national and regional Centers for Disease Control and Prevention (CDC) work on surveillance endeavors.

Title: *Standardized training for local data manager to ensure high-quality data*

This advisory was passed at the December 2016 NEMSAC meeting. The recommendation is as follows:

- **Recommendation 1:** The NEMSAC recommends that the FICEMS work with its partner agencies to develop a standardized data managers training course to ensure high quality EMS data capture.

Committee: Patient Care, Quality Improvement, and General Safety

The Patient Care, Quality Improvement, and General Safety Committee has created five advisories.   One has been finalized; two are in the approval process with multiple recommendations. One advisory on access to emergency medications was tabled due to legislation being advanced in the 115th Congress. A second advisory regarding information exchange was joined with the similar advisory put forward by the Data and Technology Committee.

Title: *Updating the Trauma System Agenda for the Future and companion Model Trauma System Planning and Evaluation (MTSPE) document*

This advisory was finalized at the December 2016 NEMSAC meeting. The recommendation is as follows:

- **Recommendation 1:** The NEMSAC recommends that the FICEMS should develop an integrated Federal strategy to address both the recommendations of the National Academies of Sciences, Engineering and Medicine (NASEM) report and the need to update the Model Trauma Systems Planning and Evaluation (MTPSE) document and the Benchmarks, Indicators and Scoring (BIS) tool. The revision should include careful consideration of all elements of the recommendation.

Title: *Mental Health and Wellness for the EMS Provider and their Partners in Public Safety*

This advisory was presented for the first time at the December 2016 meeting. The proposed recommendation is as follows:

- **Recommendation 1:** The NEMSAC recommends that the NHTSA and/or the FICEMS fund a summit on the subject of EMS provider mental health and wellness, inviting federal and nonfederal stakeholder experts from EMS, public safety, military medicine, and mental health, as well as nontraditional partners such as public health and social work. Upon conclusion of the Summit, the group shall identify an organizational leader to direct the action items produced during the Summit.

Title: *Successful Integration of Improvement Science in EMS*

This advisory was presented for the first time at the December 2016 meeting. The proposed recommendations are as follows:

- **Recommendation 1:** The NEMSAC recommends that the FICEMS unify ongoing efforts with out-of-hospital Evidence-Based Guidelines (EBG) dissemination, implementation, and evaluation; quality metric development and testing; and EMS data collection, reporting and analysis such that as individual groups develop guidelines for implementation and disseminate them via the Prehospital Guidelines Consortium, they also propose relevant quality metrics that can be vetted and validated by one entity with suggested data variables for reporting through the NEMSIS database.

- **Recommendation 2:** The NEMSAC recommends that NHTSA should embrace the Triple Aim of improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care by integrating concepts of improvement science into future revisions of the following documents:
    - EMS Agenda for the Future
    - EMS Scope of Practice Model
    - EMS Education Agenda for the Future
- **Recommendation 3:** The NEMSAC recommends that NHTSA should disseminate information about how to specifically and practically integrate improvement science into EMS at local and state levels, including comprehensive training to educate those who perform EMS QI in the proper mechanics of quality data collection.
- **Recommendation 4:** The NEMSAC recommends that NHTSA analyze the utility of NEMSIS data variables in the next revision, so that the utility of data elements that States are required to report better corresponds to identified metrics that can be meaningfully linked to patient-centered and/or systems-based outcomes
- **Recommendation 5:** The NEMSAC recommends that NHTSA should develop a joint strategy with EHR software manufacturers, hospital systems, and EMS agencies on how to both link and facilitate bidirectional sharing of health information between the out-of-hospital and hospital settings

Committee: Provider and Community Education

The Provider and Community Education Committee has been working on three advisories, two of which are finalized.

Title: *The need for alignment of the 2000 EMS Education Agenda for the Future: A Systems Approach and the 2007 National EMS Scope of Practice Model with the current practice of EMS medicine*

This advisory was finalized at the December 2016 NEMSAC meeting. The recommendations are:

- **Recommendation 1:** The DOT and the NHTSA should convene a multi-disciplinary task force comprised of EMS practitioners, educators, stakeholders, subject matter experts, and healthcare consumers to revise the *EMS Education Agenda for the Future: A Systems Approach, the National EMS Core Content, the National EMS Scope of Practice Model, and the National EMS Education Standards EMS Education Agenda for the Future: A Systems Approach for alignment with the current practice of EMS medicine.*
- **Recommendation 2:** The NHTSA should facilitate the provision of evidence-based guidelines, data generated from the National EMS Information System (NEMSIS), and EMS research literature to the multi-disciplinary task forces with the goal of achieving improved patient outcomes during the revision of *EMS Education Agenda*

for the Future: A Systems Approach and *National EMS Scope of Practice Model* documents.

- **Recommendation 3:** The DOT and the NHTSA should support the inclusion of current and emerging EMS specialty care roles and the results of their respective practice analyses, if not previously completed, in the revised *EMS Education Agenda for the Future: A Systems Approach* and *National EMS Scope of Practice Model* documents.
- **Recommendation 4:**
  1. The DOT and the FICEMS should seek funding for the revision of the *National EMS Scope of Practice Model* and the *EMS Education Agenda for the Future: A Systems Approach* documents.
  2. The DOT and the FICEMS should seek funding for periodic 5-year reviews of the *National EMS Scope of Practice Model* and the *EMS Education Agenda for the Future: A Systems Approach* documents to maintain currency with the practice of EMS medicine, alignment with improved patient outcomes, and utility to the EMS community.
- **Recommendation 5:** The NEMSAC should develop a process to address potential amendments to the *EMS Education Agenda for the Future: A Systems Approach* and/or any of its components (*National EMS Core Content*, *National EMS Scope of Practice Model*, *National EMS Education Standards*) when quality data indicates or events generate a national healthcare crisis.

Title: *Strategy for the transition of EMS providers into a more formalized educational and credentialing process*

This advisory was finalized at the December 2016 NEMSAC meeting. The recommendations are:

- **Recommendation 1**: The DOT and the NHTSA should convene a multidisciplinary task force comprised of EMS educators, practitioners, stakeholders, special interest groups, subject matter experts, and allied healthcare profession representatives to craft the essentials of the core curriculum for the supplemental content in the formal paramedicine degree. Educational content in the paramedicine degree should enable parity with similar allied health professions.
- **Recommendation 2**: The DOT and the NHTSA should consider the development of a strategic plan for the creation of additional tiers of paramedic education to yield a formal degree that include the associate, baccalaureate, and various graduate degree levels. The development of the strategic plan should be completed within a reasonable time frame in a model that is applicable to emergency medical services, similar to that of other professions (e.g., Fire and Emergency Services Higher Education Recognition Program (FESCHE).

Title: *A Practice Analysis of Community Integrated Healthcare: A method to determine the need for a new scope of practice and education standard*

This advisory was presented for the first time at the September 2016 meeting and a second time at the December 2016 meeting. The proposed recommendations are:

- **Recommendation 1:** The NHTSA should, as soon as possible, contract with an appropriate organization to:
  - Evaluate existing practice analyses of Community Paramedics (CP) working in mobile integrated healthcare (MIH) initiatives;
  - Conduct a representative assessment of existing MIH initiatives to develop a practice analysis of CP; and
  - Publish the results of the practice analysis in a peer-reviewed journal.
- **Recommendation 2:** The NHTSA should move forward with efforts to contract with an appropriate organization to review the existing National EMS Scope of Practice Model document
  - Begin the project with the emergency medical responder (EMR), then emergency medical technician (EMT), then Advanced EMT, and finally the paramedic to create sufficient time for the CP practice analysis to be completed.
  - If the practice analysis suggests that CP has a different scope of practice from the paramedic, include the development of the CP scope of work in the contract.
- **Recommendation 3:** The NEMSAC recommends that FICEMS leverages the considerable independent work that has been done throughout the nation on the development of CP/MIH data sets through the organization and facilitation of a national MIH data collection summit. The intent of the summit would be to bring stakeholders together, creating a national, standardized CP/MIH data dictionary that is compatible with NEMSIS.

Ad-Hoc Committee and Title: Recognition of Emergency Medical Services Personnel Licensure Interstate CompAct (REPLICA)

The REPLICA Committee's recommendation was finalized at the September 2016 NEMSAC meeting.

Recommended Actions and Strategies: Federal Interagency Committee on Emergency Medical Services

- **Recommendation 1:** The NEMSAC recommends that once REPLICA has been activated, the Federal Interagency Committee on EMS (FICEMS) should commission a workgroup to identify barriers and enablers to enacting it in those and other states, including an analysis of potential or observed benefits in the states that have enacted it.

- **Recommendation 2:** The NEMSAC recommends that the FICEMS identify administrative strategies and seek opportunities within its member agencies to enhance REPLICA enactment in all states and territories. This may include making federal funds available through competitive grants to provide funds for the cost associated with the evaluation and implementation of REPLICA in states. The costs that these funds could be used for include, but are not limited to, studying the impact of or providing: fees paid to an administrating body to facilitate the licensure process, costs related to conducting criminal and professional background checks, funds required to update and maintain licensure databases, resources required to conduct communications outreach to keep the EMS community informed about the implications of REPLICA, and the costs required to have in-person meetings for the governing body of REPLICA to meet to establish rules, policies, and procedures once REPLICA is activated. The NEMSAC also recommends that the FICEMS identify administrative strategies and seek opportunities within its member agencies to support REPLICA adoption in all states and territories and the District of Columbia and national implementation of REPLICA.

Ad-Hoc Committee: National Scope of Practice Recommendations to add Naloxone at all levels of providers

This committee was established during the April 2016 NEMSAC meeting in response to NHTSA's inquiry of the NEMSAC: *Should NHTSA immediately revise the National EMS Scope of Practice Model to add the administration of narcotic antagonists to the Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) scopes of practice? If so, what supporting materials would States need to implement a change in their scopes of practice?*

An ad-hoc committee was established in response to the inquiry from the NHTSA's Office of EMS and made its final recommendations at the September 2016 meeting. using their individual state's processes.

Recommended Actions and Strategies:

- **Recommendation 1:** The NHTSA's Office of EMS should provide guidance to the upcoming Scope of Practice Model update to specifically address the issue of naloxone administration at all levels of EMS providers.
- **Recommendation 2:** The NHTSA's Office of EMS and the FICEMS should fund the creation of an evidence-based guideline regarding naloxone administration for both medical and nonmedical (i.e. police, firefighter, layperson) responders that addresses naloxone administration by medical personnel, first responders with a duty to act, and laypersons. Specific areas that should be incorporated include, but are not limited to:
    1. Enumeration of specific risks and benefits of immediate versus deferred naloxone administration

2. Specific clinical effects, side effects, and adverse reactions in patients following the administration of naloxone potential hazards to the rescuer
3. Avenues to mitigate adverse consequences and hazards to the patient and to the rescuer
4. Critical airway management interventions
5. Supportive options for the patient if naloxone is unavailable or ineffective
6. Linkage to preventive, educational, and rehabilitation resources

NOTE: The referenced Substance Abuse and Mental Health Services Administration (SAMHSA) and Emergency Nurses Association (ENA) toolkits address many of these items and could potentially be utilized or adopted for this purpose.

- **Recommendation 3:** The NHTSA's Office of EMS should develop a defined process for the identification of significant gaps in patient care or essential psychomotor skills for EMS providers. To accompany this gap identification process, NHTSA's Office of EMS should develop a designated pathway through which future evidence-based urgent or emergent amendments can be made to the Scope of Practice Model and other similar programs prior to a planned revision cycle.
- **Recommendation 4:** As part of the ongoing re-evaluation and update process, this should be referred to as a living document. A committee of EMS stakeholders and the appropriate subject matter experts should review new processes after development, address periodic SOPM change requests, and provide timely response from the NEMSAC and other partners in the future.
- **Recommendation 5:** The NEMSAC and the FICEMS should create and issue a consensus statement to be broadly distributed to EMS and related emergency responder stakeholder groups (including law enforcement) to clarify the details of the NEMSAC's position on the issue of naloxone administration.
- **Recommendation 6:** The FICEMS should consider recommending that the FDA prioritize prescription to over-the-counter dispensing in the future development of naloxone products.
- **Recommendation 7:** The NHTSA and the FICEMS should fund quality research to evaluate the impact of naloxone administration by medical and nonmedical responders on individual patient populations and the public as a whole.

III. Conclusion

Federal Support for the NEMSAC

The NEMSAC's development of recommendations, advisories, position papers and other documents could not be accomplished without the dedication and competence

of the staff that makes up the National Highway Traffic Safety Administration's Office of EMS. NHTSA's Office of EMS is the primary point of contact for the NEMSAC and is staffed by a team of EMS experts and program managers who work together to coordinate the activities of the NEMSAC. More information on the Office of EMS is available at https://www.ems.gov.

The importance of the Designated Federal Official and liaisons from the U.S. Department of Health and Human Services and the U.S. Department of Homeland Security cannot be overstated. Together, these individuals along with other Federal Program Officers who regularly attend the NEMSAC meetings, respond to questions posed by the NEMSAC members, and share information about related initiatives to promote efficient use of resources and integration of efforts across the government. The information that the NEMSAC gains from their participation helps frame its work and provide the most informed advice to the FICEMS and the DOT.

How the Community Can Get Involved?

The NEMSAC serves as a critical link between the EMS community and, through NHTSA's Office of EMS, the DOT and the FICEMS. There are many national, state and local EMS stakeholders with a variety of needs and concerns. The NEMSAC deliberation process provides the EMS community with access to a forum where they can openly share and discuss issues that affect their organizations.

One of the NEMSAC's most important contributions is providing access to the public for commenting on EMS issues. Members of the public can address the NEMSAC at every meeting. Changes to the committee processes have resulted in greater opportunity for public review and comment on all NEMSAC initiatives. Minutes of the NEMSAC meetings, meeting agendas, and public drafts of advisories and other documents are available for review and feedback at https://www.ems.gov/nemsac.html The public has continuous access to past advisories, EMS news, announcements, and other materials and products of the Office of EMS at www.ems.gov.

IV. National EMS Advisory Council Membership

Appointment Dates: May 1, 2015 – May 1, 2017

Katrina Altenhofen, Washington, IA Volunteer EMS

Shawn Baird, Portland, OR
Private EMS

Sabina Braithwaite, MD, St. Louis, MO
Emergency Physicians, Vice Chair

Carol Cunningham, **MD**, Kirkland, OH
EMS Medical Directors

Steven Diaz, **MD,** Augusta, ME
Hospital Administration

Eric Emery, Rosebud, SD
Tribal EMS

Mary Fallat, MD, Louisville, KY
Trauma Surgeons

Val Gale, Gilbert, AZ
At-large Member

Brett Garrett, McCalla, AL
EMS Practitioners

Michael Hastings, Bonner Springs, KS Emergency Nurses

Douglas Hooten, Ft. Worth, TX
Local EMS Service Directors/Administrators

Sean Kaye, Chapel Hill, NC
EMS Data Managers

John LeBlanc, LA (retired)
State Highway Safety Directors

Nanfi Lubogo, Cromwell, CT
Consumers

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