

Meeting Minutes

**State of Minnesota
Emergency Medical Services Regulatory Board
Medical Direction Standing Advisory Committee
March 5, 2021, 9:00 a.m.
Microsoft Teams Meeting**

MDSAC members in attendance: Aaron Burnett, M.D. (Chair); Marc Conterato, M.D.; Jennifer Fischer, M.D.; John Hick, M.D.; Paula Fink Kocken, M.D.; Pat Lilja, M.D.; John Lyng, M.D.; John Pate, M.D.; Jonathan Schultz, M.D.; Kevin Sipprell, M.D.; Andrew Stevens, M.D.; Peter Tanghe, M.D.; Mari Thomas, M.D.; Mike Wilcox, M.D.

EMSBR Board members and staff in attendance: Kevin Miller, Acting Board Chair; Representative John Huot, ex-officio member, Tony Spector, Executive Director; Donna Odegaard, staff; Melody Nagy, staff; Dave Rogers, staff; Charles Soucheray, staff; Holly Jacobs, staff; Greg Schaefer, Assistant Attorney General.

1. Call to Order and Introductions – 9:00 a.m.

Dr. Burnett called the meeting to order at 9:00 a.m. He introduced himself and sought introductions from the other MDSAC members. Roll was called.

2. Public Comment – 9:02 a.m.

Dr. Burnett asked if there was any public comment. There was none.

3. Review and Approve Agenda – 9:10 a.m.

Dr. Burnett asked for a motion to approve the agenda.

Motion: Dr. Lyng moved to approve the agenda. Dr. Thomas seconded. Motion carried.

4. Review and Approve Minutes – 9:15 a.m.

Dr. Burnett asked for approval of the MDSAC meeting minutes from September 10, 2020.

That the minutes of the September 10, 2020 meeting be accepted as a true and correct record with the following amendment:

Page One: Under Attendance – add John Lyng, M.D.

Motion: Dr. Lyng moved to approve the minutes as amended. Dr. Sipprell seconded. Motion carried.

5. MDSAC Committee Chair Report – 9:20 a.m.

COVID – 19 Update

Dr. Burnett narrowed his update to the vaccination deployment.

Bailey's Law (HF 85/SF 153) – Next Steps

Dr. Burnett explained that Bailey's Law was passed last year. The law required the EMSRB to propose guidelines for EMS personnel to assist with the delivery of a patient's life-saving medication. Initially intended to address patients with adrenal deficiency, the law was broadened to include patients with other rare and life-threatening conditions.

A necessary component of Bailey's Law is that EMS personnel must receive training on how to administer an intermuscular injection. There was discussion regarding the creation of a training video on how to administer intramuscular injections to be incorporated by EMS medical directors as part of the training for their EMS personnel. There has been some concern that rural medical directors may not have the capacity to implement training on the administration of intermuscular injections. Dr. Burnett asked for comment.

Dr. Lyng would like to include in the education a reminder that parents and caregivers hold the primary responsibility to deliver intramuscular injections as contemplated by Bailey's Law. Dr. Lyng also commented on the concern of liability.

Dr. Pate said he is concerned with the actual mechanics of how the shot is going to be delivered, including proper dosing and the EMS personnel's comfort in doing so. Dr. Sipprell agreed with Dr. Pate, noting that there is already pharmacy law stating EMTs cannot draw anything that is not dose limited. He is concerned whether the statute would provide any civil immunity if an EMT would choose to not administer the patient's medication. Dr. Burnett said that civil immunity was not incorporated into the actual legislation.

Dr. Wilcox suggested that the Minnesota Ambulance Association may be able to assist with creating a training video. Dr. Wilcox and Dr. Lyng offered their assistance.

Dr. Lyng asked if the issue of EMTs not being allowed to draw from a multi-dose vial is a barrier. Dr. Burnett replied it may be best to focus on safe and effective implementation of the EMSRB guideline on patient-assisted medication. Dr. Tanghe mentioned the need for a Paramedic to check medication drawn up by an EMT.

Dr. Pate said he is against making mandatory the EMS training regarding Bailey's Law. Dr. Burnett said the law is not mandated and that patients with this condition are encouraged to self-identify with their local EMS agency. Mr. Spector noted that Bailey's Law required the EMSRB to create a guideline regarding EMTs and Paramedics and did not limit the guideline only to EMS personnel on an ambulance service.

Dr. Burnett asked for final comments. There were none.

EMS as Vaccinators

Dr. Burnett said that in response to the numerous requests for EMS personnel as vaccinators, the EMSRB approached the Minnesota Department of Health (MDH) and requested the Commissioner of Health authorize EMTs (and above) to be able to administer vaccinations in accordance with Minn.

Stat. §144.4197. Dr. Burnett said that as a medical director he felt it was appropriate for EMS personnel to administer vaccinations with appropriate safeguards. Dr. Burnett sought comment on the EMSRB's decision to seek authorization from MDH.

Dr. Pate responded seeking authorization was proper given the rapidly evolving situation with vaccine deployment. Dr. Wilcox expressed agreement with Dr. Pate and appreciated the quick response of the EMSRB Board and MDSAC. Dr. Burnett said they are trying to provide resources to assist medical directors such as links on the EMSRB website to reputable documents.

Minnesota Chest Pain/Acute Coronary Symptom Discussion

Dr. Burnett explained that MDH has a document on its website that identifies the MDH-developed protocol for EMS STEMI transport.

Dr. Burnett said the MDSAC has not approved or reviewed the MDH document. Dr. Lilja said he is concerned the MDH has the document on their website and specifically noted that MDH should not be sending out guidelines for pre-hospital care, as it may be confusing to providers and medical directors. Dr. Lilja asked for a motion. There was discussion emphasizing the potential for confusion when multiple State agencies are publishing guidance, and that the MDSAC is the subject matter expert in EMS and final recommendations should come from the EMSRB. Mr. Spector asked what the MDSAC was expecting as the next step so the EMSRB could properly communicate messaging from MDSAC. Dr. Burnett said he will work with Mr. Spector to craft language for endorsement to be communicated to MDH. Dr. Tanghe and Dr. Lyng also offered their assistance.

Motion: Dr. Lilja moved the MDSAC recommends that any changes to pre-hospital medical practice advocated by the MDH should be in consultation with the EMSRB and the MDSAC. Dr. Pate seconded. Motion Carried.

6. Minnesota NAEMSP Chapter Report – 10:00 a.m. – Dr. Nick Simpson

Dr. Simpson said that NAEMSP is monitoring legislation. He asked Representative Huot to keep NAEMSP informed about EMS legislation and is seeking an opportunity for NAEMSP to be an advocate at the legislative level.

Dr. Burnett asked Representative John Huot for an update on his task force bill.

Representative John Huot

Representative Huot said that the State Representative who authored Bailey's Law intended that the syringes be pre-loaded. He suggested that the MDSAC should decide whether they want pre-loaded syringes or vials, but he needs the legislative fix in order to get it through this year. He said the task force bill is frozen and that the legislators have dropped the ball on the EMSRB. He said he wants the MDSAC to start discussions about mental health. He said there are multiple lobbying groups that are coming forward that basically want to develop a fourth tier of response and take EMS out of it and have their own response. He wants the EMSRB to be at the table. He is looking at the physicians in the MDSAC as a tool as to how they want to proceed in that arena. He asked if there were questions.

Dr. Sipprell said EMS needs to be at the table with regards to legislation, and that there is a problem with bills being introduced without any notice from the legislators who are introducing these bills. Dr. Sipprell said that the MDSAC physicians are not made aware of relevant bills impacting EMS and asked that legislators contact MDSAC when EMS bills are contemplated or introduced.

Representative Huot replied that legislators don't work like that, and that they will not go to the physicians. He directed Dr. Sipprell to the State legislative website where there is a place that has all ambulance laws. Dr. Hick replied that there needs to be a notification to the EMSRB or the MDSAC, so they are aware of EMS bills being introduced because the physicians simply do not have the capacity to monitor legislation with any degree of acuity. Representative Huot said the EMSRB is flagged on every EMS law there is. [Note: Subsequent to the MDSAC meeting, the EMSRB verified with the Revisor's Office that there is no such flagging mechanism as suggested by Representative Huot].

Dr. Simpson asked Representative Huot to speak on HF/1686 regarding 9-1-1, the mental health team, and the bill's implications if passed into law. Representative Huot said the bill is not on the agenda to be heard before the deadline.

7. Executive Director Report – 10:20 a.m.

For his agency report, Mr. Spector said the EMSRB was in the midst of the renewal cycle for EMTs and paramedics whose certifications expire on March 31, 2021. He asked EMSRB staff for an update. Charlie Soucheray spoke about National Registry changes for the upcoming renewal cycle.

For his legislative update, Mr. Spector said that only one bill was authored or advanced by the EMSRB. He said that he does routinely follow legislation. In previous legislative sessions, he received phone calls from the legislative aides of representatives and senators seeking input regarding an EMS bill. Mr. Spector said it is challenging to monitor or provide input on a bill when the EMSRB is not communicated with. He said when he is made aware of a bill, he has discussions with the board chair and vice-chair, and if the bill relates to patient care, he communicates with Dr. Burnett. He said his authority to testify on a bill comes from the Board. He underscored the challenges when entities or organizations move EMS legislation forward without consulting the EMSRB. He said the EMSRB does its best to monitor legislation.

Dr. Sipprell asked Mr. Spector to clarify Mr. Huot's statement that the EMSRB is flagged on every piece of legislation that is submitted.

Mr. Spector said he was unaware of the EMSRB ever being flagged, and as far he knows, there is no flagging system. He said he does look for bills using keywords and then adds it to what is called "My Bills" where if there is any activity on that bill, he will receive notice.

Dr. Sipprell suggested that the EMSRB clarify with Representative Huot that what he said is simply not true. If legislators think that that the EMSRB is being flagged when in fact it is not occurring, this is a problem because there is no meaningful consultation before bills get submitted. At the Hennepin EMS Council, the EMS physicians have discussed this lack of consultation and notification by legislators. Dr. Sipprell described it as a "[h]uge, huge problem because this stuff is getting slipped

through without us knowing about it. And that is a huge mistake and something that has to be addressed.”

Mr. Spector asked if there were any questions regarding matters of legislation. There were none.

Mr. Spector asked EMSRB Data Manager & Analyst David Rogers for an update.

Mr. Rogers has been tracking statewide response trends related to COVID, which are now posted on the EMSRB website. Dr. Burnett underscored the importance of having a data manager onboard at the EMSRB, thus allowing the EMSRB to post data collected and engage in statewide surveillance for an accurate snapshot as to statewide activity. Mr. Rogers said he had also implemented the EMSRB data request portal available on the EMSRB website and gave an on-screen demonstration of the portal. He mentioned that in 2020, the EMSRB received 76 data requests via the portal.

Dr. Lilja asked if anyone can request a patient care report. Mr. Rogers responded that they cannot because patient care records are classified as private data under the Minnesota Government Data Practices Act.

Dr. Burnett remarked how important it is for the EMSRB to serve the citizens of Minnesota by having a data manager & analyst.

Mr. Rogers also discussed a new web-based software solution, Hospital Hub, that will allow hospitals direct access to MNSTAR reports for all patients arriving at their specific hospital. The software also allows for bi-directional reporting.

Mr. Rogers asked if there were any questions. There were none.

Dr. Burnett added that he would ask the committee members to utilize this data management for the committee. In anticipation of the next MDSAC meeting, he asked them to start thinking about what sort of data elements they would like to look at throughout the state in order to help them inform the EMSRB in terms of their priorities. He would anticipate, they, as the MDSAC, set some sort of goal for a year, whether it be a clinical topic or a medication use like Narcan. For that next calendar year, utilize the data they have to help get a realistic picture of what's happening statewide and then use that information to help the EMSRB prioritize their activities for that calendar year. He asked that this be discussed at the next meeting.

8. New Business – 10:55 a.m.

Dr. Burnett asked for new business. There was none.

9. Adjourn – 11:03

Motion: Dr. Wilcox moved to adjourn. Dr. Sipprell seconded. Motion carried.

Meeting adjourned 11:03 a.m.

Reviewed and Approved By:

/s/ Aaron Burnett M.D.
Dr. Burnett MDSAC Chair

4/12/2021
Date