



Oregon

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Oregon Medical Board

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**EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE
MEETING AGENDA
BOARD OFFICE**

May 16, 2014
9 A.M.

Committee Members:

Doug Kelly, Paramedic, Chair
Kara Kohfield, Paramedic
Terri Schmidt, MD
Chris Poulsen, DO
Wayne Endersby, EMT-I

Staff:

Joseph Thaler, MD, Medical Director
Kimberly Fisher, JD, Interim Rules Coordinator
Netia N. Miles, Licensing Manager
Shayne J. Nylund, Committee Coordinator

Absent by Prior Notification

Susan Katz, Public Member

PUBLIC SESSION

1	Call Meeting to Order – Introductions/Attendance	Kelly
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The Meeting was called to order at 9:03 a.m.

Members of the public introduced themselves:

David Lehrfeld, *Oregon EMS Trauma Systems*
Justin Hardwick, *Oregon Health Authority*
Aaron Monning, *Rural Metro Ambulance*
Rebecca Long, *Oregon Health Authority*
Gary Heigel, *Rogue Community College*
Gregg Lander, *EMS Consortium*
Dave Schappe, *NCTI-CES*
Mike Christie, *ATREL*
Andy Lucas, *Portland Community College*
James Lucas, *Hoodland Fire Department*
Dave Lapof, *Mid Columbia Fire and Rescue*
Jay Wood, *Mid Columbia Fire and Rescue*

Attendees arriving after introductions include:

Jonathan Chin, *Washington County Emergency Medical Services*

Mark Stevens, *EMS Section Oregon Fire Chiefs Association*

2	Meeting Minutes – Review of Board Accepted Minutes from February 21, 2014	Kelly
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COMMITTEE RECOMMENDATION: Dr. Schmidt moved to approve the February 21, 2014 minutes as written. Dr. Poulsen seconded the motion. The motion unanimously passed.

OREGON ADMINISTRATIVE RULES (OAR)

The Committee stated there is an anticipated fiscal impact in the training and materials associated with the proposed changes to OAR 847-035-0030, specifically with the peripheral arterial blood provision for Paramedics.

3	OAR 847-035-0030: Scope of Practice	FIRST REVIEW	Kohfield
Proposed rule amendment expands the Emergency Medical Responder to prepare and administer naloxone via intranasal device or auto-injector for suspected opioid overdose, clarifies that Advanced EMTs may obtain only peripheral venous blood specimens; and expands the Paramedic scope of practice to allow them to obtain peripheral arterial blood specimens.			

Ms. Kohfield reviewed the proposed changes to OAR 847-035-0030 before the Committee. Gregg Lander inquired about fiscal impact resulting from changes to the rule as he felt there would be cost involved in training students, specifically with the arterial blood draw. Mr. Kelly affirmed that there would be an impact within the paramedic scope if schools or agencies chose to train and purchase peripheral arterial blood specimen equipment and further stated that there could be a fiscal impact if agencies paid for Emergency Medical Responders to attend public health trainings for Naloxone administration or purchased Naloxone to train and carry on their apparatus

COMMITTEE RECOMMENDATION: Dr. Schmidt moved to forward first review of OAR 847-035-0030 as written. Mr. Endersby seconded the motion. The motion unanimously passed. Forward to the Full Board for review.

DISCUSSION ITEMS

4	Placement of Urinary Catheters	Poulsen
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Dr. Poulsen clarified the Board’s concerns of the potential risk of trauma and infection regarding catheter placement in patients. He noted that while the procedure could be beneficial in certain situations, most health care environments are trying to decrease use of the procedure. The Board asked that the Committee incorporate language in the rule that will allow the receiving physician to give approval to the paramedic before applying this procedure.

COMMITTEE RECOMMENDATION: The Committee recommended tabling the discussion of urinary catheter placement until the next meeting for additional deliberation.

5	Revisiting Use of Xopenex as an Alternative to Albuterol	Schmidt
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The Committee received an inquiry as to why an Emergency Medical Services (EMS) provider cannot administer Levalbuterol (Xopenex) as an alternative Albuterol if they are clinically the same drug. The Committee pointed out albuterol is composed of equal parts of a racemic mixture of R- and S-enantiomers (stereoisomers that are mirror images of each other) and Levalbuterol is composed of only the active R-enantiomer. The R-enantiomer is the pharmacologically active enantiomer and the S-enantiomer has little or no bronchodilating activity. As a result, they would like the full Board to weigh-in on the discussion and will present the following question:

Is Levalbuterol (Xopenex) clinically the same as Albuterol and if so, can an EMS provider, who is able to administer Albuterol within their scope of practice, administer Levalbuterol (Xopenex) as an alternative?

As a point of clarification, Dr. Poulsen asked the educators if adding the administration of Xopenex to the training would increase education costs. Mr. Lander responded that education costs should not increase if Xopenex administration were to be included.

COMMITTEE RECOMMENDATION: The Committee recommended forwarding the topic to the full Board regarding the use of Xopenex as alternative to Albuterol for discussion

6	State Emergency Medical Service Committee	Poulsen
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The Committee reviewed correspondence from Stella Rausch-Scott, EMT Committee Coordinator for the Oregon Health Authority. Ms. Rausch-Scott stated that the Oregon Health Authority (OHA) needs to elect one Oregon licensed physician who practices emergency medicine and is requesting a list of the physicians from the Oregon Medical Board.

COMMITTEE RECOMMENDATION: The Committee recommended forwarding the inquiry to the full Board for review.

7	Presentation by David Lehrfeld, MD, Oregon Health Authority, Emergency Medical Services and Trauma Systems	Endersby
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Dr. Lehrfeld provided a presentation regarding the Emergency Medical Services Education and Scope of Practice. He provided results of a working group meeting from the Oregon Health Authority (OHA) which was held on April 16, 2014. He stated the objective of the presentation was to show how their scope of practice (SOP) rules affected the provider education system in Oregon. Dr. Lehrfeld read verbatim from the working group's write-up, which was distributed via handout to the Committee and members of the public. He stated

OHA sets the minimum education standard for providers and is currently aligning with the national standard. He pointed out the Oregon Medical Board (OMB) sets the maximum SOP for providers in Oregon, but does not address educational standards. As a result, it was felt that the SOP is increasing faster than the school's ability to update their curriculum, which increases the cost of education.

The work group addressed concerns about communications with the Board's EMS Committee, the delayed timing for posting agendas and minutes, and their wish to have a scope of practice change form available in advance of the EMS Committee meeting.

Doug Kelly, chair, stated that each meeting presented is available to the public and that feedback and participation are welcome. The Committee is open to working with the OHA to improve communications. While the internal procedure regarding posting of Committee minutes was clarified to reflect that they cannot be posted until after Board approval, the Committee stated that it would explore options concerning what could be done to provide information and materials about the meeting in advance.

COMMITTEE RECOMMENDATION: The Committee recommended allowing time to review the document provided by the Oregon Health Authority and continuing the discussion at the next meeting in August. In the interim, the Committee will explore additional communication options with the Executive Director.

8	Public Comments	Kelly
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No public comments were made during this portion of the meeting.

9	Confirm Next Meeting Date – August 22, 2014, 9:00 A.M.	Kelly
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By consent, the Committee approved the next meeting date as August 22, 2014.

ADJOURN at 10:53 a.m.