U.S. Department of Transportation
National Highway Traffic Safety Administration
ems.gov

NHTSA
1200 New Jersey Avenue SE.
Washington, DC 20590

Date: September 1, 2018

From: Jon R. Krohmer, M.D., FACEP
Director, Office of Emergency Medical Services

RE: Rapid Process for Emergent Changes to the National EMS Scope of Practice Model

The first *National EMS Scope of Practice Model* ("Model") was published in 2007 by the National Highway Traffic Safety Administration. The Model was developed by the National Association of State EMS Officials (NASEMSO) with funding provided by NHTSA and the Health Resources and Services Administration (HRSA). It has provided guidance for States in developing their EMS scope of practice legislation, rules, and regulations. While the Model provides national guidance, each State maintains the authority to regulate EMS within its border, and determine the scope of practice of State-licensed EMS practitioners.

Recognizing that the Model may impact a State's ability to urgently update its scope of practice rules, the National EMS Advisory Council (NEMSAC) recommended in 2016 that NHTSA develop a standardized urgent update process for the Model. Earlier this year, a group of experts, convened by NASEMSO, developed that process and used it to update the Model in regards to naloxone use and hemorrhage control. Through that effort, the process was refined and finalized, and I am pleased to share it with the EMS community.

NASEMSO and its partners have also been working diligently to revise the entire National EMS Scope of Practice Model. This newly developed process will be used to keep that Model up-to-date. Prehospital medicine, along with the rest of healthcare, is evolving at a more rapid pace than ever before, thanks to data-driven research and innovation; the speed of those developments will only increase. Drafts of EMS Agenda 2050 have called for our profession to be more "adaptable and innovative," and the process presented here is a step toward making that a reality.

Please feel free to contact me should you have any questions.

Rapid Process for Emergent Changes to the National EMS Scope of Practice Model

Purpose: The purpose of this document is to provide a process for rapidly developing a change notice for the National EMS Scope of Practice Model (Model) during an emergency.

The Model was first published in 2007 by the National Highway Traffic Safety Administration (NHTSA). While the Model provides national guidance, each State maintains the authority to regulate emergency medical services (EMS) within its border and determine the scope of practice of State-licensed EMS practitioners. A crisis, such as a public health emergency or disaster, may create the need to rapidly change the scope of practice of EMS personnel. In 2016, the National EMS Advisory Council (NEMSAC) recommended that NHTSA develop an emergent update process for the Model.

This document provides general recommendations and procedures applicable to emergent changes (change notices) that need to occur to the Model between regular revision cycles in order to sustain and strengthen national preparedness. (Examples may include but are not limited to the opioid overdose epidemic, emerging infectious diseases such as pandemic influenza, naturally occurring and man-made disaster situations under conditions of scarce resources, etc.) Such guidance is needed to ensure that:

- Modifications to existing EMS protocols or access to new technology/skills and/or knowledge (from here forward referred to as "*EMS interventions*") are deemed medically appropriate and medically necessary to prevent, diagnose, mitigate, or treat serious or life-threatening diseases and conditions;

- EMS interventions needed are applicable at the national level and reflect an entry-level capability;

- To the extent possible, current evidence and an evaluation of the risks/benefits that the EMS intervention is beneficial to public health and/or will improve patient outcomes is reflected;

- Safe and effective care is provided to EMS patients between regularly established revision cycles; and

- Dissemination of approved changes is achieved through broad EMS community consensus and outreach.

Requesting emergent changes to the Model: When an emergent change to the Model is necessary to serve a public health, health/medical security, or health/medical preparedness purpose at the **national level**, the requested EMS intervention will be submitted **by a state or federal official** to the NHTSA Office of EMS (OEMS) with supporting evidence and documentation for review. OEMS will review requests to issue an emergent change based on a variety of factors.

The criteria include:

- The seriousness and incidence of the clinical disease or condition;

- The magnitude, urgency, and public health need for an EMS intervention and, when known, the risks, safety, and effectiveness of the proposed intervention;

- Availability and adequacy of the information concerning the likelihood that an EMS intervention may be safe and effective in preventing, treating, or diagnosing the condition;

- Significant known and potential benefits and risks associated with the intervention and of the extent to which such benefits and risks are unknown;

- The extent to which the EMS intervention would serve a significant unmet medical need, including in:

    A subpopulation (e.g., pregnant women, infants, and children, and immunocompromised persons)

    The level of practitioner that should be considered to implement the intervention (e.g. EMR, EMT, AEMT, and/or paramedic);

- The potential role that the use of the EMS intervention may have in ensuring national health and security;

- Whether the request is from (or supported by) a government stakeholder (e.g., the proposed change will be appropriately coordinated with, augment, and not interfere with official government stakeholder response efforts);

- Whether the intervention involves a medical device or medication to support the intervention and the availability of the product, (e.g., the quantity and manufacturing capacity); and,

- Any other information deemed necessary by OEMS.

OEMS should seek stakeholder input prior to implementing an emergent change to the Model. It will not be appropriate to issue an emergent change for, or in anticipation of, every emergency scenario.

Process for Emergent Changes to the Model: While the Model is a national consensus document guided by data and expert opinion that reflects the skills representing the minimum competencies of the levels of EMS personnel, it is implemented and supervised by the authority of the states and its medical directors. The following suggested timeline is provided when critical/time sensitive decisions are needed between Model revision cycles:

Day 1	OEMS receives and reviews a request for an emergent change to the Model for appropriateness to help protect the public health and security of the Nation.
Day 1+	A Subject Matter Expert Panel (Panel) will be recruited by OEMS and tasked to concurrently review the request and the supporting epidemiological evidence.
Within 14 days	The Panel will convene via teleconference to discuss the request and any findings
By 21 days	The Panel will draft an **interim** recommendation to: 1.) Accept adoption; 2.) Decline adoption (with rationale); or, 3.) Request more information. Any recommendation to proceed shall include an indication of each EMS provider level affected by the proposed revision. If the findings of the Panel are inconclusive, OEMS may collaborate with the members of the Federal Interagency Committee on Emergency Medical Services (FICEMS), National EMS Advisory Council (NEMSAC) or others to help resolve any concerns or issues.
Day 30	OEMS completes review of the interim recommendation(s) and determines whether to adopt as an addendum to the Model.
Day 30+	OEMS will disseminate approved recommendation(s) to the States.

State Requirements Related to the Implementation of Changes to the Model: States will determine cognitive and psychomotor objectives and credentialing requirements for its licensees when disseminating changes to the Model.