

FINAL Report of Preliminary Findings and Recommendations

By the
Technical Committee for the
Review of the Application on
Rural Emergency Medical Services
Nebraska Department of Health

To the
Nebraska Board of Health
Director of health
and the
Nebraska Legislature

November 5, 1990



The members appointed by Gregg F. Wright, M.D., M.Ed.,
Director of Health, to serve on the Rural EMS Technical Review
Committee are as follows:

Edward J. Schlachter, R.P., Chairperson (Hastings)

Mike Dodge, Vice President, Eastern Ambulance (Lincoln)

Glen Krueger, Administrator, Nemaha County Hospital (Auburn)

Randy Meininger, President, Valley Ambulance Services
(Scottsbluff)

Margaret Moravec, M.D. (Lincoln)

Bob Olson, Insurance Agent, State Farm Insurance
(Papillion)

Rev. Georg Williams (Ainsworth)

INTRODUCTION

The Nebraska Credentialing Review Program, established by the Nebraska Regulation of Health Professions Act (LB 407) in 1985, is a review process advisory to the Legislature which is designed to assess the necessity of the state regulation of health professions in order to protect the public health, safety, and welfare.

The law directs those health occupations seeking credentialing or a change in scope of practice to submit an application for review to the Director of Health. At that time, an appropriate technical committee is formed to review the application and make recommendations after a public hearing is held. The recommendations are to be made on whether the health occupation should be credentialed according to the four criteria contained within Section 71-6221 Nebraska Revised Statutes; and if credentialing is necessary, at what level. The relevant materials and recommendations adopted by the technical committee are then sent to the Board of Health and the Director of Health for the review and recommendations. All recommendations are then forwarded to the Legislature.

SUMMARY OF COMMITTEE CONCLUSIONS AND RECOMMENDATIONS

The technical committee members recommended approval of an amended version of the proposal. The proposal was amended as follows:

- 1) The EMT-RN service category was deleted from the proposal.
- 2) The provision which allowed EMT-As with endorsements to start, maintain, and discontinue IVs was deleted.
- 3) The provisions on IV management were reworded such that IV management by EMT-As with special endorsements shall include any maintenance solution except that there shall be no added electrolytes or dextrose greater than five percent by volume. No other medications shall be permitted.

The committee members also recommended that the Board of Advanced Emergency Care and the board of Ambulance Advisors be merged. The committee members also recommended that the legislature study the availability of medical directors in rural areas in order to generate information as to whether or not there are enough medical directors to adequately supervise EMS services in remote rural areas of Nebraska. The committee members also passed a motion stating that it is not the intention of the committee to recommend the grandfathering of unqualified personnel.

SUMMARY OF THE APPLICANTS' PROPOSAL

The Original Proposal

The applicant group comprising the Rural EMS Task Force originally proposed in its application to create a special category of EMT-A with special skills in the administration of IVs and the insertion of various airway adjuncts. These special skills would be made available to all EMT-As who wish to develop them via two educational modules, one on airway management, and the other on IVs.

The original proposal would have allowed those EMT-As with the special training to select, place, manage, and remove such airway adjuncts as approved by the medical director, except for the use of a laryngoscope.

The original proposal would have allowed those EMT-As with the special training to start, maintain, and discontinue IVs according to symptom-based protocols provided by a medical director, with the exception that IV medications be excluded.

The original proposal sought to create, by rule and regulation, an opportunity for LPNs to take a thirty-hour bridge course and then an opportunity to challenge the EMT-A certification test. Their scope would then be the same as for the EMT-A with the above-mentioned special endorsements.

The original proposal sought to create a special category of EMT-A for the ACLS certified registered nurse, namely, the EMT-RN. Under this provision, an ACLS certified RN with the consent

of a medical director may perform airway management and administer IVs without further licensure.

The original proposal called for altering the EMT-A training curriculum so as to insert two hours of instruction on the management of IVs, which would include instruction on assessment and monitoring skills. This would be in addition to the minimum of eighty-one hours of training normally provided to EMT-As.

The committee members with the approval of the applicant group made the following amendments to the proposal, by consensus:

- 1) Section 3.4 under question three on pages three and four of the application pertinent to the creation of a special endorsement for ACLS certified registered nurses entitled EMT-RN was deleted from the proposal.
- 2) The paragraph in Section 3.2 under question three on pages two and three of the application pertinent to the management of IVs was deleted from the proposal.
- 3) The wording of Section 3.1 under question three on page two was amended so as to state that IV management by EMT-As shall include any maintenance solution except that there shall be no added electrolytes or dextrose greater than five percent by volume. No other medications shall be permitted.

Issues Raised by the Proposal

1. Is there harm Inherent in the Current Practice Situation of EMS services in rural Nebraska?

Applicant Group Comments

The applicant group stated that rural areas of Nebraska are under-served by advanced life support systems that are available to the urban areas of the state. The applicants stated that the nearly one million residents of small towns and villages of Nebraska do not currently have timely access to the services of personnel who can provide such advanced life support techniques as airway management and the administration of IVs. The applicants stated that the absence of timely access to these services in rural areas means that those persons who live in rural areas who need these services are more likely to die than are those who live in urban areas and have access to such services. (The Applicants' Proposal, pp. 4 and 5.)

The applicants stated that it is almost impossible to get trauma victims to a hospital in less than the nationally recommended one hour in rural areas of Nebraska. The applicants stated that there is a need to have someone on the scene to place IVs in the veins of victims to prevent collapse of the veins prior to arrival at the hospital. The applicants also stated that there is a need to have someone on the scene who can apply airway management to keep victims from expiring en route to the hospital.

The applicants stated that most rural areas that have EMS services are served by volunteer EMT-As or first responder units that are often more than seventy miles from emergency or transport scenes. These personnel are not sufficiently trained to perform such advanced life support procedures as airway management and IV administration.

Under current law, EMT-Is and paramedics can provide these advanced life support procedures, but according to the applicants, their services are unavailable to most of rural Nebraska. The applicants stated that EMT-Is are available in Scottsbluff, Sidney, North Platte, Norfolk, York, and McCook, and that paramedics are available in Omaha, Lincoln, Grand Island, Kearney, Hastings, and Beatrice.

The applicants stated that most rural communities cannot afford the services of either EMT-Is or paramedics, and that it would be too expensive for the state to pay for advanced life support for remote rural areas. The applicants also stated that the issue of skill retention poses a significant problem in sparsely populated areas.

The applicants argued that the current proposal is needed because of the lack of advanced life support services in remote rural areas of Nebraska. (The Applicants' Proposal pp. 4 and 5.)

Comments by Other Testifiers

None of the other persons who presented testimony on the proposal challenged the applicant group's arguments that EMS services in rural areas of Nebraska need to be improved vis-a-vis

the provision of advanced life support services. Those who testified on behalf of the Nebraska Nursing Association, the Bureau of Examining Boards, rural hospitals, and rural ambulance services all testified that there was a need to make advanced life support services more accessible to people in remote rural areas of Nebraska.

2. Is there harm inherent in the Applicants' proposal for a change in scope of practice?

Comments by Interested Parties

One testifier stated that EMT-As lack the assessment skills to safely provide IV management or administer airways, and that nothing in the current proposal would give them the necessary assessment skills. This testifier stated that the proposal would address only skills training in advanced life support, not assessment training. This testifier stated that assessment skills are essential for any EMT-A who would provide these services even though strict medical protocols might be established. Without assessment skills, an EMT-A will not be able to determine which protocol is applicable to a given emergency situation. This testifier expressed concerns about whether or not the additional training for EMT-As provided in the proposal would adequately prepare EMT-As to deal with the ramifications of fluid overload and consequent pulmonary edema. This testifier stated that IV procedures can very quickly result in overhydrating a patient, and that only personnel with good assessment skills are able to prevent this from happening. (The

Transcript of the Public Hearing, pp. 53-55.)

During the discussions among the members of the technical review committee, concerns were expressed about the absence of a formal mechanism for the maintenance of competency for the new EMT-A service group in the proposal. Some committee members stated that there is need for some type of continuing education for this new EMS group. These committee members were concerned that without some type of continuing education, the advanced life support skills of these EMT-As would decline over time. (Minutes of the Second Meeting of the Technical Committee, August 16, 1990.)

Comments by the Applicants

The applicants responded to these comments by stating that rural communities in Nebraska cannot afford EMS personnel with advanced assessment skills. The applicants stated that the current proposal provides an affordable improvement of the current situation of EMS services in rural Nebraska. The applicants stated that the proposal would give patients a greater chance of survival than in the current situation. Using IVs as an example, one testifier stated that the proposal would make the difference of having twenty minutes in which fluid is going into a patient, and having nothing going into a patient. Whatever the risks inherent in the administration of fluids by EMT-As, it is far better that such a procedure be done than not to have it done at all.

This testifier stated that the proposal does not encompass

intubation procedures, but limits itself to PTL tubes and other airways. This provides the patient with greater access to airway management than currently exists in rural Nebraska, and offers patients in these areas a greater chance of survival than in the current situation. (Transcript of the Public Hearing, pp. 60-63.)

Regarding the issue of continuing education the applicants stated that it would be better to have a proposal for EMT-As with advanced life support but without continuing education than it would be not to have this proposal at all. The applicants were concerned that including a continuing education requirement might discourage volunteerism in rural areas. (Minutes of the Second Meeting of the Technical Committee, August 16, 1990.)

3. What Would be the Impact of the Proposal on Nursing?
Comments by Interested Parties

A spokesperson for the Board of Nursing stated that the Board of Nursing supports the idea of developing by rule and regulation the ability for a licensed practical nurse to take the thirty-hour bridge course and the challenge the EMT-A exam. The Board of Nursing felt that this aspect of the proposal would build upon the education of LPNs and provide assurance of competency in emergency pre-hospital care. (Transcript of the Public Hearing, p. 70.)

The Board of Nursing stated that the EMT-RN category described in the proposal is not necessary to ensure the competence of RNs in the areas of emergency medical services of

concern in the proposal. The Board of Nursing stated that those RNs with EMT-A certification and with ACLS certification would meet and exceed the training requirements described in the proposal for the new category of EMT-A. The Board of Nursing stated that RNs with these qualifications should therefore be allowed to provide the services described in the proposal without additional licensure or certification. (Memorandum to the Technical Committee from Sheila Exstrom, R.N., M.A., on behalf of the Nebraska Board of Nursing.)

Some technical committee members expressed disagreement with these comments by the Board of Nursing. One technical committee member stated that RNs are not sufficiently trained in airway management to be exempted for the terms of the proposal. This committee member stated that even ACLS-certified RNs have not received sufficient training in the use of PTL tubes to use them competently. However, the technical committee members concluded that medical directors would not allow RNs under their supervision to use PTLs or do airway management unless they were sure that the RNs in question were qualified to provide such services.

As a result of this discussion, the technical committee members decided with the approval of the applicant group to delete those portions of the proposal that would have created the EMT-RN service category. (Minutes of the Fourth Meeting of the Technical Review Committee, October 16, 1990.)

4. What would be the impact of the proposal on other EMS services in Nebraska?

Comments by Interest Parties

Some members of the technical review committee expressed the concern that the proposal could have an adverse impact on other EMS services provided in Nebraska. One committee member was concerned that the proposal by giving EMT-As some of the functions of EMT-Is might encourage communities that currently use EMT-I services to eliminate these services and instead employ the services of EMT-As with the special endorsements described in the proposal in order to lower their costs. This committee member was concerned that this could result in a significant decline in the quality of EMS services provided in such communities. (Minutes of the Second Meeting of the Technical Committee, August 16, 1990.)

Some committee members expressed concerns about the impact of the proposal on current EMT-As who lack the special endorsements and on new EMT-As. One committee member stated that the proposal might result in an inadvertent change in the scope of what all EMT-As do because it seemed to him that new EMT-As would be required to get the additional endorsements. Another committee member stated that if all or most EMT-As eventually acquire the special endorsements, there would be no reason to continue the traditional EMT-A service category.

Comments by the Applicants

The applicants responded to these concerns by stating that

the special endorsements would not be mandatory, and that the traditional EMT-A category will remain a viable EMS service category. The applicants also stated that it would not be desirable to get rid of the EMT-A service category because then it might be necessary to have medical directors for every EMS unit which would be too costly for many rural communities. According to the applicants, medical directors are often required for units that employ personnel above the level of EMT-A.

(Minutes of the Second Meeting of the Technical Committee.)

5. Would the Proposal be Cost-Effective?

Comments by the Applicants

The applicants felt that the proposal was the only means of providing rural communities with greater access to advanced emergency medical services. The applicants stated that ideally, it would be best to have EMT-Is or paramedics available to all communities in Nebraska. These people would be best equipped to cope with emergency situations. However, most rural communities cannot afford these services, but those who already possess EMT-A services would be able to afford the current proposal to upgrade EMT-A qualifications in the area and advanced emergency medical care.

Comments by Interested Parties

Some technical committee members expressed concerns about the effectiveness of the proposal in dealing with the problems of rural communities in the area of emergency medical services. Some committee members stated that there is a need for EMT-As to

restart IVs, not just monitor them, and that without this dimension, the proposal would not significantly improve the situation in rural communities vis-a-vis IV administration.

Other committee members responded to this concern by stating that the additional training for EMT-As provided for in the proposal would not be sufficient to prepare EMT-As to restart IVs safely and effectively.

Another committee member expressed the concern that limiting the EMT-As with special endorsements to simple airway maintenance would not be sufficient in most situations to keep patients alive. This committee member felt that intubation was the only effective means of saving lives in emergency situations.

The applicants responded to this concern by stating that the current proposal excluded intubation in order to minimize risks to public safety. The applicants did not feel that the current proposal could provide sufficient training for EMT-As to do intubation safely and effectively. (Minutes of the Second Meeting, August 16, 1990.)

COMMITTEE CONCLUSIONS AND RECOMMENDATIONS

At their fourth meeting the committee members met to formulate their recommendations on the proposal by voting on the four criteria that pertain to the proposal. At this meeting the committee members with the approval of the applicant group amended the proposal as follows:

- 1) Section 3.4 under question three on pages three and four of the application pertinent to the creation of a special endorsement for ACLS certified registered nurses entitled EMT-RN was deleted from the proposal.

A majority of the committee members agreed that his special service category was not necessary because according to a document from the Board of Nursing, RNs already possess the prerequisite competencies to perform all of the advanced life support procedures described in the proposal. (Memorandum from Sheila Exstrom, R.N., M.A., to the technical committee; and the Minutes of the Fourth Meeting, October 16, 1990.)

One committee member expressed the concern that registered nurses lack sufficient training in the use of such devices as PTL tubes to be exempted from the terms of the proposal. This committee member stated that the ACLS course taken by RNs does not provide adequate training in airway management to enable RNs to safely and effectively provide the services described

in the proposal.

A consensus emerged among the committee members that medical directors would exercise their supervisory authority in such a way as to provide assurance that only those RNs who were competent in airway management would actually use PTL tubes in emergency situations, and that in this way the public health and welfare would be protected. (Minutes of the Fourth Meeting of the technical committee, October 16, 1990.)

- 2) The paragraph in Section 3.2 under question three on pages two and three of the application pertinent to the management of IVs was eliminated from the proposal by the committee with the approval of the applicant group.

The committee members were concerned that EMT-As do not have the assessment skills that they need to restart or remove IVs. There was concern that approving this part of the proposal would lower the quality of care.

- 3) The wording of Section 3.1 under question three on page two was amended so as to state that IV management by EMT-As shall include any maintenance solution except that there shall be no added electrolytes or dextrose greater than five percent by volume. No other medications shall be permitted.

The committee members were in agreement that EMT-As do not possess the assessment skills necessary to

manage IV medications.

After making these amendments to the proposal, the committee members voted on the four statutory criteria pertinent to the proposal. The first criterion states: "Unregulated practice can clearly harm or endanger to the health, safety, or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument." There was a consensus among the members of the committee that there is harm to the public inherent in the current situation regarding access to advanced life support services in rural communities. The committee members agreed that the proposal as amended satisfies the first criterion.

The second criterion states: "Regulation of the profession does not impose significant new economic hardship on the public, significantly diminish the supply of qualified practitioners, or otherwise create barriers to service that are not consistent with the public welfare and interest." There was a consensus among the committee members that the proposal would not create barriers to service. The committee members agreed that the proposal as amended satisfies the second criterion.

The third criterion states: "The public needs, and can reasonably be expected to benefit from, assurance of initial and continuing professional ability by the state." There was a consensus among the committee members that the public would benefit from this proposal because it would provide access to advanced life support services on the part of isolated rural

communities. The committee members agreed that the proposal as amended satisfies the third criterion.

The fourth criterion states: "The public cannot be effectively protected by other means in a more cost-effective manner." There was a consensus among the members of the committee that there is no other alternative to the proposal that can address the problems identified in the application as effectively as the proposal. By these actions the committee members agreed to recommend approval of the proposal as amended.

The committee members then considered other recommendations that pertained to the subject of emergency medical services. The committee members approved a motion that called for the Board of Advanced Emergency Care and the Board of Ambulance Advisors to be merged in order to improve the administration of EMS in Nebraska.

The committee members then approved a motion to the effect that it is not the intention of the committee that untrained people be grandfathered into the new EMT-A service category created by the proposal in question.

The committee members then approved a motion that requested that the legislature study the impact of the involvement of medical directors on patient care in the provision of pre-hospital medical services in Nebraska. The committee members were concerned that more information is needed as to the number of medical directors that are needed in order to adequately supervise the EMS services in rural areas of the state.

OVERVIEW OF COMMITTEE PROCEEDINGS

The Rural EMS Technical Committee members first convened on August 3, 1990 in Lincoln at the Nebraska State Office Building for their first meeting. Staff described the role, duties, and responsibilities of the committee under the credentialing process. Other areas touched upon were the charge to the committee, the four criteria for credentialing contained within Section 21 of the Credentialing Review Statute, and potential problems that the committee might confront while proceeding through the review.

The second meeting of the committee was held on August 16, 1990 in Lincoln in the State Office Building. After study of the proposal and relevant material compiled by the staff and submitted by interested parties between the meetings, the committee members formulated a set of questions and issues it felt needed to be addressed at the public hearing. Contained within these questions and issues were specific request for information that the committee felt was needed before any decisions were made.

The committee convened on September 17, 1990 in Lincoln at the Nebraska State Office Building for the public hearing. The applicants and other testifiers were given the opportunity to express their views on the proposal and the questions raised by the committee at their second meeting. Interested parties were given ten days to submit final comments to the committee.

The committee met for the fourth meeting on October 16, 1990 in Lincoln at the State Office Building. At this meeting the committee, with the consent of the applicant group, amended the proposal. The committee members with the approval of the applicant group made the following amendments to the proposal, by consensus:

- 1) Section 3.4 under question three on pages three and four of the application pertinent to the creation of a special endorsement for ACLS certified registered nurses entitled EMT-RN was deleted from the proposal.
- 2) The paragraph in Section 3.2 under question three on pages two and three of the application pertinent to the management of IVs was deleted from the proposal.
- 3) The wording of Section 3.1 under question three on page two was amended so as to state that IV management by EMT-As shall include any maintenance solution except that there shall be no added electrolytes or dextrose greater than five percent by volume. No other medications shall be permitted.

The committee formulated its recommendations on the proposal at this meeting by taking action on the four criteria of the credentialing review statute pertinent to the proposal.

Mike Dodge moved that, "Unregulated practice can clearly harm or endanger the health, safety, or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument." Voting aye were

Dodge, Krueger, Meininger, Moravec, and Williams. Chairperson Schlachter abstained from voting.

Mike Dodge moved that, "Regulation of the profession does not impose a significant new economic hardship on the public, significantly diminish the supply of qualified practitioners, or otherwise create barriers to service that are not consistent with the public welfare and interest." Randy Meininger seconded the motion. Voting aye were Dodge, Krueger, Meininger, Moravec, and Williams. Chairperson Schlachter abstained from voting.

Randy Meininger moved that, "The public needs, and can reasonably be expected to benefit from, an assurance of initial and continuing professional ability by the state." Glen Krueger seconded the motion. Voting aye were Dodge, Krueger, Meininger, Moravec, and Williams. Chairperson Schlachter abstained from voting.

Mike Dodge moved that "The public cannot be effectively protected by other means in a more cost-effective manner." Georg Williams seconded the motion. Voting aye were Dodge, Krueger, Meininger, Moravec, and Williams. Chairperson Schlachter abstained from voting.

By virtue of these four votes, the committee members decided to approve the proposal as amended.

The committee members then made three additional recommendations on matters pertinent to the proposal in particular, and EMS in general. Glen Krueger moved that the Board of Advanced Emergency Care and the Board of Ambulance

Advisors be merged. Randy Meininger seconded the motion. Voting aye were Dodge, Krueger, Meininger, Moravec, and Schlachter. Georg Williams abstained from voting.

Randy Meininger moved that it is not the intention of the technical committee to grandfather untrained people into the new EMS service category that would be created by the proposal. Margaret Moravec seconded the motion. Voting aye were Dodge, Krueger, Meininger, Moravec, Williams, and Schlachter.

Margaret Moravec moved that the Legislature study the impact of the level of involvement of medical directors on patient care in the provision of pre-hospital medical services in Nebraska. Mike Dodge seconded the motion. Voting aye were Dodge, Meininger, Moravec, Williams, and Schlachter. Voting nay was Glen Krueger.

