

MINUTES
of the Second Meeting of the
EMS Technical Review Committee

January 10, 2019
1:00 p.m. to 4:00 p.m.
Fourth Floor Conference Room “D”
The “1526 Building,” Lincoln, NE

Members Present

Travis Teetor, MD (Chair)
Jeff Baldwin, PharmD, RP
Lisa Pfeil
Donald Naiberk, Hospital Administrator
James Temme, RT

Members Absent

Susan Meyerle, LIMHP
Marcy Wyrens, RRT

Staff Present

Matt Gelvin
Ron Briel
Marla Scheer

I. Call to Order, Roll Call, Approval of the Agenda

Dr. Teetor called the meeting to order at 1:05 p.m. The roll was called; a quorum was present. Dr. Teetor welcomed all attendees. The agenda and Open Meetings Law were posted and the meeting was advertised online at <http://dhhs.ne.gov/licensure/Pages/credentialing-review.aspx> . The committee members approved the agenda for the second meeting and the minutes of the first meeting by acclamation.

II. Scheduling an Additional Meetings

The committee members unanimously agreed to defer the selection of additional meeting dates and times so that all members of the committee could participate in the selection process.

III. Discussion on the Proposal

The committee members first took up the community para-medicine component of the proposal.

Lisa Pfeil asked the applicants if this part of the proposal might drive away EMT providers who like their jobs as they are without the additional complexity and liability associated with providing services that go beyond the provision of emergency services per se. Tim Wilson responded by stating that EMS providers already have a statutorily defined scope of practice. The proposal seeks to expand this scope of practice to include more advanced EMT services. Mike Miller commented that EMS providers are everywhere in Nebraska and that which makes them readily available to provide the expanded scope elements defined in the community para-medicine component of the proposal more so than any other health profession in our state including nurses, for example.

Tim Wilson commented that under current EMS scope of practice the ER is the only option for transporting in an emergency situation. Mr. Wilson added that there is a need for expanded options vis-à-vis transport to other venues than the ER such as urgent care facilities, intermediate care facilities, or, even to free-standing medical professional offices, for example.

Mr. Miller commented that there are currently “pilot programs” in Nebraska that have been given permission to experiment with expanded scopes of practice for EMTs that enable them to provide services beyond the current “emergent” model of their scope of practice. One of these “pilot programs” is in McCook, Nebraska, for example. Mr. Miller commented that these programs have shown that EMTs can contribute to the overall health and welfare of small rural communities by supplementing the kinds of services provided by visiting nurses, for example. Mr. Miller went on to say that the need for this kind of supplementary care is great in rural Nebraska and that EMTs can play a role in filling this need, adding that EMTs should not be limited to transporting patients to a local ER.

Don Naiberk asked the applicants who, under the terms of the proposal, would inspect and evaluate a patient’s overall health condition and determine if they can or cannot be transported, in particular, could an EMT perform such an evaluation if the proposal were to pass? Mr. Wilson responded that an EMT would play a bigger role in this given the additional education and training that would be provided under the proposal. He added that new electronic technology now enables more effective and timely triage procedures pertinent to such evaluations and that a physician hundreds of miles away can provide oversight and direction to EMTs in such matters. He went on to say that new technology has made it possible for EMTs to get medical and / or nursing input and direction on a large number of things, some of which go far beyond the traditional “emergent” model of EMT services, for example.

Lisa Pfeil asked the applicants why they want to expand EMT services in a “non-emergent” direction, and elaborated on her question by asking aren’t such services already being provided by other health care providers? Continuing her questioning Ms. Pfeil asked would any of these proposed new EMT services be billable to third party payers? Tim Wilson responded that in some states Medicaid does reimburse for these kinds of services. He added that there is some grant money available for this as well. Mr. Wilson referenced the fact that there are “pilot programs” that pay for these kinds of EMT services--**as was stated above, for example.**

Dr. Teetor asked the applicants who approves and funds these “pilot programs.” Dr. Teetor continued his questioning by asking the applicants what it is that these programs allow EMTs to do that they can’t do now outside of such programs. Mr. Wilson responded that “well checks” are an example of services that cannot be provided outside of the context of the “pilot program.”

Dr. Teetor asked the applicants whether or not the proposed expanded scope for EMTs would stretch EMT services too thin, specifically, would the proposal weaken their traditional mission to provide emergency care to Nebraskans? Mr. Miller responded by saying that this traditional role for EMTs has been overstated, and that there would still be plenty of EMT providers to address emergencies.

The committee members then took up the critical care component of the proposal.

Lisa Pfeil asked the applicants if current licensure requirements cover the advanced critical care procedures requested by the applicants in their proposal. Mr. Miller responded by informing the committee members that these items are not covered by current licensure requirements but yet these items and procedures are already occurring in the field. Ms. Pfeil asked the applicants how many current EMS practitioners would be willing to undergo the cost and time away from work to acquire the advanced education and training necessary to become certified to perform the

advanced procedures in question. Tim Wilson responded by stating that it isn't possible to know how many EMS providers might have these kinds of concerns but that in Iowa EMS practitioners have been doing these procedures for about a decade, and that in Iowa most of the training is done on-line, and that access to this on-line training is easily for those interested in pursuing advanced practice.

Dr. Teetor asked the applicants how education and training pertinent to the elements of advanced EMS practice would occur and what the qualifications of those providing this education and training would be. Mr. Miller responded that training would be provided by a wide variety of professionals including other paramedics who have already completed the training. Dr. Teetor then asked the applicants who else would be providing this education and training. Mr. Miller responded by stating that some training would be provided by nurses, some by respiratory therapists, and some by physicians, depending on who might be available at a particular time or place. Dr. Teetor then asked the applicants how much time would be devoted to hands on learning for the various advanced procedures defined in the proposal--**see pages 27 and 28 of the critical care component of the proposal**. Mr. Miller replied that about a week is spent on learning these advanced procedures. Dr. Teetor responded by stating that one week is not enough time to become competent in such procedures as inserting a chest tube, adding that he spent six months learning these kinds of procedures in medical school, working "day-in-and-day-out" until he achieved competency in these procedures. Dr. Teetor added that even with this amount of training he has only done a small handful of such procedures in his entire medical career, and that he prefers not to perform such procedures as inserting tubes in a patient's chest, for example. A representative of the Nebraska Nurses Association commented that nurses typically do not perform such procedures as inserting a chest tube, for example, and that it is advanced practice nurses who perform such procedures, not RNs, for example.

Mr. Temme expressed concerns about the radiological component of the proposal which seems to include such things as interpreting radiographs, for example. Mr. Temme went on to state that only medical doctors or advanced practice nurses are capable of interpreting radiographs. Dr. Baldwin then expressed concerns about provisions in the proposal which would allow advanced practice paramedics to conduct pharmacological "infusions." Dr. Baldwin wanted clarification from the applicants regarding the elements of the proposed advanced EMS training in pharmacology that would qualify paramedics to perform such procedures.

Mr. Temme asked the applicants to provide more information about how competency is determined in EMS, adding that the proposal has raised a lot of questions and concerns about standards of competency regarding EMS education and training. Mr. Miller responded by commenting that the items about which concerns have been expressed represent procedures that are already being done vis-à-vis the provision of EMS services, albeit without the benefit of necessary advanced education and training, and without necessary changes in EMS statutes and rules and regulations. Mr. Miller went on to state that Nebraska needs to update its EMS statutes and rules and regulations to include advanced EMS educational and training requirements to address this situation in the field.

Dr. Teetor asked the applicants if there are EMS practitioners who have been disciplined for exceeding their statutory scope of practice limitations. Mr. Miller responded that he was not aware of any such disciplinary action against current EMS providers.

IV. Next Steps

The next step in the review process on this proposal is to continue examining the proposal utilizing the six statutory criteria for scope of practice proposals.

V. Other Business and Adjournment

There being no further business, the committee members unanimously agreed to adjourn the meeting at 3:45 p.m.