MINUTES
of the Fifth Meeting of the
EMS Technical Review Committee

May 6, 2019
1:00 p.m. to 4:00 p.m.
Fourth Floor
The 1526 Building, K Street, Lincoln, NE

Members Present	Members Absent	Staff Present
Travis Teetor, MD (Chair)		**Matt Gelvin**
Jeff Baldwin, PharmD, RP		**Ron Briel**
Lisa Pfeil		
Donald Naiberk, Hospital Administrator		
Susan Meyerle, LIMHP		
Marcy Wyrens, RRT		
James Temme, RT		

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 fifth meeting and the minutes of the fourth meeting by acclamation.

II. Final Questions and Discussion

Discussion on the critical care component of the EMS Proposal

Prior to Committee discussion applicant representative Mike Miller came forward to present additional information on the critical care component of the proposal. Mr. Miller described the proposed additional education and training that critical care EMS providers would receive under the terms of the proposal. He related the reasons why this part of the EMS proposal is necessary, including that medical advancements are making transport services more complex and sophisticated. Critical care transport providers are now capable of providing procedures not currently identified as part of EMS scope of practice. This scope needs to be updated to include these procedures and their concomitant technologies.

Mr. Miller went on to state that EMS critical care is in great need of an update vis-à-vis the regulatory oversight of new specialized transport services and technologies not currently addressed by the current EMS scope of practice. Mr. Miller stated that there is a need for additional education and training for EMS providers vis-à-vis new procedures and technologies, and that such education is available from a variety of educational providers in a variety of different formats. An example of such an educational program is that developed by the University of Maryland Baltimore County which is offered in multiple sites across the

United States. Additionally, Creighton University offers both campus-based and on-line courses for such training.

The following conversation pertained to the critical care component of the proposal occurred following a brief presentation by the applicant group:

Following the presentation described above Committee member Lisa Pfeil asked the applicants if physician medical directors are going to be willing to put in the extra time to help the applicant group implement these EMS proposals. Dr. Smith responded on behalf of the applicant group by stating that the physician medical directors he knows are "highly engaged" and that he had no doubts regarding their commitment to getting the proposed changes accomplished.

Dr. Teetor asked the applicants if the elements of the critical care proposal are already occurring "out there" in the field. The applicants responded that in some cases this is true, in others, not, but that there can be little doubt that our credentialing processes and systems need to get on top of this situation because new technology is driving EMS services forward whether we like it or not.

Mr. Naiberk asked the applicants if they were only talking about "paid services." The applicants responded in the affirmative.

Dr. Teetor asked the applicants if RNs are involved or would likely be involved in the new EMS critical care services. An applicant representative responded in the negative vis-à-vis this question.

Discussion on the community para-medicine component of the EMS Proposal

Prior to Committee discussion applicant representative Tim Wilson came forward to present additional information on the community para-medicine component of the proposal. Mr. Wilson described the proposed additional education and training that community para-medicine EMS providers would receive. He also described the nature of the services they would be providing in local communities and how these services would come to fit the unique characteristics of each community by focusing on the following:

- Connecting patients to primary care providers
- Performing post-hospital follow-up care
- Integrating services such as public health, home health systems, and primary care providers
- Providing education and health promotion programs

Mr. Wilson continued his remarks by stating that this approach to the delivery of services would reduce 9-1-1 requests for non-urgent, non-transport services that are not reimbursable, and by decreasing down-time between calls, keeping medical skills exercised and improve access to a community's primary care professionals.

The following conversation pertained to the community para-medicine component of the proposal:

Ms. Wyrens asked the applicants if there are any formal educational opportunities in community para-medicine in Nebraska. The applicants responded that there are no such opportunities but that there are on-line courses available.

Ms.Pfeil asked the applicants how oversight would work given that the services in question would have to be adapted to the unique circumstances of each community. The applicants responded that such uniqueness occurs in EMS all the time, and that the statute and rules and regulations would offer guidance in this regard.

Dr. Meyerle asked the applicants how a community health para-medicine practitioner would be able to judge whether a person with chronic mental health issues should be transported to an ER or to another type of facility or not transported at all. The applicants responded that a para-medicine practitioner would be trained to network with mental health providers in such a situation.

Dr. Teetor asked the applicants at what level--county, town, or region, for example--these services would be directed from. The applicants responded that current service regions would be the appropriate level such purposes.

Ms. Wyrens commented that the proposal makes a lot of assumptions about admission and readmission issues, and went on to ask the applicants who--under the terms of their proposal--would decide which patient gets admitted--or readmitted--and which would not. The applicants responded that for this aspect of the proposed new services collaboration with other health professionals would play a big part in how these decisions would be made.

Dr. Meyerle commented that we all have become familiar with the intended consequences of such a concept, but then hastened to add that it's the unintended consequences of implementing such a concept that concerns her.

III. Formulation of Committee Recommendations

Committee Actions Taken on the Six Statutory Criteria:

Criterion one: The health, safety, and welfare of the public are inadequately addressed by the present scope of practice or limitations on the scope of practice.

Critical Care Proposal (1): Voting yes were Naiberk, Baldwin, Pfeil, Meyerle, Temme, and Wyrens. There were no nay votes.

Community Para-Medicine Proposal (2): Voting yes were Naiberk, Baldwin, Temme, and Wyrens. Voting no were Pfeil and Meyerle.

Criterion two: Enactment of the proposed change in scope of practice would benefit the health, safety, or welfare of the public.

Critical Care Proposal (1): Voting yes were Naiberk, Baldwin, Pfeil, Meyerle, Temme, and Wyrens. There were no nay votes.

Community Para-Medicine Proposal (2): Voting yes were Naiberk, Baldwin, Meyerle, and Temme. Voting no were Pfeil and Wyrens.

Criterion three: The proposed change in scope of practice does not create a significant new danger to the health, safety, or welfare of the public.

Critical Care Proposal (1): Voting yes were Naiberk, Baldwin, Meyerle, Temme, and Wyrens. Voting no was Pfeil.

Community Para-Medicine Proposal (2): Voting yes were Naiberk, Baldwin, Pfeil, and Temme. Voting no were Meyerle and Wyrens.

Criterion four: The current education and training for the health profession adequately prepares practitioners to perform the new skill or service.

Critical Care Proposal (1): Voting yes were Naiberk, Baldwin, Pfeil, Meyerle, Temme, and Wyrens. There were no nay votes.

Community Para-Medicine Proposal (2): Voting yes were Naiberk, Baldwin, Meyerle, and Temme. Voting no were Pfeil and Wyrens.

Criterion five: There are appropriate post-professional programs and competence assessment measures available to assure that the practitioner is competent to perform the new skill of service in a safe manner.

Critical Care Proposal (1): Voting no were Naiberk, Baldwin, Pfeil, Meyerle, Temme, and Wyrens. There were no yes votes.

Community Para-Medicine Proposal (2): Voting no were Naiberk, Baldwin, Pfeil, Meyerle, Temme, and Wyrens. There were no yes votes.

Criterion six: There are adequate measures to assess whether practitioners are competently performing the new skill or service and to take appropriate action if they are not performing competently.

Critical Care Proposal (1): Voting no were Naiberk, Pfeil, Temme, and Wyrens. Voting yes were Baldwin and Meyerle.

Community Para-Medicine Proposal (2): Voting no were Naiberk, Baldwin, Pfeil, Meyerle, Temme, and Wyrens. There were no yes votes.

Action taken on the entirety of the two components of the EMS proposal occurred as follows:

The committee members took action on the entirety of each proposal vis-à-vis two "up-or-down" votes as follows to determine whether or not to recommend approval of these two ideas for making changes in EMS services.

Critical Care Proposal (1): Voting to recommend approval of this component of the proposal were Naiberk, Baldwin, Pfeil, Meyerle, Temme, and Wyrens. There were no nay votes. By this vote this component of the proposal was recommended for approval.

Comments by the Committee Members:

Naiberk: Education and training of EMS transport personnel will improve as a result.
Baldwin: Transport services will benefit and expertise of EMS providers will improve.
Pfeil: The need was clearly shown as was the plan for education and training.
Meyerle: The need was clearly shown as was the plan for education and training.
Temme: The need was clearly shown.
Wyrens: The need was clearly shown.

Community Para-Medicine Proposal (2): Voting to recommend approval of this component of the proposal were Naiberk, Baldwin, Meyerle, and Temme. Voting not to recommend approval were Pfeil and Wyrens. By this vote this component of the proposal was recommended for approval.

Comments by the Committee Members:

Naiberk: Sees no risk to this concept; Sees opportunity for better utilization of EMS resources.
Baldwin: Sees opportunity for better utilization of EMS resources and development of new skills.
Pfeil: Sees no need for this concept. Sees potential for invasion of privacy.
Meyerle: Collaboration among variety of professionals holds promise of better use of resources.
Temme: Public need was clearly stated and documented.
Wyrens: It's not clear how collaboration would work, also costs were not clearly demonstrated.

IV. Other Business and Adjournment

There being no further business, the committee members unanimously agreed to adjourn the meeting at 3:10 p.m.