

## **THE REPORT OF THE NEBRASKA STATE BOARD OF HEALTH ON THE PROPOSAL TO CHANGE THE PRACTICE SETTINGS FOR PARAMEDICS AND EMERGENCY MEDICAL TECHNICIAN INTERMEDIATES**

The reports of the Board of Health on credentialing review proposals are developed in two steps. First is the review of the Board's Credentialing Review Committee. Second is the review of the full Board of Health. The Credentialing Review Committee advises the full Board regarding the proposal currently under review.

The text of this report on the paramedic proposal is organized to show the work that occurred during each of the two steps of the Board's review. "**Step One**" describes the work and advice of the members of the Board's Credentialing Review Committee developed during their May 9, 2001 meeting. During this meeting the Credentialing Review Committee members took action on the four criteria pertinent to scope of practice reviews. **The result of this action was that the committee members decided to recommend approval of the amended version of the proposal that calls for enabling legislation to eliminate the wording that prohibits paramedics and EMTs from working in health care facilities.**

"**Step Two**" describes the work and recommendations of the members of the full Board of Health developed at their May 21, 2001 bimonthly meeting. During this meeting the members of the full Board of Health decided to recommend approval of the recommendations of their Credentialing Review Committee. **By this action the members of the full Board recommended approval of the amended version of the proposal. This action represents the official position of the Board of Health on the proposal.**

### **Step ONE: THE REVIEW OF THE BOARD'S CREDENTIALING REVIEW COMMITTEE ON THE PROPOSAL**

#### **Overview by the Technical Committee Chairperson**

Chairperson Vaughan asked Andrea Nelson, the chairperson of the technical committee, to provide a brief overview of the work of her committee. Ms. Nelson commented that the recommendation of the technical committee demonstrated great mastery of the issues under review by the committee members, and that she was impressed by their ability to propose and recommend a solution of their own making to the problems under review. Ms. Nelson also commented on how well the committee members came together and set aside turf issues to achieve a consensus about what course of action would best serve the public interest.

Ms. Nelson commented that the amended version of the proposal adopted by the technical committee with the approval of the applicant group calls for creating enabling legislation that would grant those facilities that satisfy the statutory definition of a

hospital or a health clinic permission to train, test, and employ paramedics and EMTIs, and that this version of the proposal is now the final version of the proposal for the duration of the credentialing review on this issue.

### **Testimony by Interested Parties**

Chairperson Vaughan asked representatives of the applicant group to come forward to present testimony to the committee members. Alice Dalton, R.N., came forward to present testimony on behalf of the applicants. Ms. Dalton first sought to provide the committee members with a brief history of the issues from the viewpoint of the applicant group. Ms. Dalton began by stating that the Board of Emergency Medical Services was approached by representatives of several western Nebraska hospitals concerned about restrictions on paramedic and EMTI practice imposed on these practitioners by statutory changes made during the 1998 legislative session that had the effect of prohibiting these practitioners from providing their services in hospitals or health clinics. The current proposal represents the EMS Board's attempt to address these concerns.

Ms. Dalton stated that the original proposal sought to create two new categories of licensed EMS providers that would receive additional training and testing beyond that currently received by either paramedics or EMTIs that would enable them to provide services in health care facilities. The statute would be modified so that the prohibition associated with "out-of-hospital" would not pertain to these two new categories of licensed EMS providers.

Ms. Dalton stated that it became clear during the technical committee review that the costs associated with developing and implementing training and testing programs for such new licensure categories would not be cost-effective. Ms. Dalton stated that it was during the second meeting that some technical committee members suggested to the applicant group that they consider another approach to the issue, namely, that of seeking enabling legislation to allow hospitals and health clinics to train and employ paramedics and EMTIs in their facilities. Ms. Dalton informed the committee members that, at a later meeting, this idea became the basis for the amended version of the proposal currently under review.

Ms. Dalton went on to present the applicant groups' viewpoint on why the proposed changes are needed. This testifier commented that the primary motivating force behind the proposal is to get the most cost-effective and fiscally responsible use out of all Advanced Life Support (ALS) personnel in rural areas of our state. Ms. Dalton then identified two principal purposes associated with this motivation:

**Purpose One:** To make it easier for local communities to organize their own ALS services. The current restrictions on scope of practice settings make this very difficult since it is not cost-effective to employ the services of EMS practitioners with advanced training if all they are going to do is make ambulance calls in low call volume areas.

**Purpose Two:** To make it easier for local communities to attract and retain EMS personnel for volunteer rescue squad units. Unfortunately, those who are trained often seek jobs and opportunities away from their rural communities, and there are rarely job opportunities in the rural areas that allow EMTIs and paramedics to practice and maintain their skills. Ms. Dalton stated that passing their proposal would greatly assist rural communities in their efforts to maintain essential ambulance services.

Applicant representative Dalton then made comments to clarify the essence of the applicants' proposal. The proposal that allows for a change in work environment where paramedics and EMTIs may provide services consistent with their scope of practice. Ms. Dalton went on to state that the proposal,

- 1) Does not request a change in the skills a paramedic or EMTI.
- 2) Does not replace any additional training pertinent to a particular area of employment.
- 3) Does not constitute an attempt to replace nurses or any other personnel with EMS personnel.

Applicant representative Dalton then stated that it is the intent of the applicant group to include the following in any upcoming legislation that would carry forward their proposal:

- 1) Mandate an orientation for all medical directors who would be involved in the training and oversight of EMS personnel.
- 2) Mandate RN oversight of the day-to-day work of EMS personnel.
- 3) Provide specific statutory protection to the effect that the services of the EMS personnel under review shall not be rendered in lieu of the services of an RN or physician, and shall be rendered in a hospital or health clinic setting at the discretion of, and after the prior approval of, the hospital governing authority. These services would require physician order or the order of an RN if a physician is not present.

Chairperson Vaughan then asked Ms. Dalton whether the proposal would have the effect of creating a change in scope of practice because of the likelihood that additional functions and responsibilities that are above and beyond what is typical of EMS practice would likely occur in the context of health care facilities. Applicant group representative Dalton responded to this concern by stating that the current curriculum provided as part of paramedic and EMTI education and training is adequate to cover what these practitioners would need to function in the context of a health facility. This curriculum now covers such topics as pharmacology and rapid sequence intubation, for example. This testifier went on to state that medical directors would be responsible for orienting, training, and retraining these EMS personnel to function safely and effectively.

Chairperson Vaughan then asked whether physician medical directors would end up having the de facto authority to define paramedic and EMTI scope of practice. Ms. Dalton responded by stating that these EMS employees would not be allowed to

practice outside of their scope of practice.

Committee member Hoover asked about the apparent lack of standardized training under the current amended version of the proposal. Ms. Dalton acknowledged that to some extent there would be uneven skill levels under the proposal, but that the basic education and training of the paramedics and EMTs plus the training and orientation provided to them by medical directors and RNs in the context of emergency room care should provide a de facto commonality of skills.

Committee member York commented that medical directors would periodically need to retrain EMS employees for certain skills that aren't otherwise utilized enough for maintenance of adequate skill levels, and cited catheterization as an example. Ms. Dalton responded that this is something for which medical directors would need to be responsible.

Chairperson Vaughan then asked Ms. Dalton to briefly summarize and comment upon the issues surrounding the changes that were made in EMS statutes in 1998. Ms. Dalton responded that in 1998 the EMS statute was changed to include wording that defined all EMS personnel as "out-of-hospital employees." The Board of EMS through a state senator received information from the Attorney General's Office that this wording would have the affect of prohibiting EMS personnel from working in health care facilities. Ms. Dalton added that some hospitals have EMS service programs that were allowed to be grandfathered, and that these continued to employ EMS personnel under special service contracts.

Committee member Hoover then expressed concern that adequate training and oversight of EMS personnel in health clinics would occur under the terms of the proposal. Applicant group representative Dalton responded that current rules, regulations, and statutes pertinent to health clinics provides reasonable assurance of public protection vis-à-vis oversight and supervision of employees in these facilities. Ms Dalton added that only those who have been approved by the Board of Emergency Medical Services to train personnel would be allowed to provide training to the EMS personnel in question.

Chairperson Vaughan then asked if there were other testifiers who wished to come forward to comment on the proposal. Nancy Gondringer, R.N., representing the Nebraska Nurses Association came forward to present testimony. Ms. Gondringer stated that NNA has concerns about the fact that the current proposal as amended would not provide a standardized curriculum of training pertinent to work in hospital or clinic contexts. This testifier also expressed concern about the ability of overworked hospital and health clinic staff to maintain effective oversight of these practitioners.

Ms. Gondringer also commented that the amended proposal places a great deal of reliance on medical directors for both training and skill maintenance. This testifier commented that not all medical directors are equally diligent pertinent to their training responsibilities.

Ms. Gondringer then informed the committee members that the principal concern of NNA is with the liability implications of the proposal, namely to what extent would it increase the liability of those nurses who supervise EMS employees? Ms. Dalton responded that her group is aware of these concerns and is determined to place in statute a provision whereby supervisors would be shielded from liability as long as they can demonstrate that they have followed proper procedures in their oversight of the employees in question.

Chairperson Vaughan then recognized Dale Gibbs of Good Samaritan Hospital in Kearney, NE. for comments on the proposal. Mr. Gibbs stated that his facility has had extensive experience with EMS practitioners as employees, and noted that this experience has been a positive one characterized by good cooperation and teamwork among nurses, physicians, and EMS employees.

Chairperson Vaughan then recognized Karen Becker an EMS instructor at Southeast Community College and the head of the Nebraska Instructor's Society for comments on the proposal. Ms. Becker commented that the educational programs such as those at SECC can help to address concerns expressed during the review regarding standardization of EMS practice in health care facilities since this training could easily be adapted so as to add components to it pertinent to work in these kinds of settings. This testifier then stated that the proposal would serve to improve EMS services in Nebraska because ALS could then be expanded in rural areas of the state and because greater retention of EMS providers would be possible.

### **Discussion on, and Formulation of, Recommendations on the Proposal**

The committee members then discussed each of the four criteria of the credentialing review statute pertinent to scope of practice reviews beginning with criterion one.

#### **Criterion one states,**

**“The present scope of practice or limitations on the scope of practice creates a situation of harm or danger 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.”**

Before voting on this criterion, the committee members reviewed the first criterion and discussed how it relates to the applicants' proposal. There was a consensus among the committee members that the wording of this criterion does not relate very well to the realities of the current review since what is being reviewed is a proposal for a change in practice settings rather than a change in scope of practice per se.

The committee members indicated that for the purpose of this review, the first criterion needed to be interpreted so as to ask whether or not, **The present**

**practice settings or limitations on practice settings create a situation of harm or danger 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. The committee members decided that this interpretation of the first criterion would be the one they would use when they took action on this criterion.**

Consistent with the above consensus regarding the interpretation of the first criterion, committee member Vaughan moved and committee member Nelson seconded that the proposal satisfies the first criterion. Voting aye were Vaughan, Nelson, Ihle, Hoover, and York. Committee member Spry was absent. There were no nay votes or abstentions. By this vote the committee members determined that the proposal as amended satisfies the first criterion which means that they determined that there is significant harm or potential for significant harm in the current practice situation of EMTs and paramedics.

The committee members commented that their reading of the record of the review indicated that the practice restrictions in question have made it nearly impossible for rural EMS units to afford to employ EMTs and paramedics because they could not use their services in a cost-effective manner.

The committee members then discussed the second criterion.

**Criterion two states,**

**“The proposed change in scope or practice does not create a significant new danger to the health, safety or welfare of the public.”**

Before voting on this criterion, the committee members reviewed the criterion and discussed how it relates to the applicants' proposal. The committee members then took action on the second criterion. Committee member York moved and committee member Ihle seconded that the proposal satisfies the second criterion. Voting aye were Vaughan, Nelson, Ihle, Hoover, York, and Spry. There were no nay votes or abstentions. By this vote the committee members determined that the proposal satisfies the second criterion which means that the committee members determined that the applicants' proposal as amended would not create significant new harm to the public health and welfare.

The committee members agreed that the services of the EMS providers in question can be utilized safely and effectively in health care facilities if due attention is given to training, oversight, delegation, and protocols by those responsible for supervising these practitioners.

The committee members then discussed the third criterion.

**Criterion three states,**

**“Enactment of the proposed change in scope of practice would benefit the health, safety, or welfare of the public.”**

Before voting on this criterion, the committee members reviewed the criterion and discussed how it relates to the applicants' proposal. Committee member Hoover moved and committee member Spry seconded that the proposal satisfies the third criterion. Voting aye were Vaughan, Nelson, Ihle, Hoover, York, and Spry. There were no nay votes or abstentions. By this vote the committee members determined that the proposal satisfies the third criterion which means that the committee members determined that the applicants' proposal as amended would benefit the public health and welfare.

The committee members noted that rural hospitals were overwhelmingly in support of some version of the proposal, and that these representatives had indicated that the proposal would greatly add to the ability of rural hospitals to provide flexible, and yet, safe and effective services.

The committee members then discussed the fourth criterion.

**Criterion four states,**

**“The public cannot be effectively protected by other means in a more cost-effective manner.”**

Before voting on this criterion, the committee members reviewed the criterion and discussed how it relates to the applicants' proposal. Committee member Nelson moved and committee member Vaughan seconded that the proposal satisfies the fourth criterion. Voting aye was Vaughan, Nelson, Ihle, Hoover, York, and Spry. There were no nay votes or abstentions. By this vote the committee members determined that the proposal satisfies the fourth criterion which means that the committee members determined that the applicants' proposal as amended would be the most cost-effective means of addressing the problems raised by the applicant group. **By these four votes on the four criteria the committee members decided to recommend in favor of the applicants' proposal as amended.**

The committee members agreed that the proposal as amended would be unlikely to create any new administrative costs for health care facilities, nor would it create any new complications or difficulties pertinent to the hiring and training of personnel that do not already exist. The committee members commented that the current amended version of the proposal would be the most cost-effective way possible of addressing the problems identified with EMS services in Nebraska since this version of the proposal no longer includes any new credentialing categories or the costs associated with them.

**Step TWO: THE REVIEW AND RECOMMENDATIONS OF THE FULL BOARD OF HEALTH**

**Overview and Comments by the Board's Credentialing Review Committee Chairperson**

Committee chairperson Vaughan stated that the principal issue raised by the review on the paramedic proposal is the current wording in the EMS statute that defines EMS personnel as "out-of-hospital" employees, and the implications of this wording has pertinent to where paramedics and EMTs can provide their services.

Board member Vaughan went on to provide a brief overview of the three-step process that comprises a credentialing review, and noted that three reports emerge from a review process and that all are sent to the Legislature. Board member Vaughan stated that the review of the Board of Health is the second of the three reviews, and that the review of the Director of HHS Regulation and Licensure follows as the third and final step in the review process.

Later in the discussion Board member Vaughan reminded the Board members that the current proposal is an amended version of the original proposal, and that all provisions pertinent to the creation of new EMS credentialing categories are no longer part of it. Board member Vaughan noted that the current amended proposal seeks to remove statutory restrictions on practice settings for paramedics and EMTs, but does not seek to expand the scope of practice of these practitioners. Board member Vaughan commented that the current proposal would in effect return the practice of EMS to what it was prior to 1998 as far as the issue of practice settings is concerned.

**Testimony by Interested Parties and Discussion by Board Members**

After completing his comments Board member Vaughan asked Alice Dalton, R.N., to come forward to present testimony on behalf of the applicant group. Ms. Dalton began her remarks by commenting on the reasons that her group is seeking the changes that comprise their proposal. Ms. Dalton stated that the Board of Emergency Medical Services was petitioned by representatives of some critical care hospitals in western Nebraska to attempt to get changes made in the current EMS statute that would allow paramedics and EMTs to practice in health care facilities. According to Ms. Dalton this occurred after an Attorney General's determination that the language in the revised EMS statute of 1998 defining EMS practitioners as "out-of-hospital" employees meant that these practitioners cannot provide their services within health care facilities. Ms. Dalton commented that these representatives were concerned that this restriction on practice settings would have a deleterious impact on the ability of rural emergency response units to develop advanced life support as part of their emergency care services. Ms. Dalton clarified that this concern arises because the restrictions on practice settings in question make it almost impossible for managers of EMS services in rural areas to employ such essential personnel as paramedics and EMTs in a cost-



effective manner, and that this is because rural EMS services cannot afford to employ these providers unless they can be used for more than just riding in an ambulance.

Ms. Dalton commented that the proposal would also make it easier to maintain emergency medical services in rural communities due to the fact that under the terms of the proposal those persons in rural communities that are interested in such work could advance their careers in their local communities rather than having to leave for larger communities in order to achieve career advancement.

Ms. Dalton commented that the proposal does not seek to add anything to the services currently provided by the EMS personnel in question; nor does it seek to replace other licensed facility-based professionals such as nurses with EMS providers. Ms. Dalton commented that her group intends to place a specific provision in their Legislative bill that would prohibit employers from replacing other health care professionals with EMS providers in health care facilities. Ms. Dalton commented that the proposal is motivated primarily by concerns about the restrictive effects that the current practice situation is having on the ability of rural emergency services to develop and maintain advanced life support services.

Board member Lazure then asked Ms. Dalton why there was so much information and commentary on the nursing shortage provided by the applicant group and its supporters during the technical committee review if the principal concerns of the group relate to the provision of advanced life support in rural areas. Ms. Dalton responded that the standard set of questions contained in the credentialing review manual require that all concerns and issues associated with their proposal be addressed and discussed as thoroughly as possible, and that this required that the nursing shortage be discussed as it relates to the issues raised by the proposal. Ms. Dalton reiterated that the proposal seeks to help nurses by providing them with "an extra pair of hands," and is in no way an effort to replace nurses with EMS personnel.

Board member Lazure commented that the proposal depends heavily on the willingness of physician medical directors, supervising nurses, and the EMS personnel in question to work together to ensure mutual understanding of the role that each must play to make the proposal a successful addition to the ability of health care facilities to serve the needs of their patients. Board member Lazure added that the current LPN-C training program might be helpful to those entrusted with training paramedics and EMTs in developing a model training program for these employees.

Alice Dalton responded that the bill being developed by the applicant group will contain provisions clarifying the responsibilities of physician medical directors in training paramedics and EMTs to work in health care facilities.

Board chairperson Wooden then asked Ms. Dalton to discuss how nurse oversight would work under the terms of the proposal. Ms. Dalton responded that a supervising nurse would direct an EMS supervisee to perform a specific set of functions that are delegable, and that the supervisee has been trained to perform, and that in this way

they would function as nurse extenders. Board member Spry then stated that not all functions that a paramedic or EMTI would perform would need to be delegable nursing functions, or would even need to be provided under nursing supervision. Board member Spry stated that these are the functions and skills that are specifically defined as part of their licensed scope of practice. Board member Spry reminded the Board members that the EMS personnel in question are licensed health care providers in their own right, and are able to provide their licensed functions safely and effectively without direction from other health professionals.

Board member Lazure asked the applicants to clarify how paramedics and EMTIs would be able to function in a health clinic. Alice Dalton responded that they would need additional training pertinent to non-emergency functions associated with health clinics, and that a physician medical director would be responsible for providing this extra training and orientation. Board member Lazure then asked whether or not medical directors would in effect be able to define the scope of functions of an EMS employee to suit themselves. Ms. Dalton responded that a medical director could only provide instruction and direction to an EMS employee that is consistent with the employee's licensed scope of practice, and that such instruction and direction would also have to be consistent with the licensed scopes of practice of other health professionals as well.

Frank Freihaut, R.R.T., then came forward to present testimony on the proposal. Mr. Freihaut stated that site of practice and scope of practice cannot always be separated, and expressed the concern that the proposal might lead to a situation wherein employers could replace RRTs with paramedics. This testifier commented that this scenario if it did occur would not be in the best interests of patients since paramedics do not have sufficient training in pharmacology, for example, to perform the role of an RRT safely and effectively. Alice Dalton speaking on behalf of the applicant group responded that paramedics could not be used to replace RRTs because they do not possess the necessary skills or education to perform that role, and that the scope of practice of paramedics would not allow them to be used this manner.

Jeff Gonzalez, R.R.T., then came forward to testify. Mr. Gonzalez expressed the concern that the proposal might dilute the quality of care being delivered in health care facilities because paramedics lack so much of the education and so many of the skill sets essential to working in health care facilities such as biology, anatomy and physiology, as well as pharmacology, pathology, and the training necessary for treating patients with chronic conditions.

Board member Sandstrom then responded to the testimony of Mr. Freihaut and Mr. Gonzalez by stating that many rural areas in Nebraska lack basic care that persons in urban areas take for granted, and that the applicants' proposal represents a means of addressing at least some of these needs. Board member Sandstrom took issue with those aspects of their testimony that implied that the proposal would result in RRTs being replaced by paramedics. This Board member stated that there is nothing to indicate that the applicants' proposal would have that result, and that applicant group

representatives have made it clear that they intend to do all they can to prevent their proposal from being used to replace other health professionals.

Board member Schiefen commented that the licensed scopes of practice of the various health professionals involved in providing care in health care facilities as well as the current provisions of paramedic scope of practice should, when taken together, constitute adequate protection against efforts to replace one type of health professional with another. Board member Schiefen added that the proposal would provide health care facilities with an opportunity to improve the overall quality and continuity of care because of the unique skill sets that paramedics and EMTs have to offer.

Board member Lazure then expressed concerns about the role of paramedics and EMTs in health clinics, and stated that medical directors are often not sufficiently diligent in providing training, direction, and oversight for personnel under their charge to ensure the safety and effectiveness of the services of such personnel.

At this point in the discussion, Bob Olson, the chairperson of the Board of Emergency Medical Services, came forward to make a comment. Mr. Olson stated that there are no ideal solutions to the problems raised during the review, and that it's important to see "the big picture" regarding these issues. Mr. Olson stated that rural areas are in great need of improved access to emergency care, and the current proposal would make a significant contribution to meeting these needs. Mr. Olson added that whatever potential the proposal might have to dilute the quality of care would be minimized by the scopes of practice of the EMS groups under review as well as by the scopes of practice of other licensed professionals who work in health facility contexts.

Arthur Ortiz, R.R.T., then came forward to comment on the proposal. Mr. Ortiz expressed concern about the ability of EMS providers to function safely and effectively in rural health clinics. Mr. Ortiz then commented that applicant group assertions regarding the ability of the proposal to improve rural emergency transport need clarification. Board member Spry responded by stating that the proposal would make it possible for rural emergency care services to employ the services of paramedics and EMTs in the context of local health clinics and thereby initiate life saving procedures earlier than is possible under the current situation.



### **Formulation of Recommendations by the Full Board of Health**

There being no other testifiers, the Board members decided that their next step would be to formulate their recommendation on the proposal. After some discussion the Board members decided to formulate their recommendation by voting on a motion to adopt the recommendations of the Board's Credentialing Review Committee on the proposal. Board member Spry moved and Board member Schiefen seconded that the full Board of Health adopt the recommendations of the Committee. Voting aye were Sandstrom, Schiefen, Heiden, Nelson, Forney, Hoover, Spry, Augustine, Balters, Vaughan, and York. There were no nay votes. Board member Lazure abstained from voting. **By this vote the Board members decided to recommend in favor of the applicants' proposal as amended.**

Ron Briel  
Program Manager  
Credentialing Review Program

June 1, 2001

