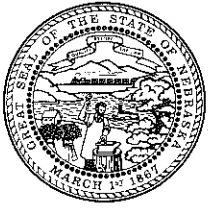


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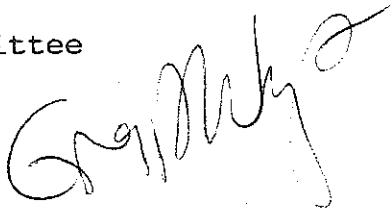
MEMORANDUM

TO: Senator Don Wesely, Chairman
Health and Human Services Committee

FROM: Gregg F. Wright, M.D., M.Ed.
Director of Health

DATE: March 22, 1991

SUBJECT: Departmental Recommendations Regarding the Rural EMS
Proposal



Summary

The Rural EMS Task Force proposed in its application to create a special category of EMT-A via two educational modules with special skills in the insertion of various airway adjuncts and in the administration of IVs.

The proposal was amended so as to delete provisions that would have allowed EMT-As to start, restart or remove IVs and to delete provisions that would have created an EMT-RN service category.

According to the procedures of the Nebraska Credentialing Review Program, a technical committee was appointed to study the proposal. After reviewing the proposal and holding a public hearing on the issue, five technical committee members voted in favor of the proposal as amended, and one technical committee member abstained from voting.

The Board of Health appointed a subcommittee to study the issue and the technical committee report. This subcommittee recommended in favor of the proposal. During the deliberations of the Board of Health, twelve board members voted in favor of the proposal as amended, and one board member abstained from voting.

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The Department of Health has reviewed the application, the technical committee report, the transcript of the public hearing, and the issue in general, and has decided to recommend approval of the proposal as amended.

Background

The applicant group contended that the nearly one million residents of small towns and villages do not currently have timely access to the services of personnel who can provide advanced life support. The applicants stated that there is a need to have someone on the scene in remote rural areas who can apply such advanced life support techniques as airway management to keep victims from expiring during the sometimes lengthy trip en route to the hospital.

The applicants stated that most rural communities in Nebraska cannot afford the advanced life support services of either EMT-Is or paramedics but can afford the advanced life support services that could be provided by EMT-As as described in the proposal.

Discussion

The work of the technical committee and the Board of Health revealed that there is a need for an expanded role for EMT-As in remote rural areas of Nebraska. The Department agrees with the committee and the Board that this expanded role should be limited to airway management excluding laryngoscopes, and to monitoring of IVs (excluding starting, restarting, and removing IVs). The Department agrees that these exclusions are necessary in order to expand the role of EMT-As without creating a new source of harm to the public. EMT-As do not have sufficient assessment skills to start, restart, or remove IVs safely and effectively.

Some members of the applicant group argue that the above-mentioned restrictions and exclusions pertinent to IV management will prevent the full utilization of the capabilities of EMT-As and that the potential for harm to the public inherent in allowing EMT-As to perform the full range of IV management is insignificant when compared to the potential life-saving benefits that could result from such a service by EMT-As. These applicants argue that medical protocols and supervision by medical directors would minimize the harm stemming from the relative lack of assessment skills of EMT-As.

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The Department does not agree that the proposed exclusions for IV management by EMT-As is unnecessarily restrictive. Medical protocols and medical supervision are not sufficient to compensate for a lack of assessment skills on the part of specific EMT personnel.

Concern also needs to be expressed about the difficulty of developing and maintaining an appropriate skill level among EMT-As pertinent to the various procedures associated with IV management. My review of information from the work of the technical committee and the Board of Health indicates that the need for IV management by EMT-As would occur too infrequently for them to maintain an appropriate skill level. Additionally, there are concerns that the nature and extent of the IV training in the original proposal would not be sufficient to prepare EMT-As to start or restart IVs safely and effectively.

Summary and Concluding Remarks

The proposal as amended by the technical committee and endorsed by the Board of Health represents an effort to reconcile conflicting concerns about access to EMS services on the one hand, and quality of EMS services on the other. The information available to me suggests that the proposal as amended currently represents the best means of addressing the problems of EMS services in remote rural areas of Nebraska.

GFW/RB/all

