Report: Credentialing Review of the Proposal to Make Changes in the Practice Settings of Paramedics and EMTIs

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To: Speaker of the Nebraska Legislature
Chairperson, Executive Board of the Legislature
Chairperson and Members, Health and Human Services Committee

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Introduction

The Regulation of Health Professions Act provides for an administrative process to review and present to the Nebraska Legislature recommendations regarding change in scope of practice of licensed health care professionals and the establishment of new credentialing for currently unregulated professions as defined in Neb. Rev. Stat., Section 71-6201, et. seq. The Department of Health and Human Services Regulation and Licensure administers the Act. As Director of this Department, I am presenting this report under the authority of this Act.

Regulatory Policy and Philosophy

When practitioners of a currently regulated health profession are prohibited from the full practice of their profession due to restrictions imposed by current statutory language, the Legislature has provided four statutory criteria that must be satisfied before the restrictions on the profession in question can be removed. These criteria focus attention on the health, safety, and welfare of the public as defined in section 71-6221 (3). The term "welfare" is defined in section 71-6220.01 of the act and states:

> Welfare shall include the ability of the public to achieve ready access to high quality health care services at reasonable cost.

People in Nebraska have the right to expect that health care professionals licensed by their state possess the necessary knowledge and skills to provide the services defined in their scope of practice, and are fully capable of providing these services in the sites and locations allowed by their licensing statute.

Summary of the Applicants' Proposal

The Original Proposal:

The Board of Emergency Medical Services, as the applicant, proposed to create two new certification classes of emergency medical services (EMS) providers: 1) emergency medical technician- intermediate clinician, and, 2) emergency medical technician-paramedic clinician. The effect of the proposal would be to remove the statutory "out-of-hospital" limitation on the settings where these people could work in order to allow specially qualified emergency medical technicians-paramedic (paramedics, i.e.) and emergency medical technicians-intermediate (EMT-Is) to practice their profession in hospital and health clinic emergency departments under medical and nursing supervision.

Under the Emergency Medical Services Act of 1998 (Sections 71-5172 through 71-51,102) there are currently four EMS classifications: first responders, emergency medical technicians, emergency medical technician-intermediates, and paramedics. All four classifications are identified as "out-of-hospital" providers. The original proposal would add two classifications that would not be limited to "out-of-hospital" settings.

The original proposal contained two alternative ways in which the proposal, including training and examination issues, could be accomplished. These alternatives are options 1 and 2 as follows:

Option 1) Create two new state certification classifications (Paramedic Clinician, and EMT-I Clinician) with the curriculum being developed by a clinician task force operating under the auspices of the Board of Emergency Medical Services. Examinations would be developed by each health facility that conducts a clinician course subject to the approval of the BEMS to ensure that each exam follows course objectives before it is administered by the facilities.

Option 2) Create two new state certification classifications (Paramedic Clinician, and EMT-I Clinician) with the curriculum and the examination developed by a clinician task force under the auspices of the Board of Emergency Medical Services.

The Proposal as Amended:

An additional option was identified by the technical committee during its deliberations. It was adopted by the committee with the approval of the applicant group at the fourth meeting of the committee. By this action the proposal was amended to read as follows:

> Create enabling legislation that would provide hospitals and health clinics the authority to train, test, and employ paramedics and EMT-Is. This alternative would not involve the creation of any new credentialing categories, new curricula, or additional examinations, but would require eliminating the "out-of-hospital" terminology in the current EMS statute pertinent to paramedics and EMT-Is.

The amended proposal would allow hospitals and health clinics to employ paramedics and EMT-Is wherever they are needed in their facilities, not just in the emergency room. These EMS providers would be allowed to practice within their scope of practice in these settings. Additionally, they could be used to perform tasks and duties not specifically covered by the EMS statute as long as these tasks and duties are allowed under nursing delegation. In any situation, these EMS practitioners would always be under nursing supervision.

Summary of Technical Committee and Board of Health Recommendations

Summary of Committee Conclusions and Recommendations

The committee members reviewed the amended version of the proposal (described above) by applying the four criteria of the credentialing review statute that deal with scope of practice. The committee members recommended in favor of the amended version of the applicants' proposal on all four criteria.

Summary of Board of Health Procedures and Recommendations

The members of the full Board of Health agreed with the technical committee and recommended approval of the same amended version of the applicants' proposal.

Findings and Recommendations of the Agency Director

Regarding the four criteria of the credentialing review statute pertinent to scope of practice reviews, I am taking the following actions:

Pertinent to **Criterion One** which 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."**

I find that Criterion One is satisfied. The statutory restrictions on the practice of Paramedics and EMT-Is under review have had an adverse impact on access to advanced life support (ALS) in rural areas of our state.

Pertinent to **Criterion Two** which states,

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

I find that Criterion Two is satisfied. The current activities of medical oversight and nursing delegation that exist in hospitals and health clinics are sufficient to provide reasonable assurance that paramedics and EMT-Is can practice appropriately in the expanded settings under review.

Pertinent to **Criterion Three** which states,

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

I find that Criterion Three is satisfied. The people who reside in rural areas of our state would benefit by having a greater likelihood to have access to advanced life support services as a result of the approval of the proposal.

Pertinent to **Criterion Four** which states,

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

I find that Criterion Four is satisfied. Removing the practice site restrictions under review for qualified paramedics and EMT-Is is a highly cost-effective way of providing additional access to necessary health care services.

Based on these conclusions, I recommend in favor of the applicants' proposal.

Discussion on Recommendations

A strong case was made by advocates of the proposal that current restrictions on practice settings for paramedics and EMT-Is which prohibit them from practicing in hospitals and health clinics greatly hampers efforts to organize and maintain advanced life support in remote rural areas. Rural ambulance services cannot afford to employ EMS personnel qualified to provide ALS (Paramedics and EMT-Is) if such personnel cannot be utilized for anything other than making ambulance runs.

Advocates of the proposal argued convincingly that licensed hospitals and health clinics in Nebraska have the ability to supervise the services of paramedics and EMT-Is in a manner consistent with the universal goal of providing safe and effective services for the public. Not only will paramedics and EMT-Is be able to utilize their emergency skills in hospital and health clinic emergency room settings, but they will also be able to apply these skills anywhere their employer needs them consistent with their scope of practice and medical and nursing supervision. Additionally, they can perform miscellaneous tasks as needed anywhere in the hospital or health clinic setting subject to the rules pertinent to nursing delegation.

Some hospitals in our state, under a grandfathering provision, already have successfully integrated EMS practitioners into their health delivery systems. These EMS practitioners have functioned within their scope of practice with regard to emergency services, and have functioned under nursing delegation as would any other qualified employee of a hospital. Their experience demonstrates that appropriately prepared paramedics and EMT-Is can practice in a safe and effective manner in hospitals and health clinics. Their experience also demonstrates the importance of appropriate screening, training, and oversight in assuring a safe and successful program. This proposal requires hospitals and health clinics that want to use these practitioners to be vigilant in providing for patient safety. These licensed facilities already have this responsibility with regard to all their credentialed health professionals and any uncredentialed technicians and assistants in their employ.

Advocates of the proposal argued convincingly that the changes in EMS practice being considered would be likely to have a direct and immediate positive impact on the development of ALS in rural areas of our state. Removing the restrictions under review would enable critical care hospitals in rural areas to upgrade their ambulance service programs by employing advanced practice EMS providers who could be a nucleus around which ALS services could be developed. Hospitals and health clinics would be better able to afford EMS personnel with advanced training if they could be employed not only in their emergency rooms, but also, under nursing delegation or supervision, elsewhere in these settings as well.

The proposal developed by the technical committee will have minimal administrative cost compared to either of the first two alternatives. Those alternatives would have required the establishment and administration of a regulatory testing program. These kinds of programs can be exceedingly costly. The number of paramedics and EMT-Is who would be likely to choose to work in hospitals and health clinics would probably be too few to justify the high costs associated with the creation of such testing programs.

Allowing hospitals and health clinics the latitude of determining what functions and services emergency personnel in their employ provide to patients, and then training them to do these things, is the most cost-effective way of resolving this issue. This approach allows for the flexibility that is needed for the training of EMS providers to work in such variable health care settings as large metropolitan hospitals, small rural critical care hospitals, and health clinics. All hospitals and health clinics currently provide inservice and on-the-job training to credentialed professionals, technicians, and other personnel involved in delivering health care services. Tailoring such training to the utilization of paramedics and EMT-Is should not be burdensome for these facilities, and should be cost-effective, not only for the facilities in question, but also for the public.

In summary, the EMS providers under review need to be allowed to work in hospitals and health clinics for their services to be cost-effective in rural areas of our state. Action is needed to expand their practice settings consistent with the applicants' amended proposal so that all Nebraskans receive the benefit of their services.

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