

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Health Regulation Committee

BILL: SB 1358

INTRODUCER: Senator Oelrich

SUBJECT: Emergency Medical Services

DATE: April 1, 2011

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Fernandez/O'Callaghan	Stovall	HR	Pre-meeting
2.	_____	_____	BC	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

I. Summary:

This bill deletes the requirement for emergency medical technicians (EMTs), paramedics, and 911 public safety telecommunicators, certified under ch. 401, F.S., to complete a course approved by the Department of Health (DOH), regarding the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) as a condition of certification and recertification. The bill updates Florida EMTs and paramedics training requirements to reflect the new 2009 national training standards.

The bill redefines “basic life support” to include the name of the new National EMS Education Standards and changes the timetable for revision of the comprehensive state plan for emergency medical services and programs from biennially to every 5 years.

This bill substantially amends the following sections of the Florida Statutes: 381.0034, 401.23, 401.24, 401.27, and 401.2701

II. Present Situation:

HIV/AIDS

Acquired Immune Deficiency Syndrome is a physical disorder that results in the loss of immunity in affected persons. It is caused by a retrovirus known as the Human Immunodeficiency Virus. The HIV infection and AIDS remain leading causes of illness and death in the United States. Since the beginning of the HIV/AIDS epidemic in the early 1980s, it

is estimated that over 1 million persons in the United States have been diagnosed with AIDS.¹ According to the Centers for Disease Control and Prevention (CDC), the annual number of AIDS cases and deaths declined substantially after 1994, but stabilized during the period 1999-2004.² The number of HIV/AIDS cases among racial/ethnic minority populations and persons exposed to HIV through heterosexual contact has increased since 1994.³ Florida ranks third among the states in the cumulative number of reported AIDS cases, with 121,161 cases reported through January 2011.⁴

Florida has comprehensive HIV testing and partner notification laws. Additionally Florida law requires certain health care practitioners who provide prenatal services to offer HIV testing along with the testing for other sexually transmissible diseases to pregnant women.

Emergency Medical Technicians/Paramedics, Standards and Certification

The Department of Health, Division of Emergency Operations regulates EMTs and paramedics. “Emergency Medical Technician” is defined under s. 401.23, F.S., to mean a person who is certified by the DOH to perform basic life support, which is the treatment of medical emergencies through the use of techniques described in the Emergency Medical Technician Basic Training Course Curriculum of the U.S. Department of Transportation. “Paramedic” means a person who is certified by the DOH to perform basic *and* advanced life support.

The DOH must establish, by rule, educational and training criteria and examinations for the certification and recertification of EMTs and paramedics.⁵ An applicant for certification or recertification as an EMT or paramedic must have completed an appropriate training course as follows:

- For an EMT, an emergency medical technician training course equivalent to the most recent emergency medical technician basic training course of the U.S. Department of Transportation as approved by the DOH.
- For a paramedic, a paramedic training program equivalent to the most recent paramedic course of the U.S. Department of Transportation as approved by the DOH.

The DOH must also establish by rule, a procedure for biennial renewal certification of EMTs and paramedics. Such rules for EMTs must require a U.S. Department of Transportation refresher training program of at least 30 hours as approved by the DOH every 2 years. Rules for paramedics must require candidates for renewal to have taken at least 30 hours of continuing education units during the 2-year period.

¹HIV/AIDS in the United States. Revised August 2009. CDC. Available at:

<<http://www.cdc.gov/hiv/resources/factsheets/PDF/us.pdf>> (Last visited April 1, 2011).

² CDC Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings. *MMWR (Morbidity and Mortality Weekly Report)* September 22, 2006; 55(RR 14):1-17. Available at:

<<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>> (Last visited on April 1, 2011).

³ *Ibid.*

⁴ The Florida Division of Disease Control Surveillance Report (Hepatitis, HIV/AIDS, STD and TB). January 2011, No. 314. Available at: <http://www.doh.state.fl.us/disease_ctrl/aids/trends/msr/2011/MSR0111.pdf> (Last visited on April 1, 2011).

⁵ s. 401.27, F.S.

911 Public Safety Telecommunicator⁶

“911 public safety telecommunicator” means a public safety dispatch or 911 operator whose duties include, among other things, answering, receiving, transferring, and dispatching functions related to 911 calls and dispatching law enforcement officers, fire rescue services, emergency medical services, and other public safety services to the scene of an emergency. Certain 911 public safety telecommunicators are required to be certified pursuant to s. 401.465, F.S. The DOH is to establish, by rule, educational and training criteria for the certification and recertification of 911 public safety telecommunicators.

Requirement for Instruction on HIV/AIDS

In 2006, the Legislature revised the requirements for the HIV/AIDS continuing education instruction in the general licensing provisions for health practitioners regulated by s. 456, 033, F.S.⁷ Under s. 381.0034(3), F.S., the DOH must require applicants for initial licensure or certification as EMTs, paramedics, 911 public safety telecommunicator, midwives, radiologic technologists, or clinical laboratory personnel to complete an educational course on HIV and AIDS. These professions must complete a department-approved course on HIV/AIDS at the time of initial licensure or certification, or do so within 6 months of licensure or certification upon an affidavit showing good cause.

The course must cover modes of transmission, infection control procedures, clinical management, and prevention of HIV/AIDS. The course must also include information on current Florida law on AIDS and its impact on testing, confidentiality of test results, treatment of patients, and any protocols and procedures applicable to HIV counseling and testing, reporting, the offering of HIV testing to pregnant women, and partner notification. Failure to comply with the educational requirement is grounds for disciplinary action.⁸

Section 381.0034(1), F.S., also provides that the DOH must require, as a condition of biennial relicensure, persons certified or licensed as EMTs, paramedics, 911 public safety telecommunicator, midwives, radiologic technologists, and clinical laboratory personnel to complete an educational course approved by the DOH on HIV/AIDS. Each licensee or certificate holder is to submit confirmation of having completed the course when submitting fees or an application for each biennial renewal.

Emergency Medical Services Training Programs⁹

Any private or public institution in Florida desiring to conduct an approved program for the education of EMTs and paramedics must submit a completed application, which must include documentation verifying that the curriculum:

- Meets the course guides and instructor’s lesson plans in the most recent Emergency Medical Technician-Basic National Standard Curricula for emergency medical technician programs

⁶ S. 401.465, F.S.

⁷ See 2006-251, L.O.F.

⁸ S. 381.0034(2), F.S.

⁹ S. 401.2701, F.S.

and Emergency Medical Technician-Paramedic National Standard Curricula for paramedic programs;

- Includes 2 hours of instruction on the trauma scorecard methodologies for assessment of adult trauma patients and pediatric trauma patients as specified by the DOH by rule; and
- Includes 4 hours of instruction on HIV/AIDS training consistent with the requirements of ch. 381, F.S.

Emergency Medical Services State Plan¹⁰

Under s. 401.24, F.S., the DOH is responsible for the improvement and regulation of basic and advanced life support programs and is required to biennially develop and revise a comprehensive state plan for basic and advanced life support services.

Emergency Medical Technician National Standard Curriculum¹¹

The National Highway Traffic Safety Administration (NHTSA) has assumed responsibility for the development of training courses that are responsive to the standards established by the Highway Safety Act of 1966 (amended). Since these courses are designed to provide national guidelines for training, it is NHTSA's intention that they be of the highest quality and be maintained in a current and up-to-date status from the point of view of both technical content and instructional strategy.

In 1994, the NHTSA completed an extensive revision of the national standard Emergency Medical Technician-Basic Curriculum.¹² The EMT-Basic National Standard Curriculum is a core curriculum of minimum required information, to be presented within a 110-hour training program, intended to prepare a medically competent EMT-Basic to operate in the field. The 110-hour time constraint of the program, as recommended by the national emergency medical services community during the 1990 NHTSA *Consensus Workshop on Emergency Medical Services Training Programs*, necessitates the need for enrichment and continuing education in order to bring a student to full competency.¹³

The 1994 EMT-Basic: National Standard Curriculum Instructor's Course Guide¹⁴ specifically mentions that: "It is important to understand that this curriculum does not provide students with extensive knowledge in hazardous materials, blood-borne pathogens, emergency vehicle operations or rescue practices in unusual environments. These areas are not core elements of education and practice as identified in the *National EMS Education and Practice Blueprint*. Identified areas of competency not specifically designed within the EMT-Basic: National Standard Curriculum should be taught in conjunction with this program as a local or state option."

¹⁰ S. 401.24, F.S.

¹¹ National Standard Curricula available at: <www.nhtsa.gov/people/injury/ems/pub/emtbnc.pdf> (Last visited on April 1, 2011).

¹² See NHTSA Emergency Medical Technician: Basic Refresher Curriculum, Instructor Course Guide. Available at: <<http://www.nhtsa.dot.gov/people/injury/ems/pub/basicref.pdf>> (Last visited on April 1, 2011).

¹³ See NHTSA EMT-Basic: National Standard Curriculum, Instructor's Course Guide. Available at: <<http://www.nhtsa.dot.gov/people/injury/ems/pub/emtbnc.pdf>> (Last visited on April 1, 2011).

¹⁴ See NHTSA EMT-Standard: National Standard Curriculum, Instructor's Course Guide. Available at: <<http://www.nhtsa.dot.gov/people/injury/ems/pub/emtbnc.pdf>> (Last visited on April 1, 2011).

The EMT-Paramedic: National Standard Curriculum represents the minimum required information to be presented within a course leading to certification as a paramedic. It is recognized that there is additional specific education that will be required of paramedics who operate in the field, i.e. ambulance driving, heavy and light rescue, basic extrication, special needs, and so on. It is also recognized that this information might differ from locality to locality, and that each training program or system should identify and provide special instruction for these training requirements.¹⁵

The 1998 EMT-Paramedic: National Standard Curriculum Introduction¹⁶ also specifically mentions that: “It is important to recognize that this curriculum does not provide students with extensive knowledge in hazardous materials, blood-borne pathogens, emergency vehicle operations or rescue practices in unusual environments. These areas are not core elements of education and practice as identified in the *National EMS Education and Practice Blueprint*. Identified areas of competency not specifically designed within the EMT-Paramedic: National Standard Curriculum should be taught in conjunction with this program as a local or state option.”

The National EMS Education Standards¹⁷

The National EMS Education Standards (Standards), led by the National Association of EMS Educators, replace the NHTSA National Standard Curricula at all licensure levels. The Standards define the competencies, clinical behaviors, and judgments that must be met by entry-level EMS personnel to meet practice guidelines defined in the National EMS Scope of Practice Model. Content and concepts defined in the National EMS Core Content are also integrated within the Standards.

The Standards comprise of four components:

1. Competency - This statement represents the minimum competency required for entry-level personnel at each licensure level.
2. Knowledge Required to Achieve Competency - This represents an elaboration of the knowledge within each competency (when appropriate) that entry-level personnel would need to master in order to achieve competency.
3. Clinical Behaviors/Judgments - This section describes the clinical behaviors and judgments essential for entry-level EMS personnel at each licensure level.
4. Educational Infrastructure - This section describes the support standards necessary for conducting EMS training programs at each licensure level.

Each statement in the Standards presumes that the expected knowledge and behaviors are within the scope of practice for that EMS licensure level, as defined by the National EMS Scope of Practice Model. Each competency applies to patients of all ages, unless a specific age group is identified.

¹⁵ EMT: Paramedic National Standard Curriculum. Available at: <http://www.nhtsa.gov/people/injury/ems/EMT-P/disk_1%5B1%5D/Intro.pdf> (Last visited on April 1, 2011).

¹⁶ *Id.*

¹⁷ See The national EMS Education Standards at: <<http://www.ems.gov/pdf/811077a.pdf>> (Last visited on April 1, 2011).

The Standards also assume there is a progression in practice from the Emergency Medical Responder level to the Paramedic level. That is, licensed personnel at each level are responsible for all knowledge, judgments, and behaviors at their level and at all levels preceding their level. For example, a Paramedic is responsible for knowing and doing everything identified in that specific area, as well as knowing and doing all tasks in the three preceding levels.

III. Effect of Proposed Changes:

Section 1 amends s. 381.0034, F.S., to remove the requirement for each person licensed or certified under ch. 401, F.S., Medical Telecommunications and Transportation, to complete an educational course about HIV and AIDS as a condition of certification.

Section 2 amends s. 401.23, F.S., to define “basic life support” as treatment of medical emergencies by a qualified person through the use of techniques described in the Emergency Medical Technician Basic Training Course Curriculum or the National EMS Education Standards of the United States Department of Transportation, s approved by the DOH.

Section 3 amends s. 401.24, F.S., relating to emergency medical services state plan, to require the DOH to develop and revise the comprehensive state plan every 5 years rather than every 2 years.

Section 4 amends s. 401.27, F.S., relating to personnel standards and certification, to require the completion of a training course equivalent to the most recent National EMS Education Standards, as approved by the DOH, in order for a person to apply for certification or recertification as an EMT or paramedic. The bill extends the timeframe to pass the examination to become certified as an EMT or paramedic from 1 to 2 years following successful course completion.

Section 5 amends s. 401.2701, F.S., to include the National EMS Education Standards as an option to teach EMT and paramedic training programs as approved by the department.

Section 6 provides an effective date of July 1, 2011.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of the bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24 (a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

D. Other Constitutional Issues:

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The DOH indicated that the bill would require the department to promulgate rules to remove the HIV/AIDS requirement in 64J-1.008 and 64J-1.009, F.A.C. In addition, DOH will need to revise a form. The DOH indicated that it will incur indeterminate costs.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.