

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 909 Emergency Medical Services

SPONSOR(S): Perry and others

TIED BILLS: **IDEN./SIM. BILLS:** SB 1358

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health & Human Services Access Subcommittee	14 Y, 0 N	Holt	Schoolfield
2) Health Care Appropriations Subcommittee	12 Y, 0 N	Clark	Pridgeon
3) Health & Human Services Committee			

SUMMARY ANALYSIS

In 2009, the U.S. Department of Transportation released the new National Emergency Medical Services (EMS) Education Standards for emergency medical technicians (EMTs) and paramedics. The bill updates Florida's EMTs and paramedics training requirements to reflect the new 2009 national training standards.

The bill amends the definition of "basic life support" to update the definition to include the name of the new National EMS Education Standards, removes outdated competencies that are captured within the training course and makes conforming changes. The bill increases the timeframe that EMT or paramedic can take the state examination following successful completion of an approved training program from 1 to 2 years.

The bill removes the requirement that EMTs and paramedics complete the requirement for HIV/AIDS continuing education instruction. The bill amends the timeline that the state emergency medical services plan is updated from biennially to every five years.

The bill has no fiscal impact on the state or local governments.

The bill provides an effective date of July 1, 2011.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Emergency Medical Technicians and Paramedics

The Department of Health (DOH), Division of Emergency Operations regulates emergency medical technicians (EMTs) and paramedics. EMTs and paramedics are regulated pursuant to ch. 401, Part III, F.S. As of June 30, 2010, there were 35,828 active in-state licensed EMTs and 24,103 active in-state licensed paramedics in Florida.¹

HIV and AIDS Training Requirements

In 2006, the Legislature revised the requirements for HIV/AIDS continuing education instruction in the general licensing provisions for health practitioners² regulated by s. 456.033, F.S.³ The law removed the requirement that the HIV/AIDS continuing education course be completed at each biennial license renewal. Instead, licensees are required to submit confirmation that he or she has completed a course in HIV/AIDS instruction at the time of the first licensure renewal or recertification.⁴

Section 381.0034, F.S., requires the following practitioner groups to complete an HIV/AIDS educational course at the time of biennial licensure renewal or recertification:

- EMTs and paramedics;
- Midwives;
- Radiologic personnel and
- Laboratory personnel.

Failure to complete the HIV/AIDS continuing education requirement is grounds for disciplinary action.⁵

National EMS Education Standards

In 2009, the U.S. Department of Transportation released the new National Emergency Medical Services (EMS) Education Standards (Standards), which replaces the National Highway Traffic Safety Administration, National Standard Curricula (or Emergency Medical Technician-Basic Standard Curriculum) at all licensure levels.⁶

The Standards define the minimal entry-level educational competencies, clinical behaviors, and judgments that must be met by EMS personnel to meet national practice guidelines.⁷ The Standards provide guidance to instructors, regulators, and publishers regarding the content to provide interim support as EMS instructors and programs across the nation transition from the National Standard Curricula to the National EMS Education Standards.

¹ Florida Department of Health, Division of Medical Quality Assurance, Annual Report: July 1, 2009-June 30, 2010, *available at*: <http://www.doh.state.fl.us/mqa/reports.htm> (last viewed March 20, 2011).

² Acupuncturist; physician; osteopathic physician; chiropractic physician; podiatric physician; certified optometrist; advanced registered nurse practitioner; registered nurse; clinical nurse specialist; pharmacist; dentist; nursing home administrator; occupational therapist; respiratory therapist; or nutritionist; or physical therapists.

³ See 2006-251, L.O.F.

⁴ s. 456.033, F.S.

⁵ s. 381.0034(2), F.S.

⁶ National Highway Traffic Safety Administration, Emergency Medical Services, Educational Standards and NSC: National Emergency Medical Services Education Standards, *available at*: <http://www.ems.gov/education/nationalstandardandnscs.html> (last viewed March 20, 2011).

⁷ *Id.*

The Standards assume there is a progression in practice from the entry-level Emergency Medical Responder level to the advanced Paramedic level.⁸ 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.⁹ According to the Standards, there are four licensure levels of EMS personnel: Emergency Medical Responder; Emergency Medical Technician; Advanced Emergency Medical Technician; and Paramedic.¹⁰ 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. Essential components of the EMS National agenda included creating a single National EMS Accreditation Agency and a single National EMS Certification Agency to ensure consistency and quality of EMS personnel.¹¹

Emergency Medical Services State Plan

Currently, 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.¹²

The Effects of the Bill

The bill removes the requirement that EMTs and paramedics complete the requirement for HIV/AIDS continuing education instruction. Universal precautions¹³ are core concepts of the EMT and paramedic training and are practiced in the field daily, therefore are an unnecessary continuing education requirement.¹⁴

The bill amends the definition of “basic life support” to update the definition to include the name of the new National EMS Education Standards and removes outdated competencies that are captured within the training curriculum. The bill makes conforming changes by removing “emergency medical technician basic training course” and adding “National EMS Education Standards,” which aligns with the most current national standard. The bill also increases the timeframe that EMT or paramedic can take the state examination following successful completion of an approved training program from 1 to 2 years.

The bill amends the timeline that the state emergency medical services plan is updated from biennially to every five years.

B. SECTION DIRECTORY:

Section 1. Amends s. 381.0034, F.S., relating to the requirements for instruction on HIV and AIDS.

Section 2. Amends s. 401.23, F.S., relating to definitions.

Section 3. Amends s. 401.24, F.S., relating to emergency medical services state plan.

Section 4. Amends s. 401.27, F.S., relating to personnel standards and certification.

Section 5. Amends s. 401.2701, F.S., relating to emergency medical services training programs.

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

⁸ *Id.*

⁹ *Id.*

¹⁰ *Id.*

¹¹ U.S. Department of Transportation, National Emergency Medical Services Education Standards, available at:

<http://www.ems.gov/education/nationalstandardandncs.html> (last viewed March 20, 2011),

¹² s. 401.24, F.S.

¹³ Under universal precautions all patients were considered to be possible carriers of blood-borne pathogens to include HIV/AIDS.

¹⁴ Per telephone conversation with DOH, Division of Emergency Operations staff (March 2011).

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None identified at this time.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to: require counties or municipalities to spend funds or take an action requiring the expenditure of funds; reduce the authority that counties or municipalities have to raise revenues in the aggregate; or reduce the percentage of a state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The department has sufficient rule-making authority to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

None.