

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 241 Emergency Medical Services

SPONSOR(S): Perry

TIED BILLS: **IDEN./SIM. BILLS:** SB 450

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health & Human Services Quality Subcommittee	13 Y, 0 N	Holt	Calamas
2) Health & Human Services Committee	17 Y, 0 N	Holt	Gormley

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 EMT and paramedic 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"basic life support" to update the definition to include the name of the new National EMS Education Standards, removes outdated competencies that are captured within the training course and makes conforming changes.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 within which EMTs and paramedics 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 obtain 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, 2012.

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, 2011, there were 33,079 active in-state licensed EMTs and 25,104 active in-state licensed paramedics in Florida.¹

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.²

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 practitioners³ regulated by s. 456.033, F.S.⁴ 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.⁵

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.⁶

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.⁷

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.⁸ The Standards

¹ Florida Department of Health, Division of Medical Quality Assurance, Annual Report: July 1, 2010-June 30, 2011, *available at* <http://www.doh.state.fl.us/mqa/reports.htm> (last viewed November 17, 2011).

² S. 401.24, F.S.

³ 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; and physical therapists.

⁴ See 2006-251, L.O.F.

⁵ S. 456.033, F.S.

⁶ S. 381.0034(2), F.S.

⁷ 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/nationalstandardandnsc.html> (last viewed November 17, 2011).

⁸ *Id.*

provide guidance to instructors, regulators, and publishers to provide interim support as EMS programs across the nation transition from the National Standard Curricula to the National EMS Education Standards.

The Standards assume there is a progression in practice from the entry-level Emergency Medical Responder level to the Paramedic level.⁹ 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.¹⁰ According to the Standards, there are four licensure levels of EMS personnel: Emergency Medical Responder; Emergency Medical Technician; Advanced Emergency Medical Technician; and Paramedic.¹¹ 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. Components of the EMS national agenda¹² included creating a single National EMS Accreditation Agency and a single National EMS Certification Agency to ensure consistency and quality of EMS personnel.¹³

Effect of Proposed Changes

The bill removes the requirement that EMTs and paramedics complete HIV/AIDS continuing education instruction. EMTs and paramedics currently employ “universal precautions” in the field. Under the concept of “universal precautions”, all patients are considered to be carriers of blood-borne pathogens, including HIV/AIDS. Therefore, additional continuing education regarding HIV/AIDS could be considered duplicative and unnecessary.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 EMTs and paramedics 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, 2012.

⁹ *Id.*

¹⁰ *Id.*

¹¹ *Id.*

¹² The EMS Agenda for the Future project was supported by the National Highway Traffic Safety Administration and the Health Resources and Services Administration, Maternal and Child Health Bureau. The project reviewed the lessons learned during the past 30 years in the field of emergency medical services (EMS) and provided direction to strengthen the EMS system. *Available at:* <http://www.nhtsa.gov/people/injury/ems/agenda/emsman.html#SUMMARY> (last viewed November 17, 2011).

¹³ U.S. Department of Transportation, National Emergency Medical Services Education Standards, *available at:* <http://www.ems.gov/education/nationalstandardandncs.html> (last viewed November 17, 2011),

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

On February 2, 2012, the Health & Human Services Committee adopted a strike-all amendment and reported the bill favorably as a committee substitute. The strike-all make technical changes to conform to the Senate bill. The strike-all:

- Makes a minor change to the title;
- Clarifies that the training course may be the national standards curriculum or the national EMS education standards in two places where only the latter was mentioned; and
- Restores current law that was inadvertently presented as new language.

This analysis is drafted to the committee substitute.