

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 450

INTRODUCER: Senator Oelrich

SUBJECT: Emergency Medical Services

DATE: December 5, 2011

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Steele	Stovall	HR	Pre-meeting
2.	_____	_____	CA	_____
3.	_____	_____	BC	_____
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’s EMT and paramedic training requirements to reflect the 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:

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. The Centers for Disease Control and Prevention (CDC) estimated that at the end of 2006 over 1 million persons in the United States were living with HIV/AIDS.¹

¹ *HIV in the United States: An Overview*, Revised July 2010, CDC. Found at: http://www.cdc.gov/hiv/topics/surveillance/resources/factsheets/pdf/us_overview.pdf (Last visited on December 5, 2011).

According to the 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 third⁴ among the states in the cumulative number of reported AIDS cases, with 123,112 cases reported through August 2011.⁵

The HIV infection can be transmitted through certain body fluids (blood, semen, vaginal secretions, and breast milk) from an HIV-infected person. These specific fluids must come in contact with a mucous membrane or damaged tissue or be directly injected into the blood-stream (from a needle or syringe) for transmission to possibly occur. In the United States, HIV is most commonly transmitted through specific sexual behaviors (anal or vaginal sex) or sharing needles with an infected person.⁶

EMTs and paramedics can be exposed to blood because they treat trauma victims and perform advanced life support procedures using needles and other sharp instruments. They often work under unpredictable, adverse conditions where patients may be experiencing uncontrolled bleeding or disorientation. Exposure to blood can occur from a sharps injury, such as a needlestick after use on a patient or a cut from a contaminated sharp object. Exposure can also occur from a splash to the eyes, nose, or mouth; contact on non-intact (broken or cracked) skin; or a human bite.

According to the CDC, implementation of *Standard Precautions* constitutes the primary strategy for the prevention of health care-associated transmission of infectious agents among patients and health care personnel. Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which health care is delivered. These include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices. Also, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g. wear gloves for direct contact, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another patient).⁷

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. Found at: <<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>> (Last visited on December 5, 2011).

³ *Id.*

⁴ Florida – 2010 Profile. Found at: <http://www.cdc.gov/nchhstp/stateprofiles/pdf/florida_profile.pdf> (Last visited on December 5, 2011).

⁵ The Florida Department of Health, Division of Disease Control, *Monthly Surveillance Report* (Hepatitis, HIV/AIDS, STD and TB), September 2011, p. 16. Found at: <http://www.doh.state.fl.us/disease_ctrl/aids/trends/msr/2011/MSR0911b.pdf> (Last visited on December 5, 2011).

⁶ CDC, HIV Transmission, *How is HIV passed from one person to another?* Found at: <<http://www.cdc.gov/hiv/resources/qa/transmission.htm>> (Last visited on December 5, 2011).

⁷ Jane D. Siegel, MD; Emily Rhinehart, RN MPH CIC; Marguerite Jackson, PhD; Linda Chiarello, RN MS; the Healthcare Infection Control Practices Advisory Committee, CDC, *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, p. 66. Found at: <<http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>> (Last visited on December 5, 2011).

The CDC and state health departments have been investigating cases of HIV infection in health care personnel without identified risk factors since the early days of the AIDS epidemic. Of those health care personnel for whom case investigations were completed from 1981 to 2010, 57 had documented seroconversion to HIV following occupational exposures. In addition, 143 possible cases of HIV infection have been reported among health care personnel.⁸ According to the CDC, there were no documented cases of emergency medical technicians or paramedics having acquired an HIV infection through occupational exposure. However, there were 12 EMTs/paramedics for whom occupational acquisition of an HIV infection might have been possible.⁹

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.¹⁰ 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 of 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.

911 Public Safety Telecommunicator¹¹

“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

⁸ CDC, *Surveillance of Occupationally Acquired HIV/AIDS in Healthcare Personnel, as of December 2010*, updated May, 2011. Available at: <<http://www.cdc.gov/HAI/organisms/hiv/Surveillance-Occupationally-Acquired-HIV-AIDS.html>> (Last visited on December 5, 2011).

⁹ *Id.*

¹⁰ s. 401.27, F.S.

¹¹ s. 401.465, F.S.

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.¹² These practitioners are no longer required to take a course on HIV/AIDS as a condition of initial licensure. They are required to complete a continuing education course on HIV/AIDS for their first licensure renewal.

Under s. 381.0034(3), F.S., the DOH must require applicants for initial licensure or certification as EMTs, paramedics, 911 public safety telecommunicators, 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.¹³

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 telecommunicators, 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 Programs¹⁴

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

¹² See Chapter 2006-251, L.O.F.

¹³ s. 381.0034(2), F.S.

¹⁴ s. 401.2701, F.S.

- 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.

EMT and Paramedic National Standard Curricula

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). These courses are designed to provide national guidelines for training.

In 1994, the NHTSA completed an extensive revision of the national standard Emergency Medical Technician-Basic Curriculum.¹⁵ 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.¹⁶

The topic of HIV/AIDS is not specifically addressed in the EMT-Basic: National Standard Curriculum. The topic is most likely to be covered in the module of the curriculum that addresses the well-being of the EMT-Basic. This module covers body substance isolation, personal protection from airborne and blood borne pathogens, personal protection equipment, and safety precautions.

The 1994 EMT-Basic: National Standard Curriculum Instructor's Course Guide 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."¹⁷

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,

¹⁵ National Standard Curriculum. Found at: <<http://www.nhtsa.gov/people/injury/ems/pub/emtbnsnc.pdf>> (Last visited on December 5, 2011).

¹⁶ *Id.*, p. 25

¹⁷ *Id.*, p. 25

and that each training program or system should identify and provide special instruction for these training requirements.¹⁸

The EMT-Basic certification is a prerequisite for the more advanced paramedic education, so the topic of HIV/AIDS would most likely have already been covered by the EMT-Basic: National Standard Curriculum.

The 1998 EMT-Paramedic: National Standard Curriculum Introduction 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.”¹⁹

The National EMS Education Standards²⁰

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 are comprised of four components:

- Competency - This statement represents the minimum competency required for entry-level personnel at each licensure level.
- 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.
- Clinical Behaviors/Judgments - This section describes the clinical behaviors and judgments essential for entry-level EMS personnel at each licensure level.
- 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.

¹⁸ EMT: Paramedic National Standard Curriculum, *Preface*. Found at: <http://www.nhtsa.gov/people/injury/ems/EMT-P/disk_1%5B1%5D/Intro.pdf> (Last visited on December 5, 2011).

¹⁹ *Id.*, p. 19-20

²⁰ National Emergency Medical Services Education Standards. Found at: <<http://www.ems.gov/pdf/811077a.pdf>> (Last visited on December 5, 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.

The National EMS Education Standards do not specifically address the topic of HIV/AIDS. Like the National Standard Curricula mentioned above, the Standards cover adherence to Standard Precautions, blood borne pathogens, and disease transmission prevention.

Emergency Medical Services State Plan²¹

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.

III. Effect of Proposed Changes:

Section 1 amends s. 381.0034, F.S., to remove the requirement for each person certified under ch. 401, F.S., Medical Telecommunications and Transportation, to complete an educational course about HIV and AIDS as a condition of initial certification and renewal of certification. Although not specifically referenced in the title, in addition to removing emergency medical technicians and paramedics from this requirement, the bill would also remove 911 public safety telecommunicators.²²

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 as approved by the DOH. The bill removes a list of techniques that are examples of the techniques of basic life support.

Section 3 amends s. 401.24, F.S., relating to the 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 ambulance 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.

²¹ s. 401.24, F.S.

²² It is not anticipated that removing 911 public safety telecommunicators from this requirement will have an impact on the public health and welfare within Florida.

Section 5 amends s. 401.2701, F.S., relating to emergency medical services training programs, to include the National EMS Education Standards as a curriculum option for EMT and paramedic training programs.

Section 6 provides an effective date of July 1, 2012.

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.

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, the DOH will need to revise a form, publish notice of the rule changes and hold a public hearing with associated overhead costs. The DOH indicated that the fiscal impact will be minimal and can be absorbed within the department's Emergency Medical Services Trust Fund.

VI. Technical Deficiencies:

On line 4, 911 public safety telecommunicators should be included.

It is not clear what the phrase "as approved by the department" throughout the bill applies to.

On lines 97 and 98, the national standard curriculum should also be included.

On lines 180 and 181, the bill deletes the Emergency Medical Technician-Paramedic: National Standard Curricula. This is not consistent with the rest of the bill.

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.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
