

**HOUSE OF REPRESENTATIVES
FINAL BILL ANALYSIS**

BILL #: HB 195

FINAL HOUSE FLOOR ACTION:

SPONSOR(S): Perry and others

117 Y's 0 N's

**COMPANION (SB 520)
BILLS:**

GOVERNOR'S ACTION: Approved

SUMMARY ANALYSIS

HB 195 passed the House on April 30, 2013 as SB 520. The bill amends part III of ch. 401, F.S., to update the training standards for emergency medical technicians (EMTs) and paramedics to reflect the current EMT-Paramedic National Standard Curriculum and the National Emergency Medical Services Education Standards (National EMS Education Standards), which were released by the U.S. Department of Transportation in 2009. The bill makes numerous conforming changes to the law to reflect the new training standards.

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 amends s. 381.0034, F.S., to delete 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 an insignificant fiscal impact that can be absorbed within existing Department of Health resources and no fiscal impact to local governments.

The bill was approved by the Governor on June 7, 2013, ch. 2013-128, L.O.F., and will become effective on July 1, 2013.

I. SUBSTANTIVE INFORMATION

A. EFFECT OF CHANGES:

PRESENT SITUATION

Regulation of 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 November 1, 2012, there were 36,578 active in-state licensed EMTs and 26,989 active in-state licensed paramedics in Florida.¹

“Emergency Medical Technician” is defined under s. 401.23, F.S., to mean a person who is certified by 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 DOH to perform basic and advanced life support.

“Basic life support” means treatment of medical emergencies by a qualified person through the use of techniques such as patient assessment, cardiopulmonary resuscitation (CPR), splinting, obstetrical assistance, bandaging, administration of oxygen, application of medical antishock trousers, administration of a subcutaneous injection using a premeasured autoinjector of epinephrine to a person suffering an anaphylactic reaction, and other techniques described in the Emergency Medical Technician Basic Training Course Curriculum of the United States Department of Transportation.²

“Advanced life support” means the treatment of life-threatening medical emergencies through the use of techniques such as endotracheal intubation, the administration of drugs or intravenous fluids, telemetry, cardiac monitoring, and cardiac defibrillation by a qualified person.³

Currently, 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.⁴

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 care practitioners⁵ regulated by s. 456.033, F.S.⁶ 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.⁷

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;

¹Florida Department of Health, Division of Medical Quality Assurance, Annual Report and Long Range Plan: 2011-2012, available at: <http://www.doh.state.fl.us/mqa/reports.htm> (last viewed May 8, 2013).

² Section 401.23(7), F.S.

³ Section 401.23(1), F.S.

⁴ Section 401.24, F.S.

⁵ 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 therapist.

⁶ See section 2, chapter 2006-251, L.O.F.

⁷ Section 456.033, F.S.

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

Failure to complete the HIV/AIDS continuing education requirement is grounds for disciplinary action.⁸

National EMS Education Standards

In 1996, the National Highway Traffic Safety Administration (NHTSA) and the Health Resources and Services Administration published the highly regarded consensus document titled the Emergency Medical Service (EMS) Agenda for the Future, commonly referred to as the Agenda.⁹ This was a federally funded position paper completed by the National Association of EMS Physicians in conjunction with the National Association of State EMS Directors. The intent of the Agenda was to create a common vision for the future of EMS. The Agenda addressed 14 attributes of EMS, including the EMS education system. Other 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.¹⁰ In December 1996, NHTSA convened an EMS Education Conference with representatives of more than 30 EMS-related organizations to identify the next logical Agenda implementation steps for the EMS community. At the conclusion of the conference, a general outline of the proposed next steps was published. One recommendation was that the NHTSA support and facilitate the development of the National EMS Education Standards.¹¹

In 2009, the U.S. Department of Transportation released the new National Emergency Medical Services Education Standards (National EMS Education Standards), which replaces the National Highway Traffic Safety Administration, National Standard Curricula (or Emergency Medical Technician-Basic Standard Curriculum) at all licensure levels.¹²

The National EMS Education Standards define the minimal entry-level educational competencies, clinical behaviors, and judgments that must be met by Emergency Medical Service (EMS) personnel to meet national practice guidelines.¹³ The National EMS Education Standards 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 National EMS Education Standards assume there is a progression in practice from the entry-level Emergency Medical Responder level to the Paramedic level.¹⁴ 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.¹⁵ According to the Standards, there are four licensure levels of EMS personnel: Emergency Medical Responder; Emergency Medical Technician; Advanced Emergency Medical Technician; and Paramedic.¹⁶ 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.

⁸ Section 381.0034(2), F.S.

⁹ 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 May 8, 2013).

¹⁰ National EMS Research Agenda, *available at*: www.ems.gov/education/EducationAgenda.pdf (last viewed May 8, 2013).

¹¹ *Id.*

¹² National Highway Traffic Safety Administration, Emergency Medical Services, Educational Standards and NSC: National Emergency Medical Services Education Standards, *available at*: <http://www.ems.gov/EducationStandards.htm> (last viewed May 8, 2013).

¹³ *Id.*

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ *Id.*

EFFECT OF PROPOSED CHANGES

The bill amends s. 401.23, F.S., to update the training standards for emergency medical technicians (EMTs) and paramedics to reflect the current EMT-Paramedic National Standard Curriculum and the National Emergency Medical Services Education Standards (National EMS Education Standards), which were released by the U.S. Department of Transportation in 2009. To conform the law to these new standards, the bill amends the definitions of “advanced life support” and “basic life support” and replaces the phrase “emergency medical technician basic training course” throughout the bill with “EMT-Basic National Standard Curriculum or the National EMS Education Standards.”

The bill amends s. 401.27, F.S., to increase 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 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.¹⁷

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

The bill makes technical changes by restructuring the language to improve readability and deleting unnecessary words.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

An insignificant increase in state expenditures is possible due to the cost of rule promulgation. This increase may be absorbed within DOH’s existing resources.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Positive impact may occur due to the elimination of duplicative instruction and training related to HIV/AIDS.

¹⁷ DOH, Division of Emergency Operations, per telephone conversation with professional staff in February 2013.

D. FISCAL COMMENTS:

None.