

**ALASKA STATE LEGISLATURE**  
**SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**

February 17, 2020

1:30 p.m.

**MEMBERS PRESENT**

Senator David Wilson, Chair  
Senator Natasha von Imhof, Vice Chair  
Senator Cathy Giessel  
Senator Mike Shower  
Senator Tom Begich

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

SENATE BILL NO. 173

"An Act relating to mobile intensive care paramedics; relating to duties of the State Medical Board and the Department of Health and Social Services; and providing for an effective date."

- HEARD & HELD

**PREVIOUS COMMITTEE ACTION**

BILL: SB 173

SHORT TITLE: LICENSE MOBILE INTENSIVE CARE PARAMEDICS

SPONSOR(S): SENATOR(S) REVAK

02/03/20	(S)	READ THE FIRST TIME - REFERRALS
02/03/20	(S)	HSS, L&C
02/17/20	(S)	HSS AT 1:30 PM BUTROVICH 205

**WITNESS REGISTER**

SENATOR JOSH REVAK  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Spoke as sponsor of SB 173.

KIM SKIPPER, Staff  
Senator Josh Revak

Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Provided the sectional analysis for SB 173.

JILL LEWIS, Deputy Director  
Division of Public Health  
Department of Health and Social Services (DHSS)  
Juneau, Alaska

**POSITION STATEMENT:** Testified in support of SB 173.

SONDRA LECLAIR, Section Chief  
Rural and Community Health Systems  
Division of Public Health  
Department of Health and Social Services (DHSS)  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of SB 173.

SARA CHAMBERS, Director  
Division of Corporations, Business and Professional Licensing  
Department of Commerce, Community and Economic Development  
Juneau, Alaska

**POSITION STATEMENT:** Testified in support of SB 173.

ALYSIA JONES, Executive Administrator  
State Medical Board  
Division of Corporations, Business and Professional Licensing  
Department of Commerce, Community and Economic Development  
Juneau, Alaska

**POSITION STATEMENT:** Testified in support of SB 173.

JULIE ANDERSON, representing self  
Haines, Alaska

**POSITION STATEMENT:** Testified in support of SB 173.

ANDREW PANTISKAS, EMS Officer  
Capital City Fire/Rescue  
Juneau, Alaska

**POSITION STATEMENT:** Testified in support of SB 173.

BRIAN WEBB, representing self  
In room

**POSITION STATEMENT:** Testified in support of SB 173.

WILMA VINTON, representing self  
Fairbanks, Alaska

**POSITION STATEMENT:** Testified in support of SB 173.

ANJELA JOHNSTON, Chair  
EMS Training Committee  
Juneau, Alaska

**POSITION STATEMENT:** Testified in support of SB 173.

TIMOTHY PETERSON, M.D., Co-Chair  
State EMS Medical Direction Committee  
Juneau, Alaska

**POSITION STATEMENT:** Testified in support of SB 173.

EUGENE WISEMAN, representing self  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of SB 173.

MIO RHIEN, South Tongass Volunteer Fire Department  
Ketchikan, Alaska

**POSITION STATEMENT:** Testified in support of SB 173.

MICHAEL LEVY, M.D., representing himself  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of SB 173.

ALEX BOYD, Assistant Chief  
Director of Training  
Anchorage Fire Department  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of SB 173.

MARK JOHNSON, representing self  
Juneau, Alaska

**POSITION STATEMENT:** Testified in support of SB 173.

## **ACTION NARRATIVE**

[1:30:11 PM](#)

**CHAIR DAVID WILSON** called the Senate Health and Social Services Standing Committee meeting to order at 1:30 p.m. Present at the call to order were Senators von Imhof, Begich, Giessel, and Chair Wilson. Senator Shower arrived shortly thereafter.

### **SB 173-LICENSE MOBILE INTENSIVE CARE PARAMEDICS**

[1:30:32 PM](#)

CHAIR WILSON announced the consideration of SENATE BILL NO. 173, "An Act relating to mobile intensive care paramedics; relating to duties of the State Medical Board and the Department of

Health and Social Services; and providing for an effective date."

He stated his intent to hear an initial overview and a sectional analysis and take public testimony on SB 173.

1:30:58 PM

SENATOR JOSH REVAK, Alaska State Legislature, Juneau, Alaska, sponsor of SB 173, said this bill seeks to consolidate the oversight of the emergency medical services (EMS) system under a single agency. Currently, regulation of the EMS system is split between the State Medical Board within the [Department of Commerce, Community and Economic Development (DCCED)] and the EMS section within the Department of Health and Social Services (DHSS). This issue arose because paramedics did not exist in Alaska before 1974. After 1974, the term mobile intensive care paramedic was created for the new scope of practice in the Anchorage and Fairbanks fire departments. The emergency medical system (EMS) within DHSS did not exist in Alaska code until 1981. The responsibility to license and credential the paramedics was placed under the State Medical Board. In 1984, the EMS section became fully functional. However, the paramedics remained under the State Medical Board.

SENATOR REVAK said paramedics provide an essential part of a comprehensive emergency medical services system. This bill will transfer paramedic licensure to the Alaska Emergency Medical Services office, DHSS. The Alaska Emergency Medical Services office is currently responsible for certifying emergency medical technicians (EMTs), EMT instructors, EMT training, ground ambulance, medevac services, paramedic instructors, and paramedic training. However, paramedics are licensed by the State Medical Board.

SENATOR REVAK said SB 173 does not change the scope of practice, license requirements, or fee structure. Medical direction will be provided by the existing DHSS Chief Medical Officer and the EMS Medical Directors' Committee. The State Emergency Medical Services office is well-positioned to support this change with a staff of six full-time positions, five of whom are required to have paramedic experience. Existing data systems are able to incorporate paramedic licensure, making the transfer a seamless transition. Aligning all EMS services under a single agency promotes public safety while bringing new efficiencies to the licensure process.

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KIM SKIPPER, Staff, Senator Josh Revak, Alaska State Legislature, Juneau, Alaska, gave the sectional analysis for SB 173:

Sec. 1 amends 08.64.107, State Medical Board/Regulation of physician assistants and intensive care paramedics, to remove regulation of paramedic licensure from the Medical Board. (See also Sec. 8.)

Sec. 2 amends 08.64.170, License to practice medicine, podiatry, or osteopathy, allowing paramedics to practice medicine to render emergency lifesaving service under "another law" instead of under the Medical Board's authority. (See also Sec. 6)

Sec. 3 amends 08.64.360, Penalty for practicing without a license or in violation of chapter, to remove paramedics. (See also Sec. 10)

Sec. 4 amends 08.64.369, Health care professionals to report certain injuries, to change paramedics licensed under the Medical Board to those licensed under DHSS, for health care providers who must report certain injuries to the Department of Public Safety.

Sec. 5 amends 12.55.185(11), Sentencing and Probation, to change paramedics licensed under the Medical Board to those licensed under DHSS.

Sec. 6 amends 18.08.075, Authority of emergency medical technician, to allow paramedics to provide emergency medical care. (See also Sec. 2.)

Sec. 7 amends 18.08.080, Emergency Medical Services/Regulation, to require DHSS to adopt regulations establishing standards for paramedic licenses.

Sec. 8 adds a new subsection 18.08.082(a)(5), Issuance of certificates; designations, to add regulation of paramedic licensure to DHSS. (See also Sec. 1.)

Sec. 9 amends 18.08.082(b), Issuance of certificates; designations, to clarify that DHSS is the central certifying and licensing agency for all emergency medical services.

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Sec. 10 amends 18.08.084(a), Certificate required, to prohibit a person from practicing as a paramedic without a license. (See also Sec. 3.)

Sec. 11 amends 18.08.089, Authority to pronounce death, to ensure consistent use of the term "mobile intensive care" paramedic throughout the law.

Sec. 12 adds a new paragraph (14) to 18.08.200, Emergency Medical Services/Definitions, to add the definition of "mobile intensive care paramedic". (See also Sec. 14.)

Sec. 13 amends 37.05.146(c)(77)(F), Definition of program receipts and non-general fund program receipts, to add fees for licensure of paramedics to the list of fees collected by DHSS.

Sec. 14 repeals 08.64.366, Liability for services rendered by a mobile intensive care paramedic (See 18.08.086, Immunity from liability, under DHSS). Repeals 08.64.380, Medicine/Definitions to remove (3) "emergency lifesaving service" and (4) "mobile intensive care paramedic" (See also Sec. 12).

Sec. 15 amends the uncodified law to provide transitional authorities:

(a) A current paramedic license issued before January 1, 2021 remains valid until it expires under the Medical Board, is suspended or revoked, or is converted to a license under DHSS.

(b) The Department of Commerce, Community and Economic Development and the Medical Board will transfer to DHSS on January 1, 2021, files of all pending paramedic-related records and proceedings, applications, and disciplinary actions.

(c) Authority for DHSS to adopt regulations which shall include the conversion of unexpired paramedic licenses issued under the Medical Board.

Sec. 16 provides an immediate effective date for DHSS to adopt regulations.

Sec. 17 provides an effective date of January 1, 2021.

CHAIR WILSON called representatives from DHSS to explain how the transition would work.

[1:39:43 PM](#)

JILL LEWIS, Deputy Director, Division of Public Health, Department of Health and Social Services (DHSS), Juneau, Alaska, said the Division of Public Health (DPH) has a broad mission to protect and promote the health of Alaskans, which includes disease and injury prevention, vital records, and the medical examiner's services to ensure access to health care, and preparedness for all hazards. This change is needed to make the system more efficient. This change has been developed in a deliberative process involving hundreds of stakeholders throughout the EMS community.

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SONDRA LECLAIR, Section Chief, Rural and Community Health Systems, Division of Public Health, Department of Health and Social Services (DHSS), Anchorage, Alaska, said Rural and Community Health Systems houses the EMS Office. She explained that the EMS system is comprehensive and multifaceted. Each component, including EMTs, paramedics, ambulance services, and others are vital to a well-functioning system.

She began a PowerPoint, "SB 173 License Mobile Intensive Care Paramedics." She reviewed slide 2, SB 173:

Transfers oversight and licensure of Mobile Intensive Care Paramedics from the State Medical Board to the Department of Health and Social Services (DHSS) effective January 1, 2021.

MS. LECLAIR reviewed slide 3, Aligns a Fragmented System:

- Regulation and oversight of the EMS system is split between the State Medical Board and Department of Health and Social Services.
- Reduces the administrative burden for fire/EMS services, paramedics who will coordinate with only one state agency
  - Licensure, certification
  - Patient care data entry
- Increases efficiency and communication with all EMS provider types

- Representation on the Governor's Alaska Council on Emergency Medical Services

She said it is important to create a seamless line of communication and representation. Further, if SB 173 becomes law, paramedics will have representation on the council that creates guidelines and protocols that impact their daily work.

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SENATOR VON IMHOF said licensed occupations typically are regulated by a board comprised of their peer, such as the Board of Barbers and Hairdressers. The licensure for paramedics is being transferred from the State Medical Board to DHSS. She asked if that is because the paramedics are part of an EMS system or is it because their peers do not want to oversee the paramedics.

MS. LEWIS replied the State Medical Board fully supports the transfer of paramedic licensure in order to better integrate the system. The EMS office's mission not only will license and certify elements but will ensure a comprehensive EMS system. This helps ensure that the entire system is robust, sustainable, and resilient.

SENATOR VON IMHOF asked whether there would be another request for another licensed occupation to be wrapped in with EMS.

MS. LEWIS replied she will present a slide to show the EMS elements the DHSS already regulates. There is just the one link in the whole system that is not already under the umbrella.

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SENATOR GIESSEL asked if emergency room personnel emergency room doctors would also be moved to DHSS.

MS. LEWIS answered no. She explained that those physicians are appropriately licensed by the State Medical Board. However, paramedics align better with the expertise in emergency medicine and field services.

SENATOR GIESSEL said pages 4-5 of the bill describe the duties for mobile intensive care paramedics, which includes pain management, opioid use, and in Section 12, advanced life support under the direct or indirect supervision of a physician. These individuals are being licensed to perform very advanced medical services under the direct or indirect supervision of a

physician. Paramedics are authorized to perform medical interventions, which is the reason paramedics fall under the State Medical Board. She asked how that has changed.

MS. LEWIS answered that the direct oversight of a paramedic by a sponsoring physician will not change under the bill. Currently, under DHSS regulations, EMTs must have sponsoring physicians under DHSS regulations. However, many paramedics work under the medical direction of a physician under the regulations provided by the DHSS's EMS Office.

SENATOR GIESSEL replied it sounds a lot like the delegation of authority that is embodied in a registered nurse or advanced practice registered nurse. However, certified nursing aides and medical assistants are not being moved to DHSS. She asked for further clarification on the reason to transfer paramedics from the State Medical Board.

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SENATOR BEGICH asked for clarification about Ms. LeClair's statement that the EMS does not have records of all the paramedics and how this bill would address that.

MS. LECLAIR replied EMS uses an automated communication system designed for oversight and communication with the prehospital individuals it certifies, including EMTs, and ambulance services, but paramedics are not included.

SENATOR BEGICH asked if the bill is necessary to coordinate those systems.

MS. LECLAIR answered that in order to require paramedics to log in and use the EMS system, paramedics must fall under its licensure and certification system.

She reviewed slide 4, Protects the public health.

- Aligns all emergency medical services under an agency whose sole purpose is to ensure a comprehensive statewide EMS system.
- Allows for full integration of paramedics into quality initiatives such as stroke, cardiac arrest, trauma, telehealth, and community paramedicine.
- Medical direction by the Department of Health and Social Services' Chief Medical Officer and an EMS Medical Directors' Committee.

She said the data integration between the two departments is complex and likely costly if it can be done at all. This bill would bring all prehospital services under the EMS office. EMS has six full-time staff to ensure that patients receive quality care from their EMS providers and to provide support for EMS providers. When one body provides oversight, it assists in integration at all levels, she said.

MS. LECLAIR explained that two elements of medical direction will continue if paramedics are transitioned to DHSS. First, the physician-sponsorship will not change. Second DHSS has medical direction at the department and section level. The Chief Medical Officer provides the overall medical direction for the department, but DHSS also has an EMS medical director and EMS Medical Directors' Committee. That committee is comprised of individuals who specialize in emergency medicine and/or who are active medical directors of EMS services. This committee provides oversight and recommendations for standard protocols, quality initiatives, and scope of practice and ensure there are liaisons on the training committees, so that training and medical direction are well aligned at the council level.

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MS. LECLAIR referred to slide 5, Regulation of the EMS System. This slide outlines the organization of the EMS system. EMS currently has regulatory authority to oversee the elements of the prehospital emergency medical services. The first four elements [DHSS Chief Medical Officer, Alaska Council on Emergency Medical Services, State EMS Medical Director, EMS Medical Directors' Committee], indicate the medical direction referred to earlier. Under those four elements are the types of providers, training, instruction, or services that DHSS certifies and oversees, including paramedic instructors and training programs, EMTs and their programs, ambulance services, and others. However, one element of the prehospital system that DHSS does not regulate are the paramedic personnel who are under the State Medical Board. As Ms. Lewis mentioned, DHSS held extensive discussions with the State Medical Board, and the board unanimously voted to support the transition of paramedic oversight to DHSS.

CHAIR WILSON asked to see documentation on that decision.

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MS. LECLAIR reviewed slide 6, Continuity During Transition:

- Existing licenses are valid until the registration expires or is converted to a new license under the Department of Health and Social Services
- Transfer files, records, and proceedings, including applications and disciplinary actions, to the Department of Health and Social Services (DHSS)

MS. LECLAIR reviewed slide 7, SB 173:

- No change to current scope of practice, licensure requirements, or fee structure
- 600 paramedics licensed in Alaska
- Less than 50 new applications annually
- Licenses are for two years
- No fiscal impact.

MS. LECLAIR reviewed slide 8, Infrastructure in {lace:

She said DHSS has the infrastructure to take on the additional licensure oversight.

- The State EMS Office is well-positioned to provide the efficiency, organization, and oversight required to support this change.
- The office has the capacity. Taking on paramedics licensure can be accomplished with existing resources and does not require additional funding or staffing.
- The office has the expertise. Six full-time staff, 5 of which are required to have paramedic experience, with more than 100 years of combined experience with the emergency medical services system.
- The office has the infrastructure. Existing data systems and procedures are ready to incorporate paramedic licensure.

She elaborated on the current system, stating that just under 3,500 EMTs are certified by the EMS system and several hundred new applications are received each year. The office also has certifications for instructors, ambulance services, and others for a total of just under 4,000 who receive certification through the EMS Office. Paramedics would represent about 17 percent of the current number of providers in the system and about 8 percent of the new applications received each year. The EMS database is specifically set up to help the office automate the licensure and certification process. The office has a full-time EMS database manager to ensure that it runs smoothly and that people receive the needed information. Those elements are in place so the office can absorb the additional impact of bringing paramedics into the section.

SENATOR GIESSEL said she was struck by this amazing capacity and astonished to hear that taking on additional licensure would have no fiscal impact. She related her understanding that the office must employ an investigator and have an attorney general to deal with complaints and licensing issues.

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MS. LEWIS responded that DHSS has enough staff to absorb the additional work because licensing paramedics would not represent a substantial increase in the workload, plus the systems are fairly efficient. DHSS would not need additional staff or budgetary authority to receive the fees. The number of investigations were less than eight per year over a 10-year period. Last year there was just one. She anticipated that the amount of investigative work would be manageable.

CHAIR WILSON asked about the fees collected by the State Medical Board.

MS. LEWIS answered that DCCED could explain the fee structure, but DHSS does not anticipate changing the fee structure. She reported that there are roughly 600 biennially-licensed paramedics.

CHAIR WILSON asked if paramedics and EMTs pay the same licensure fee.

MS. LEWIS agreed that EMTs all pay the same amount. The vast majority of EMTs are volunteers, so DHSS strives to keep fees reasonable to encourage participation. She pointed out that EMTs generally pay for their own training and sometimes their own equipment.

SENATOR GIESSEL asked how much the State Medical Board subsidizes the cost of paramedic regulation.

MS. LEWIS replied she was not the best person to answer the question.

SENATOR BEGICH asked if DHSS would collect paramedic fees for licensure, which was not clearly reflected in the fiscal note.

MS. LEWIS responded that because DHSS keeps the EMTs rate so low, it subsidizes EMTs with other state and federal funds. The additional fees for the paramedics will offset some of that cost without requiring additional staff. DHSS could redirect funds currently being used to subsidize licensure and certification to other aspects of the emergency medical system (EMS).

CHAIR WILSON said fiscal notes do not always show true costs of either increments or decrements. Technically, adding paramedics would be a decrement, he said.

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MS. LEWIS answered that the fiscal note is net zero because the amount collected by DCCED would be the same amount collected by DHSS, which is less than \$50,000.

SENATOR GIESSEL said she the legislature gets fiscal notes for small board changes. She said she shares Senator Wilson's consternation that this bill has zero fiscal note.

MS. LECLAIR reviewed slide 9, In Closing.

- Paramedics are an essential part of a comprehensive medical services system.
- Aligning all EMS services under a single agency promotes public safety while bringing new efficiencies to the licensure process.

She summarized by stating that Alaska is one of three states that does not integrate paramedics into the prehospital EMS system. The EMS unit works regularly with EMS services to assist paramedics with training and instruction. Bringing prehospital services providers under one state agency will benefit paramedic integration and communication and create efficiencies.

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SARA CHAMBERS, Director, Division of Corporations, Business and Professional Licensing, Department of Commerce, Community and Economic Development (DCCED), Juneau, Alaska, noted that the Division of Corporations, Business and Professional Licensing houses the State Medical Board.

2:13:00 PM

ALYSIA JONES, Executive Administrator, State Medical Board, Division of Corporations, Business and Professional Licensing, Department of Commerce, Community and Economic Development (DCCED), Juneau, Alaska, introduced herself.

CHAIR WILSON said the committee packets do not have documents that show the State Medical Board is fully supportive of the transfer.

MS. JONES reported that at its February 6-7 meeting, the State Medical Board voted unanimously to support the transfer of paramedics to DHSS as proposed by SB 173.

CHAIR WILSON asked what the benefits of the transfer were from the perspective of the State Medical Board.

MS. JONES shared that Ms. LeClair gave a presentation at the board's November meeting. She had provided a 2014 National Highway Safety Administration report that recommended states address paramedics being removed from prehospital services. She recalled that Dr. Clift, who serves on the State Medical Board said it made sense for the paramedics to be with the other prehospital services.

SENATOR GIESSEL asked whether Ms. Jones was the new executive director for the State Medical Board.

MS. JONES replied she was appointed at the end of December 2019.

SENATOR GIESSEL asked how long the members present at the February 6 and 7, 2020 meeting had served in their terms.

MS. JONES answered that seven current board members were present. One board member who was appointed on February 4 was unable to attend. The rest of the board members have been serving from two to four years.

CHAIR WILSON asked about the number of licensees and the current fee structure.

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MS. CHAMBERS answered that there are about 600 paramedics. Paramedics pay biennial license fees in the amount of \$75. The initial license fees are slightly higher. This results in \$20,000 to \$25,000 in revenue per year for the State Medical Board. The State Medical Board total revenues during the biennial renewal year are approximately \$2.5 million. She said there is no evidence that the State Medical Board subsidizes the activity of the mobile intensive care paramedics. Some boards actively and overtly help high-level professions pick up the cost of the lower-level professions, but not in this case. There are minimal expenses associated with paramedics. The State Medical Board does not offer the overwhelming support of training and engagement that DHSS can offer paramedics. A fraction of one range 14 license examiner processes all paramedic licenses. Paramedics do not generate a substantial investigative costs since there have not been any extensive investigations. Paramedics do not have a seat on the board. With so much support from the medical director and EMS staff, the State Medical Board found it makes sense to make this change. The board considered these questions at its November meeting and unanimously supported moving paramedic licensure to the DHSS. She pointed out that this occurred prior to Ms. Jones being appointed to serve as executive director.

SENATOR VON IMHOF pointed out a letter in the committee packet further collaborating what Ms. Chambers stated. She said the committee's concern is to ensure that the state EMS does not incur unintended cost consequences, that a full fiscal plan has been thought out, and that it is truly a seamless transition.

MS. CHAMBERS offered to furnish the minutes as an official record of the State Medical Board's action.

SENATOR BEGICH referred to the unanimous board approval but noted the membership of the Medical Board has completely changed. He asked her to assess the new members' viewpoints.

MS. CHAMBERS answered that two members are continuing their service, but the new members have not yet started their terms and she was unsure of their positions on this issue.

SENATOR BEGICH pointed out there is an inconsistency with program receipt amounts. The fiscal note from Public Health refer to \$15,000, but Ms. Chambers said it was \$20,000 to \$25,000.

MS. CHAMBERS replied she has worked with Ms. Lewis and Ms. LeClair. The DCCED contemplates biennial licensure, which amounts to \$40,000 in revenue from paramedic fees; however, she presents amounts in annual terms for the legislature.

SENATOR BEGICH said the fiscal note refers to \$10,000 to \$15,000 in general fund program receipts. He would like the committee to know the exact amount. Even if discrepancies are small, such as the ones in the fiscal notes for the DHSS and DCCED, the discrepancy should be resolved.

MS. CHAMBERS replied she would address that for future hearings. She suggested one reason for the difference could be that the division does not receive undesignated general funds. All their expenses are funded through program receipts, but the Division of Public Health receives undesignated general funds. She said she would work on articulating the different funding sources.

CHAIR WILSON said that issue will need to be resolved before the bill is moved from committee.

SENATOR GIESSEL said a statement has been made that the Chief Medical Officer at DHSS oversees this. The current Chief Medical Officer is Dr. Zink, an emergency room physician. But the chief medical officer could also be a pediatrician or a public health specialist. Section 12 talks about advanced life support, which encompasses intubation, a wide variety of serious medications, including the injection of those medications into the heart muscle itself. These are not minimal activities, she said. This is one way paramedics are different from emergency medical technicians. She expressed concern that yet another activity is being moved to the DHSS, since it is a massive department.

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CHAIR WILSON opened public testimony on SB 173.

JULIE ANDERSON, representing self, Haines, Alaska, noted that she had submitted a letter of support for SB 173 as the co-chair of the Alaska Council on EMS's Scope of Practice Implementation Task Force. She started working on the task force in November of 2018. She learned that the state EMS Office is quite interconnected with national and state entities. The EMS office has a lot of support from other agencies to provide this oversight. She has a unique perspective as an individual because she is licensed as a paramedic and as a registered nurse. As Senator Revak and Ms. LeClair described, as a paramedic she must register with the State Medical Board and the EMS office. She

said it can be confusing to know who to turn to for certain resources. One of the strengths of the nursing profession is their advocacy allows them to define themselves in a way that emergency medical services providers cannot. As Senator Revak explained, paramedics are a young profession. She offered her belief that the ability to unify and have advocacy from the EMS is meaningful and important.

MS. ANDERSON said Haines is still waiting for a paramedic to be licensed who was certified more than nine weeks ago by the National Registry. She expressed concern that there are multiple cases of delayed certification through the State Medical Board. The State EMS Office currently has the infrastructure to process reciprocity and streamline registration timelines.

[2:30:53 PM](#)

ANDREW PANTISKAS, EMS Officer, Capital City Fire/Rescue, Juneau, Alaska, said he came to Alaska from Washington state five years ago. He has his certification from the National Registry and holds a bachelor's degree in paramedicine, but it still took over four months to get licensed in Alaska. These timeframes can be shorted and it may be helpful to consider the impacts to Alaskans who do not have access to a paramedic's during the three to four months it takes to gain licensure. He currently manages paramedics and EMTs, who fall under two state entities, yet 80 percent of their skills are the same. Some of these EMTs can administer opiates and provide advanced cardiac life support. He said it is difficult to manage and recertify these professionals under two separate state agencies. SB 173 will simplify things and allow more oversight from the state.

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BRIAN WEBB, representing self, Anchorage, Alaska, said he first became an EMT in Anchorage in 1978. He has been licensed, registered, and certified as a paramedic for over 40 years. When he began prehospital career in Anchorage, there were fewer than 50 paramedics statewide. Now there are over 600. He is one of the few paramedics still practicing with institutional knowledge. Since the Division of EMS did not exist during the inception of paramedics, the State Medical Board was the only logical place was to place them. Working to move paramedics from the State Medical Board to EMS will bring prehospital care under a single entity. He has been interested in this issue for over 20 years, which includes his years working as an EMS training coordinator with the regional EMS office in Anchorage.

MR. WEBB said paramedics do not have any peers on the State Medical Board. Moving paramedics to the DHSS will provide that peer support and oversight. EMT-2s or EMT-3s in Alaska provide advanced life support and must have a sponsoring physician. If EMT-2s or EMT-3s are not in the DHSS, these EMTs do not have a sponsoring physician to provide day-to-day medical direction. The EMS Office is staffed by paramedics who are knowledgeable about the paramedic duties and functions. This move will increase regulatory oversight, bolster standards of care, and streamline and simplify their lives. It took him over 24 months to get licensed in his home state when he returned from his service in the U.S. Navy, and by then his license had expired. That adversely impacted him and the process needs to change.

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WILMA VINTON, representing self, Fairbanks, Alaska, said she has been an MICP (mobile intensive care paramedic) since 2007 and an EMT since 1979. She is an assistant chief of EMS for Steese Volunteer Fire Department. As an instructor, and past adjunct faculty for the University of Alaska Fairbanks paramedic program, she works with EMTs and MICPs on a regular basis to assist them in acquiring and maintaining their certifications and licenses. Her full-time job is executive director of Interior Region EMS Council. This move from the Medical Board to the State Office of EMS is an excellent way to streamline the licensing process. Paramedics are an essential part of the EMS system. She believes it would be a seamless move.

She said EMTs are regularly certified within a week of testing and at a maximum within 20 days. The EMS Office also certifies paramedic coordinators and instructors. The licensing process under the Medical Board can take several months. The board meets only quarterly to approve licenses. The State Office of EMS does this daily. Shortening the paramedic certification time will benefit students, those from the lower 48 seeking certification, and military leaving the service who wish to practice in Alaska. MICPs would be managed by an organization that understands their needs and is part of the EMS system.

[2:38:41 PM](#)

ANJELA JOHNSTON, Chair, EMS Training Committee, Juneau, Alaska, noted that she submitted a letter on behalf of the committee. She is dual licensed in Alaska as a registered nurse and paramedic. She has been affiliated with Alaska EMS for just less than 23 years, and she would echo Julie Anderson's comments. As Ms. Lewis testified, it was an accident of history that paramedics were assigned to the Medical Board. Committee members

can do their part to correct this accident and make EMS whole again in Alaska by advancing the bill. She urged members to support this bill.

[2:40:06 PM](#)

TIMOTHY PETERSON, M.D., Co-Chair, State Medical Directors' Committee, Juneau, Alaska, said he is the medical director of Capital City Fire/Rescue. He is involved in and aware of the training paramedics have. That type of expertise is needed for oversight of paramedics. The State Medical Board is a hodgepodge of different medical professions. The Medical Directors' Committee on which he serves consists of EMS experts from across Alaska. He would like EMS experts to supervise and license EMS providers. The National Highway Safety Administration did an assessment of EMS in the state of Alaska about five years ago. One of the main recommendations was that these things be put together like it is everywhere else. When he supervises paramedics and EMTs through different offices, it is frustrating.

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EUGENE WISEMAN, representing self, Anchorage, Alaska, said he is in his 10th relicensure cycle as a paramedic. After listening to the testimony, he agrees with those who spoken before him. The relationship between paramedics and their physicians are not at the Medical Board level or Dr. Zink level. His relationship is with his medical director. That is where the relationship between EMS and physicians lies, at that lower level. Those individuals write their protocols and provide the quality assurance and insurance. That would only be enhanced as the Medical Directors' Committee is part of DHSS and the EMS Office. Paramedics should be aligned with the EMS Office to improve the strength [of relationships] with medical directors. Paramedics are often the mentors to the EMTs. It hard to give them guidance because their recertification is in different systems.

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MIO RHIEN, South Tongass Volunteer Fire Department, Ketchikan, Alaska, said he is a paramedic for Guardian Flight. He has been a paramedic in Alaska for 10 years. He has worked in two other states. Dr. Peterson's points about consistency of licensure and oversight are significant. That is one of the things he noticed when he came to Alaska. This bill moves in the direction of consistency, which helps to build accountability and keep it. Relationships with medical directions sometimes feels hampered because paramedics have no relationship with the State Medical Board and the board is not as intimately involved with what

paramedics do. This move would make it easier to recruit paramedics because the certification process would be easier.

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MICHAEL LEVY, M.D., representing himself, Anchorage, Alaska, said he concurred with all that was said before about this alignment. As the medical director for the state of Alaska Emergency Programs, he is the physician that oversees the other physicians and looks at scope of practice, etc. He is also the President-elect of the National Association of EMS Physicians and probably has the largest EMS practice in the state of Alaska. He is the medical director of the Anchorage Fire Department, the Kenai Peninsula Borough, and organizations on the North Slope. He has over 100 medics that report to him in one way or another. Moving medics to DHSS makes a lot of sense to him because of what he has seen over the years. He reiterates what Dr. Peterson said. Medical direction is provided at the level of a subspecialty of medicine. EMS medicine is a clinical practice. Medical directors provide oversight of medics and other medical directors as their sole focus and practice these days. The new alignment will allow medical directors to provide better quality.

SENATOR VON IMHOF asked if this move will change physician oversight in any way that could compromise or increase risk.

DR. LEVY replied it would only improve physician oversight. That is not to say that his colleagues on the Medical Board have not done a good job but realigning with the house of EMS can only improve things.

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ALEX BOYD, Assistant Chief and Director of Training, Anchorage Fire Department, Anchorage, Alaska, said consolidation of this process mimics the current practice in the EMS community. He said he works closely with EMTs and paramedics on a daily basis. He said he seconds what Dr. Levy said about how this will only improve the process.

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MARK JOHNSON, representing self, Juneau, Alaska, said he is retired but serves on some of the committees involved in the EMS system in the state. He was chief of EMS for more than 25 years in Alaska. He was there when the paramedic regulations were adopted by the Medical Board. The Governor's Advisory Council on EMS, which has members appointed by the governor and oversees EMS for DHSS, helped write those regulations for the Medical

Board. That was around 1979. Every time those regulations were updated, the board worked closely with the EMS Office. Many medical board members that he has known over the years have asked why the EMS could not just take over this for the state board. It required a statute change and many other things were happening in those days. As has been pointed out, the state EMS program in the vast majority of states does oversee licensure and certification of paramedics. This is long overdue. There is consensus among the EMS community that this should be done.

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CHAIR WILSON closed public testimony and held SB 173 in committee.

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There being no further business to come before the committee, Chair Wilson adjourned the Senate Health and Social Services Standing Committee at 2:55 p.m.