

SB

71

HFIN

FILE

HOUSE COMMITTEE REPORT

(11)

Date Referred: April 13, 1993

FURTHER REFERRALS:

Date of Committee Action: 4/23/93

The FINANCE Committee considered:

CSSSSB 71(FIN) am

CS FOR SS FOR SENATE BILL NO. 71(FIN) am

EMERGENCY MEDICAL SERVICES SYSTEM

"An Act relating to emergency medical services; and repealing obsolete references to the Statewide Health Coordinating Council and health systems agencies."

RECOMMENDATIONS:

be replaced with H(CSSSSB 71 (HESS)) the same title
 a new title

have attached amendments(s)

do pass

do not pass

no recommendations

individual recommendations

additional referral to the _____ Committee

ADOPTS: _____ letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept)

APPROVES PREVIOUS: (Dept/Date)

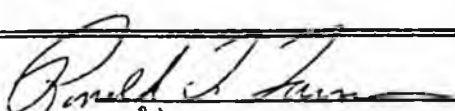
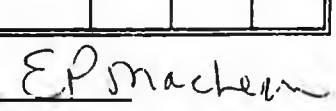
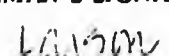
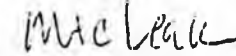
fiscal impact HFC

fiscal note(s) _____

zero fiscal note _____

zero fiscal note(s) _____

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<u>Ed Maclean</u> Maclean	✓				
<u>Ronald J. Larson</u> Larson	x				
<u>Mark Hanku</u> Hanku	x				
<u>Terry Martin</u> Martin	✓				
<u>Paul Garuel</u> Paul Garuel	x				
<u>Ben Grusselov</u> grusselov	x				
<u>Ann Hoffman</u> Hoffman	✓				
<u>Mike Navarone</u> Navarone	x				
<u>Jay Brown</u> BROWN	✓				
<u>Richard Foster</u> Foster	x				

 Ronald J. Larson
 CHAIRMAN'S SIGNATURE
 Ed Maclean
 Mark Hanku
 Paul Garuel

HOUSE CS FOR CS FOR SS FOR SENATE BILL NO. 71(HES)

IN THE LEGISLATURE OF THE STATE OF ALASKA

EIGHTEENTH LEGISLATURE - FIRST SESSION

BY THE HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Offered: 4/13/93

Referred: Finance

Sponsor(s): SENATORS LEMAN, Ellis, Taylor, Duncan, Donley, Kerttula, Little, Zharoff, Lincoln

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to emergency medical services; and repealing obsolete references
2 to the Statewide Health Coordinating Council and health systems agencies."

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

4 * Section 1. AS 08.64.107 is amended to read:

5 Sec. 08.54.107. REGULATION OF PHYSICIAN ASSISTANTS AND
6 INTENSIVE CARE PARAMEDICS. The board shall adopt regulations regarding the
7 registration of physician assistants and [PHYSICIAN-TRAINED] mobile intensive care
8 paramedics, and the medical services that they [EACH] may perform, including [BUT
9 NOT LIMITED TO]

- 10 (1) the educational and other qualifications,
11 (2) the application and registration procedures,
12 (3) the scope of activities authorized, and
13 (4) the responsibilities of the supervising or training physician.

14 * Sec. 2. AS 08.64.170(a) is amended to read:

FISCAL NOTE

House
BILL NO. CS SSSB71 (HES)

STATE OF ALASKA
1993 LEGISLATIVE SESSION

Revision Date: April 23, 1993 Dept. Affected: Health and Social Services
 Title: An Act relating to emergency services; and repealing obsolete references BRU: State Health Services
 Component: EMS Training & Licensing
 Sponsor: LEMAN
 Requestor: _____ COMPONENT SERIAL NO. 297

Expenditures/Revenues:

(Thousands of Dollars)

OPERATING	FY94	FY95	FY96	FY97	FY98	FY99
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL	40.0	40.0	40.0	40.0	40.0	40.0
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	100.0	0	0	0	0	0
MISCELLANEOUS						
TOTAL OPERATING	140.0	40.0	40.0	40.0	40.0	40.0

CAPITAL						
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REVENUE FUND SOURCE:						
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FUNDING:

(Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	100.0	0	0	0	0	0
1005 GF/Program Receipts	40.0	40.0	40.0	40.0	40.0	40.0
1006 GF/MHTIA						
Other						
TOTAL	140.0	40.0	40.0	40.0	40.0	40.0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year (FY93) impact: \$ 0

ANALYSIS: (Attach a separate page if necessary)
 See attached page.

Prepared by: Representative Ron Larson, Co-Chair *Ronald J. Larson* Phone: 465-3878
 Division: Representative Eileen MacLean, Co-Chair *Eileen MacLean* Date: 465-4833
 Approved by Commissioner: _____ Date: April 23, 1993
 Agency: _____

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Juneau, AK 99801-1182

FISCAL ANALYSIS FOR House CS SS SB 71 (HES)
By: A. Kreitzer, Staff
For: Senator Loren Leman, Sponsor SB 71
April 23, 1993 to House Finance Committee

Personal Services:

In the HSS fiscal note, the Department has requested funding for an existing full time position in Juneau, currently funded by a federal grant. We believe the position can be absorbed by the department without an increase.

Contractual:

This appears in the HSS fiscal note under grants. This is for patient record information abstracting from the hospitals.

Grants:

This is an additional \$100,000 to regional emergency medical services to grant to emergency medical squads for training emergency medical volunteers and coordination of volunteers.

Revenue:

Revenue estimates for the patient information system are based on implementation of a fee service charge. It is expected the department can support the \$40,000 abstracting cost through these fees.

FISCAL NOTE

No. 4

Bill Version: HCS SSSB 71 (HES)

(H) Publish Date: 4/13/93

STATE OF ALASKA
1993 LEGISLATIVE SESSION

Revision Date: March 30, 1993 Dept. Affected: Health and Social Services
 Title: An Act relating to emergency services; and repealing obsolete references BRU: State Health Services
 Component: EMS Training & Licensing
 Sponsor: Leman
 Requestor: Senate HES COMPONENT SERIAL NO. 297

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY94	FY95	FY96	FY97	FY98	FY99
PERSONAL SERVICES	59.2	61.0	62.8	64.7	66.6	68.6
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	40.0	40.0	40.0	40.0	40.0	40.0
MISCELLANEOUS						
TOTAL OPERATING	99.2	101.0	102.8	104.7	106.6	108.6
CAPITAL						
REVENUE FUND SOURCE						

FUNDING: (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	46.2	46.2	46.2	46.2	46.2	46.2
1005 GF/Program Receipts	53.0	54.8	56.6	58.5	60.4	62.4
1006 GF/MHTIA						
Other						
TOTAL	99.2	101.0	102.8	104.7	106.6	108.6

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year (FY93) impact: None

ANALYSIS: (Attach a separate page if necessary)

Personal Services
 To implement the provisions of SS SB 71 the Section of Emergency Medical Services will require funding for one full time position in Juneau. This is an existing position for which the department will not receive FY94 federal funding for trauma registry activities. The cost estimates for FY95 to FY99 include an 3% annual inflation adjustment. PCN 06-1654 Research Analyst III, Juneau, Rg. 18, A/B, \$59.2

Prepared by: Peter M. Nakamura, MD, MPH, Director
 Division: Public Health
 Approved by Commissioner: Theodore A. Mala, MD, MPH
 Agency: Department of Health and Social Services

Phone: 465-3090
 Date: March 30, 1992
 Date: 4/1/93

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Revision Date: March 30, 1993

No. 4

E ACS USSSB 7(CHRS)
Page 2

ANALYSIS (cont.):

Grants

Grants to regional emergency medical services councils for patient record information abstracting from the hospitals. \$40.0

Revenue estimates for the patient information system are based on implementation of a fee service charges \$53.0 for 25 facilities. The hospital fees will be established through regulations and is anticipated to be based upon pro-rated charges for the trauma patient encounters for each facility. Due to the nature of this program and the public health benefits obtained from full cooperation, the department is requesting \$46.2 GF support in order to keep the facility cost reasonable.

FISCAL NOTE

REQUEST:

Revision Date: 3/17/93 Affected Agency: Dept. of H&SS
 Title: Act relating to emergency services BRU: St. Health Services
 Sponsor: Sens. Leman and Ellis Components: EMS Train. & Lic.
 Requestor: Senate Finance 297

EXPENDITURES/REVENUES: (THOUSANDS OF DOLLARS)

OPERATING	FY 94	FY 95	FY 96	FY 97	FY 98	FY 99
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants, Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL						
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REVENUE						
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FUNDING: (THOUSANDS OF DOLLARS)

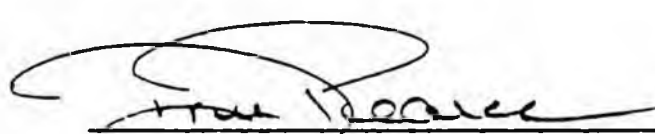
General Fund						
Federal Fund						
Other						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

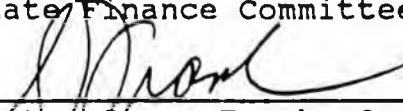
POSITIONS:

Full-Time	0	0	0	0	0	0
Part-Time	0	0	0	0	0	0
Temporary	0	0	0	0	0	0

Estimate of FY 93 impact: 0.0

ANALYSIS: (ATTACH A SEPARATE PAGE IF NECESSARY)

Prepared By:  Date: 3/17/93
 Senator Drue Pearce, Co-chair Phone: 465-4993
 Senate Finance Committee

Prepared By:  Date: 3/17/93
 Senator Steve Frank, Co-chair Phone: 465-3709
 Senate Finance Committee

FISCAL NOTE

No. 1

STATE OF ALASKA 1993 LEGISLATIVE SESSION

Bill Version: SSSB 71

(S) Publish Date: 3-9-93

Revision Date: _____	Dept. Affected: <u>Commerce & Economic Development</u>
Title: <u>An Act relating to emergency medical</u>	BRU: <u>Occupational Licensing</u>
services:.... _____	Component: <u>Operations</u>
Sponsor: <u>Senator Leman</u>	COMPONENT SERIAL NO. <u>1844</u>
Requestor: <u>Senator Leman</u>	

Expenditures/Revenues:

(Thousands of Dollars)

OPERATING	FY 94	FY 95	FY 96	FY 97	FY 98	FY 99
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	.0	.0	.0	.0	.0	.0
CAPITAL						
REVENUE FUND SOURCE:	.0	.0	.0	.0	.0	.0

FUNDING:

(Thousands of Dollars)

	FY 94	FY 95	FY 96	FY 97	FY 98	FY 99
1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
TOTAL	.0	.0	.0	.0	.0	.0

POSITIONS:

	FY 94	FY 95	FY 96	FY 97	FY 98	FY 99
FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

Estimate of current year (FY 93) impact: \$ None

ANALYSIS: (Attach a separate page if necessary)
 Sections 1-6 of the bill relate to Occupational Licensing. The bill seeks to remove the wording "physician-trained" when referring to a mobile intensive care paramedic. New funding is not required to implement provisions of this bill.

Prepared by: Jennifer Strickler, Administrative Officer
 Division: Occupational Licensing

Approved by Commissioner: Paul Fuhs
 Agency: Commerce & Economic Development

Phone: 465-2144
 Date: 3/2/93

Date: 3/4/93

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Changes in SSSB 71 (FIN) have no fiscal impact. This fiscal note is appropriate.
3-22-93 date JK Comte Aide (initial)

SENATOR LOREN LEMAN

Northwest Anchorage

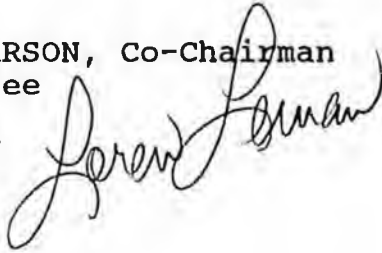
3111 "C" Street Anchorage, AK 99503 561-7614 During Session: State Capitol Juneau, AK 99801 465-2095

April 12, 1993

TO: REPRESENTATIVE RON LARSON, Co-Chairman
House Finance Committee

FROM: SENATOR LOREN LEMAN
Sponsor

RE: CSSS SB71(FIN)am



Please schedule at your earliest convenience: CSSS SB71(FIN) am:
An Act relating to emergency medical services; and repealing
obsolete references to the Statewide Health Coordinating Council
and health systems agencies. The bill was amended in today in the
Health and Social Services Committee (House) to assure appropriate
geographical representation on the Alaska Council on Emergency
Medical Services.

The EMS statutes have not been revised in 15 years. As a result
of a statewide emergency medical services assessment by its
technical assistance team, the National Highway Traffic Safety
Administration has made recommendations to the state Department of
Health and Social Services, Division of Emergency Medical Services.
In concert with that visit by the Technical Assistance Team, the
Division of EMS had begun considering additional refinements to its
programs.

This bill allows the department to create regulations to: certify
training for paramedics in Alaska; develop a patient information
system; train emergency medical dispatchers; and extend immunity
from liability to EMT I instructors. These changes will enhance
statewide emergency medical service to the public.

SENATOR LOREN LEMAN

Northwest Anchorage

3111 "C" Street Anchorage, AK 99503 561-7614 During Session: State Capitol Juneau, AK 99801 465-2095

CSSSSB71(FIN): An Act relating to emergency medical services; and repealing obsolete references to the Statewide Health Coordinating Council and health systems agencies.

SENATOR STATEMENT

This legislation allows the Department of Health and Social Services to set standards for Mobile Intensive Care Paramedic training programs in Alaska.

Because traumatic injury continues to be the number one killer of Alaskans, it is important to support a statewide trauma care system. SS SB71 allows the department to regulate VOLUNTARY compliance for trauma centers.

The patient care information system is an efficient method of evaluating standards of care, quality of care and modifies training programs to meet geographic needs. Injury prevention programs can be planned in conjunction with these data.

The EMS program in Alaska crosses all geographic boundaries. There is broad support for this legislation.

Letter of Intent for SS for Senate Bill 71

Letter of Intent

It is the intent of the legislature that the department will use a computerized database program for the collection of trauma data. A priority in designing the system should be ease of use for pre-hospital and hospital facilities in providing information to the database through their own use of standard desktop software programs. It is further the intent of the legislature that the trauma injury data collection be eventually integrated with a broader effort which includes epidemiology and other state health information.

SENATE

Adopted - 3/24

SECTIONAL ANALYSIS OF CSSSSB 71(FIN)am: "An Act relating to emergency medical services; and repealing obsolete references to the Statewide Health Coordinating Council and health systems agencies."

Prepared by: Annette Kreitzer, Staff
Senator Loren Leman, Sponsor
(April 13, 1993)

Sections 1 - 8: The language removing (physician-trained) from before MICP is a housekeeping measure due to the parts of the paramedic program which allow for instruction by medical professionals in addition to physician instruction. The course must be taught under the direction of a physician licensed in the state in which the training takes place.

Mobile intensive care paramedics are licensed by the state Medical Board through the Department of Commerce and Economic Development's Division of Occupational Licensing.

Under a Memorandum of Agreement, applications for paramedic licensing are sent by the Division of Occupational Licensing to the Department of Health and Social Services Emergency Medical Services section for evaluation and recommendations.

Section 9: This section allows the Department to set criteria to designate hospitals as trauma centers. The designation is based on voluntary entrance to the system by the hospitals. The receipt authority of the DHSS fiscal note shows the fees anticipated by the department to implement the trauma center certification.

Section 10: **AMENDED** in Senate Finance. The bill was amended to say the department "may" establish a system for collecting data from agencies and facilities providing emergency medical services and for using the data to improve EMS. Most of the data in the proposed minimum data set are being provided voluntarily. The system would be developed with consultation from the Alaska Council on EMS. The patient information system involves contracts with emergency room nurses who pull (abstract) trauma data from patient information submitted by each link in the chain of patient care. This information is then transferred to the DHSS/Division of EMS' data system. **SENATE** Finance added a Letter of Intent to the bill requiring the department to streamline the computerization of the trauma data collection. The cost for these contracts is \$40.0. It is reflected in the grants line of the DHSS fiscal note. The department in its revised fiscal note wants to convert a federally funded position to a state funded position (59.2 in personal services/DHSS fiscal note). It is believed that the department can absorb this position or find alternative ways to fund it.

Section 11: Changes the name of the Council to more accurately reflect its expanded membership and purpose and states that it will advise the Governor, in addition to the Commissioner of the Department of Health and Social Services. The latter change is proposed because many of the issues, such as EMS communications, are the responsibility of several departments.

Section 12: AMENDED in Senate Finance to add a rural member to the Council. This section revamps the membership of the Council on Emergency Medical Services. AMENDED in House Health & Social Services Committee. This has been done in consultation with the regional EMS groups to provide for physician involvement and to ensure adequate representation of those involved in day-to-day EMS activities.

Section 13: Expands the authority of the department to adopt regulations to charge fees for certification and licensing of organizations.

Section 14: Provide for certification of emergency medical dispatchers; and expands the authority of the EMS Section, Department of Health and Social Services to set standards for Mobile Intensive Care Paramedic Training Programs. Presently any advanced life support services provided by an EMT must be written on the certificate of that EMT. This measure allows those advanced life support services to be written on a separate document and filed with the Department of Health and Social Services after the measures have been approved by the department.

Section 15: Since the state will be certifying emergency medical dispatchers, others cannot represent themselves as "state certified" emergency medical dispatchers. The act would not preclude non-certified dispatchers from providing pre-arrival instructions.

Section 16: This wording adds the trauma centers to the list of entities which cannot advertise as being licensed or certified by the state unless they are.

Anyone offering paramedic training must be certified by the state to conduct paramedic training.

Section 17: This section limits liability for providing pre-arrival instructions with the exceptions of gross negligence or intentional misconduct.

Section 18: Includes state certified EMT instructors in the immunity from liability protection in AS 18.08.086. (Based on the increasing call for instructors to carry malpractice insurance, which is infeasible.)

Section 19: **AMENDED in the Senate.** Amendment restricted those able to disclose patient information by defining "other health care providers" as advanced nurse practitioner or physician assistant. Allows physicians and other health care providers to disclose information about a patient to EMS or paramedics involved in the patient's care. It also prohibits the EMT or paramedic from disclosing this information to a person not entitled to receive it.

Section 20: Adds trauma care to the emergency medical services system.

Section 21: Adds new definitions to A. 18.08.090.

Section 22: Adds paramedic to definition.

Section 23: Deletes obsolete references to the non-existent statewide health coordinating council. Sections of federal law creating this council were repealed in 1981, 1986 and 1987.

Section 24: Amends AS 47.24.010(a) to make wording regarding paramedics consistent.

Section 25: Amends AS 47.24.110(a) to make wording consistent.

Section 26: Deletes obsolete references to the statewide coordinating council.

Section 27: 18.07.011, 18.07.111(7), 18.07.111(10), 18.08.090(11), and 47.30.475(3)(4) all deal with obsolete references to the statewide coordinating council.

Section 28: Assures transition of membership from the Advisory Council on EMS to the Alaska Council on Emergency Medical Services established under this Act.

Ensures that MICPs now licensed by the State Medical Board are not affected by the ability of the department to create regulations for paramedic training.

POSITION PAPER

CS FOR SPONSOR SUBSTITUE FOR SENATE BILL 71 (FIN) Am

REVISED APRIL 6, 1993

The major provisions of CS SS SB 71 (FIN) Am for Senate Bill amends AS 18.08. Emergency Medical Services.

- 1) Expand authority of the EMS Section, Department of Health and Social Services to set standards for Mobile Intensive Care Paramedic training programs;
- 2) Expand the authority of the Department of Health and Social Services to address statewide trauma care system development and to establish standards for the certification of trauma centers;
- 3) Provide authority for the Department of Health and Social Services to establish an patient care information system for EMS organizations and hospitals;
- 4) Change the name of the State Advisory Council on Emergency Medical Services to the Alaska Council on Emergency Medical Services, provide that the Council advise the Governor and the Commissioner of Health and Social Services on EMS issues, and specify the types of EMS system providers to be appointed by the Governor;
- 5) Expand the authority of the department to adopt regulations to charge fees for certification and licensing of organizations;
- 6) Provide for certification of emergency medical dispatchers;
- 7) Provide for the disclosure of medical records information to pre-hospital EMS providers for quality of care review and education; and
- 8) Include state certified EMT instructors in the immunity from liability protections listed in AS 18.08.086.

Other provisions of this bill would delete references to the Statewide Health Coordinating Council and health systems agencies, which no longer exist, and delete the words "physician trained" in statutory references to mobile intensive care paramedics (MICP's), to more accurately reflect that MICP's are trained by a combination of physicians, nurses, and other paramedics.

POSITION PAPER

STATE OF ALASKA ★ DEPARTMENT OF HEALTH & SOCIAL SERVICES

Currently, under AS 18.08, the EMS Section in the Department of Health and Social Services has the responsibility for the development, implementation, and maintenance of a statewide comprehensive emergency medical services system and has adopted regulations for the certification of basic and advanced level emergency medical technicians (EMT's), EMT instructors, EMT training courses, basic and advanced life support ambulance services, medevac services, critical care air ambulance services, specialty aeromedical transport teams, defibrillator technicians, and Emergency Trauma Technician instructors and courses. A comprehensive planning guide has been developed and periodically updated listing goals and recommendations for a comprehensive, statewide EMS system.

The EMS Section also administers grants to EMS Regions for EMS system development. Most of the money from these grants is used to support regional EMS offices and to provide resources for EMS training, continuing medical education, and certification testing.

The amendments to state EMS legislation provided in Senate Bill No. 71 address recommendations made by a national team of EMS experts who visited Alaska in September, 1992, to conduct a comprehensive review and evaluation of Alaska's EMS system. The review team identified several strengths and a few weaknesses in Alaska's EMS system and noted that, "The current statutes are not comprehensive in that they lack the ability to fully develop, implement, enforce, and monitor the complete development of EMS activities. Such essential elements as facility assessment, categorization of facilities, trauma center designation, emergency medical dispatch training and certification, dedicated system funding for administration and service provision (sic), and comprehensive immunity for all system participants is missing." (A copy of this report is available from the EMS Section, DHSS).

Discussion

- 1) Expand authority of the EMS Section, Department of Health and Social Services to set standards for Mobile Intensive Care Paramedic training programs.

Mobile Intensive Care Paramedics are the highest trained members of the pre-hospital EMS system. Currently, the EMS Section certifies the ambulance services that MICP's work with, and EMS Section staff review all initial MICP applications prior to licensing by the Alaska State Medical Board, according to a Memorandum of Agreement. All MICP regulations and amendments adopted by the

Medical Board were written with input and extensive involvement from EMS Section staff and the Advisory Council on EMS.

The national team of EMS experts which evaluated Alaska's EMS system in September, 1992, recommended that, "Alaska should re-establish EMT-Paramedic (MICP) training within the State." Although the Alaska State Medical Board currently has authority to license mobile intensive care paramedics, according to an Attorney General's opinion, it does not have the authority under existing statutes to license instructors or paramedic courses in Alaska. By expanding the authority of the EMS Section, DHSS, a process could be established to certify paramedic instructors and courses.

- 2) Expand the authority of the Department of Health and Social Services to address statewide trauma care system development and to establish standards for the certification of trauma centers.

Traumatic injury, both intentional and unintentional combined, is still the number one cause of death and disability in Alaska. To address this serious public health problem requires a comprehensive statewide trauma care system focusing on three major components: injury prevention, trauma treatment, and rehabilitation. According to a national consensus standard developed by the National Highway Traffic Safety Administration: "To provide a quality, effective system of trauma care, each state must have in place a fully functional EMS system. Enabling legislation should exist for the development of the trauma system component of the EMS system. This should include Trauma Center designation (using American College of Surgeons Committee on Trauma, American College of Emergency Physicians Committee on Trauma, and other national standards as guidelines), triage and transfer guidelines for trauma patients, data collection and trauma registry definitions and mechanisms, mandatory autopsies, systems management, and quality assurance for the system's effect on trauma patients. Rehabilitation is an essential component of any statewide trauma system."

Currently, almost one-half of the states have the authority to designate trauma centers. According to an Attorney General's opinion, the Alaska Department of Health and Social Services currently does not have this authority. Under this bill, the department would have

POSITION PAPER

STATE OF ALASKA ★ DEPARTMENT OF HEALTH & SOCIAL SERVICES

the authority to establish standards for various levels of trauma care centers, and hospitals and clinics could voluntarily decide to apply for certification. Applications for certification at a particular level of trauma center would demonstrate a commitment of medical care facilities to a certain standard of care, and it would help pre-hospital care providers, EMS medical directors, and others to determine the levels of capabilities of various facilities throughout the state. A statewide task force recently has been formed to help set trauma care standards for prehospital emergency medical services and medical facilities throughout Alaska.

- 3) Provide the authority to the Department of Health and Social Services to establish an EMS patient care information system and for EMS organizations and hospitals.

Most of a comprehensive EMS patient care information system has already been developed, but at this time participation is voluntary. A statewide trauma registry has been developed and all 25 acute care hospitals in Alaska have agreed to participate. This system collects data on all traumatic injury patients whose injuries are serious enough to result in hospitalization or death. Data is used for quality of care review and to study the epidemiology of serious injuries so injury prevention programs can be developed and evaluated. An annual survey of pre-hospital emergency medical services also is conducted, with approximately 75% to 80% of Alaska's EMS organizations providing data on numbers and types of responses, available resources, etc.

- 4) Change the name of the Advisory Council on Emergency Medical Services to the Alaska Council on Emergency Medical Services, provide that the Council advise the Governor and the Commissioner of Health and Social Services, and mandate a particular mix of providers and consumers.

The Advisory Council on Emergency Medical Services was established in 1977 under AS 18.08.020. Eleven members are appointed by the Governor, of which four must be consumers. Current legislation does not specify the types of providers who should be appointed. Recognizing that the EMS system includes physicians, nurses, paramedics, EMT's, etc., it seems appropriate that the State EMS Council should include representatives from all

POSITION PAPER

STATE OF ALASKA ★ DEPARTMENT OF HEALTH & SOCIAL SERVICES

of these provider groups. The Council also addresses some issues which go beyond the authority of the Department of Health and Social Services, such as EMS radio communication systems, 911 central access numbers, medical aspects of disaster response, etc.

- 5) Expand the authority of the Department of Health and Social Services to charge fees for certification and licensing of organizations.

Currently the EMS Section charges fees for certification testing. To keep costs to the state on this legislation as low as possible, it would be necessary for the department to charge fees to implement the new requirements of this bill. For example, if it is determined that a site review team is necessary in order to verify that a hospital meets a certain level of trauma center criteria, the department may require the applicant to pay for all or part of the cost of the site visit. Hospitals and other medical providers may charged fees to support the statewide data collection system, such as the Statewide Trauma Registry.

- 6) Certification of Emergency Medical Dispatchers.

In recent years, new courses have been developed to provide specialty training for dispatchers of emergency medical services. This training includes pre-arrival instructions to callers, so certain types of first aid procedures can be initiated by bystanders or family members prior to the arrival of the ambulance. Expanding the authority of the EMS Section to certify these people would provide them with similar immunity from liability protections that EMT's and mobile intensive care paramedics already have, and it may provide an incentive for more dispatchers to receive this training.

- 7) Provide for disclosure of medical records information to pre-hospital EMS providers for quality of care review and education.

Currently, Alaska law does not address the issue of providing hospital medical records information to pre-hospital providers. This would help clarify the legalities of this issue for EMS medical directors who need to use medical records information to give feedback to pre-hospital EMS providers in order to review the care that was provided to a patient. It also would clarify

POSITION PAPER

STATE OF ALASKA ★ DEPARTMENT OF HEALTH & SOCIAL SERVICES

the issues pertaining to the confidentiality of this data.

- 8) Include state certified EMT instructors in the immunity from liability protections listed in AS 18.08.086.

Recently, the University of Alaska Fairbanks Risk Management Office established a requirement that contract EMT Instructors must carry malpractice insurance to cover the possibility of injury to students during EMT training classes. This insurance is expensive, difficult to obtain, and may result in a reduction in the number of EMT Instructors willing to teach courses on a part time, contractual basis.

Position

The Department of Health and Social Services strongly supports passage of CS for Sponsor Substitute for Senate Bill No. 71 FIN, (am) because it would give the department the authority to fully implement, enforce, and monitor the continued development of a comprehensive Emergency Medical Services system in Alaska, and it should provide the direction to further improvements in Alaska's EMS system for the benefit of all EMS patients.

Recommended By:

Peter M. Nakamura
Peter M. Nakamura, MD, MPH
Director
Division of Public Health

4/6/93
Date

Approved By:

Theodore A. Mala
Theodore A. Mala, MD, MPH
Commissioner
Department of Health & Social Services

4/6/93
Date

SSSB 71: "An Act relating to emergency medical services; and repealing obsolete references to the Statewide Health Coordinating Council and health systems agencies."

SSSB 71 seeks to remove the wording "physician-trained" when referring to a mobile intensive care paramedic. This bill also addresses other changes, however, only Sections 1-6 deal with Occupational Licensing; therefore, this position paper only addresses those sections.

Mobile intensive care paramedics will continue to be "physician-trained," however, the training of paramedics is not limited to only physicians; therefore, this bill seeks to remove unnecessary language.

The department supports the change in terminology referenced in SSSB 71 (Sections 1-6) and recommends its passage.

Paul Fuhs for

Paul Fuhs, Commissioner

3-4-93

Date

dgl/105pp.ol



Southeast Region Emergency Medical Services Council
 207 Moller Drive, Room 113 Sitka, Alaska 99835 907-747-8005

7 April 1993

To The House Health, Education and Social Services Committee

From: Shawn Newell, Executive Director *SN*

Re: House HESS Hearing on CS for SS for Senate Bill 71 (FIN) am

The following letters of support for SB 71 were sent to the Committee in care of my office. I am forwarding them plus a copy of the resolution of support from the Southeast Region Emergency Medical Services Board of Directors.

This bill is important for the emergency medical services system in that it supports many of the recommendations given the State of Alaska by the National Highway Traffic Safety Administration Technical Assistance Team last fall. The bill increases the authority for the EMF Section within the Department of Health and Social Services to guide trauma systems development, it adds authority for certification of EMS training programs to include emergency medical dispatchers and mobile intensive care paramedics. The bill adds to existing immunity from liability protection by including dispatchers and EMT instructors. It also clarifies representation and communication authority for the Advisory Council on EMS. The bill facilitates EMS data collection, improving the availability of data for use in improving patient care.

All of these provisions are supports for the primarily volunteer state EMS system.

The EMS community has historically done a lot with little. In order to perform the work proposed through this bill and sustain the existing emergency medical program this bill in intended to enhance, there will need to be funding.

We fully support a fiscal note for this bill of at least \$100,000. State funds allocated to EMS will be used efficiently and will bring a return far in excess of the investment from the largely volunteer EMS force.

Thank you for your consideration of these comments during the Committee hearing process.

P.O. Box 333
Hydaburg, Ab. 79922
April 6, 1993

Representative Cynthia Jockey
Representative Con Bunde

This letter is in support of Senate Bill 71.

I believe emergency medical dispatchers should be certified and trained

I also believe including the Governor as a member of the Advisory Council on E.M.S. would be an asset as E.M.S. deals with all level of persons.

I also support the fiscal note to help pay for E.M.S.

I understand this bill goes in front of the House Health, Education and Social Services Committee for hearing on April 7, 1993.

Post-It™ brand fax transmittal memo 7871		# of pages > 1	
TO: Glenn Newell	FROM: Sylvia Montero	CO: HYDABURG	PHONE: 1-285-3462
DEPT: S.E.A.R.E.M.S. COUNCIL	FAX: 1-747-1406	PHONE: 1-285-3462	FAX: 1-285-3464

Sincerely,
Sylvia Montero E.M.T. III, PA
Julie MatKong (CHA)
Charlotte Kristovich

3 letters - all the same address



Southeast Region Emergency Medical Services Council
207 Moller Drive, Room 113 Sitka, Alaska 99835 907-747-8005

RESOLUTION

Whereas the emergency medical services system in Alaska has evolved since its inception in the mid-nineteen seventies;

Whereas the emergency medical services system is inclusive of all prehospital care providers including mobile intensive care paramedics and emergency medical dispatchers;

Whereas emergency medical technician instructors are a critical component in assuring the maintenance of an emergency medical services system and protection from liability encourages participation in emergency medical technician training activities;

Whereas a data set describing the incidence of emergency medical response, patient treatment and patient outcome data is vital to proving the effectiveness of and ensuring the quality of emergency medical care;

Whereas standards for trauma care facilities are instrumental to ensure the quality of patient care provided in Alaska;

Therefore be it resolved that Sponsor Substitute Senate Bill 71 and the fiscal note funding EMS grants to regions and the Trauma Registry be provided full support.

Approved by unanimous vote by the Southeast Region Emergency Medical Services Council in Sitka on this 15th day of March, 1993.

Shawn L Newell
Executive Director



Southeast Region Emergency Medical Services Council
207 Moller Drive, Room 113 Sitka, Alaska 99835 907-747-8005

3 March 1993

The Honorable Senator Loren Leman
Alaska State Legislature
P.O. Box V (MS 3100)
Juneau, AK 99811

Dear Senator Leman,

I am writing on behalf of Southeast Region Emergency Medical Services Council in support of Senate Bill 71, "An act relating to emergency medical services...". I would like to thank you for the interest and commitment you have shown to EMS in Alaska through your sponsorship of this important piece of legislation.

In addition to removing references to obsolete organizations within the state, this legislation addresses several weaknesses in the state emergency medical services system as identified by the National Highway Traffic Safety Administration Technical Assistance Team during their state EMS system review last September.

The legislation appropriately authorizes the State EMS Section, DHSS, to set standards for paramedic and emergency medical dispatch training programs, a logical extension of current authority to set standards for other prehospital EMS training programs. The legislation also extends immunity from liability provisions to include EMT Instructors, critical to assuring that EMT training remains accessible in the state. Provisions to allow appropriate access to patient care and outcome data support the physician/care-provider quality review process that drives improvement of EMS care.

Proposed changes to the Advisory Council on EMS strengthen that organization by more clearly defining the council's composition and by extending the line of communication authority to the Governor. It is critical that the council retain its nature of representing a broad spectrum of the EMS community: rural, urban, prehospital, facility-based, native, non-native, etc. The legislation goes a long way toward that end, but leaves undefined at least two areas: defining appropriate geographic representation and assuring representation from rural Alaska. It is my request that the legislation be amended to include verbiage addressing these omissions.

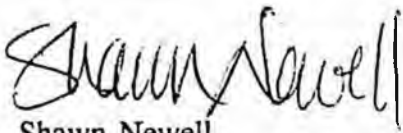
Senator Leman 3/4/93 - 2

Each geographic region of the state has unique conditions and concerns that would likely not be considered if left unrepresented. Defining how to determine appropriate geographic representation is important to eliminate the chance that an area might be overlooked. The methodology used previously to assure geographic representation was through appointing one consumer representative from each judicial district. Since consumer representation was reduced to three, that option no longer exists. A proposal that would address our concern would be to add to Sec. 18.08.030, page 5, line 28 the phrase: "through assuring all judicial districts are represented on the council," following "appointments" and preceding "and shall appoint".

Rural Alaska also has its own distinctly unique needs and concerns with regard to EMS, and should also be assured representation on the council. A suggestion would be to add to section 18.08.030, page 6, line 3 "at least one of whom resides in a community not connected by finished road to a community having a hospital" following "providers" and preceding ";". (Michael Cushing, Research Analyst, Department of Regional Affairs, 465-4751 assisted me in developing this phrase and is available as a resource should you wish to pursue this recommendation.)

These two points are the only concerns Southeast Region EMS Council has with regard to this legislation. It is an excellent piece of work that builds the foundation for providing a solid EMS system in Alaska. Please contact me if I, or my organization, can assist you in any way during the upcoming hearing and approval process.

Sincerely,



Shawn Newell
Executive Director

ALASKA
ADVISORY COUNCIL ON EMERGENCY
MEDICAL SERVICES

ACEMS
P.O. Box 110616
Juneau, Alaska 99811-0616
Phone: (907) 465-3027



An Alaskan tradition:
Neighbor helping neighbor

March 5, 1993

Senator Loren Leman
Alaska State Senate
State Capitol
Room 113
Juneau, AK 99801-1182

Dear Senator Leman:

I am writing to support sponsor substitute for Senate Bill 71 that you have introduced in the legislature this session. I consider this a very important piece of legislation in that this bill would provide much needed updated legislation that will facilitate the work of the Emergency Medical Services Section and the Governor's Advisory Council on Emergency Medical Services. Technology and standards of care have changed significantly over the last ten years and it is important to keep the legislation that governs the administration of a statewide emergency medical services system updated to reflect those changes.

Changes in trauma care, emergency medical dispatching, training programs at various levels, and the ability to develop and implement programs are just some of the issues that were identified in a comprehensive review of Alaska's emergency medical services system in September of 1992. These are changes that your proposed legislation would provide for.

I would like to personally thank you and your staff for the time and effort you have put forth to assist us in our effort to update this legislation. These changes will enable us to more effectively plan for the emergency medical services system that the residents of the State of Alaska depend on. If I can be of any assistance or answer any question please call myself at 262-4792 or Mark Johnson at 465-3027.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven O'Connor". The signature is written in a cursive style and is positioned above the typed name and title.

Steven O'Connor, Chair
Governors Advisory Council on
Emergency Medical Services

cc: Representative Gary Davis
Representative Mike Navarre
Representative Gail Phillips
Senator Suzanne Little
Senator Judith Salo

Steven J. Kilkenny, M.D., F.A.C.S.
GENERAL VASCULAR & THORACIC SURGERY

3300 PROVIDENCE DR. SUITE 311
ANCHORAGE, ALASKA 99508

TELEPHONE (907) 261-4806

March 2, 1993

Senator Loren Lemau
State Capitol Room 113
Juneau, Alaska 99801-1182

MAR 3 1993

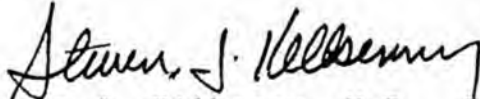
Dear Loren:

I am writing to you to commend you and support you on Senate Bill 71. This Bill will contain some important amendments to the EMS law in the State of Alaska.

As the scope of emergency medical services broaden in the State it is imperative that we have responsible and legitimate representation on the advisory committees to the State Legislature and to the Executive Branch.

I applaud you on your efforts and wish you the best of luck.

Sincerely,



Steven J. Kilkenny, M.D., F.A.C.S.
Chairman, American College of Surgeons'
Committee on Trauma
State of Alaska

SJK/mb

Southern Region
EMERGENCY
Medical Services Council, Inc.

March 3, 1993

Senator Loren Lemam
State Capitol, Room 113
Juneau, AK 99801-1182

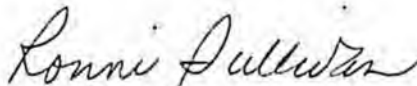
Dear Senator Lemam:

I am writing in support of Senate Bill No. 71. This bill will bring the Alaska Emergency Medical Services statutes more into alignment with national standards, and allow for future system development.

The National Highway Traffic Safety Administration's Technical Assistance Team (TAT) review last September reported on a strong and unique EMS system in Alaska. They made several recommendations relating to legislation. Some of those are addressed in this bill. Your bill will enable us to guide the development of a comprehensive trauma system, train and certify dispatchers, provide immunity from liability for EMT instructors, set standards for paramedic training programs, and more. I have no doubt the writers of the TAT report would applaud your efforts on behalf of emergency medical services.

We at Southern Region EMS Council extend our full support of SB 71, and will gladly work with you to facilitate its passage. Please contact my office if we can be of any help. Thank you for your support of Emergency Medical Services, in Anchorage and around the state.

Sincerely,



Ronni Sullivan
President/Executive Director

SB71

ALASKA STATE

HOSPITAL & NURSING HOME

ASSOCIATION

March 2, 1993

Senator Steve Reiger, Chair
Health, Education & Social
Services Committee
Alaska State Senate
State Capitol
Juneau, AK 99801-1182

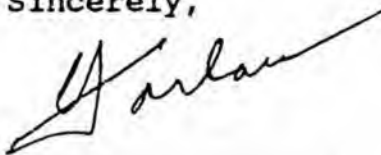
Dear Senator Reiger:

The community hospital and nursing home members of ASHNHA would like to offer their support for the passage of SB 71.

SB 71 broadens the scope of responsibility of the Department of Health & Social Services Section on Emergency Medical Services. It strengthens the EMT educational programs, revises the Council on Emergency Medical Services, and cleans up some outdated statutory language.

We think SB 71 supports that important work.

Sincerely,



Harlan R. Knudson
President/CEO

cc: ✓ Senator Leman
Annette Kreitzer



Southeast Region Emergency Medical Services Council
207 Moller Drive, Room 113 Sitka, Alaska 99835 907-747-8005

RESOLUTION

Whereas the emergency medical services system in Alaska has evolved since its inception in the mid-nineteen seventies;

Whereas the emergency medical services system is inclusive of all prehospital care providers including mobile intensive care paramedics and emergency medical dispatchers;

Whereas emergency medical technician instructors are a critical component in assuring the maintenance of an emergency medical services system and protection from liability encourages participation in emergency medical technician training activities;

Whereas a data set describing the incidence of emergency medical response, patient treatment and patient outcome data is vital to proving the effectiveness of and ensuring the quality of emergency medical care;

Whereas standards for trauma care facilities are instrumental to ensure the quality of patient care provided in Alaska;

Therefore be it resolved that Sponsor Substitute 71 and the fiscal note funding EMS grants to regions and the Trauma Registry be provided full support.

Approved by unanimous vote by the Southeast Region Emergency Medical Services Council in Sitka on this 15th day of March, 1993.

Shawn L Newell
Executive Director



Alaska Native Medical Center
P.O. Box 107741
Anchorage, Alaska 99510-7741

March 5, 1993

MAR 15 1993

Senator Loren Leman
319 Seward Street, #11
Juneau, Alaska 99801

Dear Senator Leman:

I am writing to you as the EMS Medical Director for the Indian Health Service here in Alaska to support Senate Bill 71. More specifically, we here in Alaska Area are committed to the development of a Statewide Trauma System developed along the lines of the National Highway and Traffic Safety Administration consensus. We have been working for a number of years with the State EMS office and with the private hospitals to provide emergency care in both rural Alaska and also serving as a referral center here in Anchorage. The Alaska EMS system has been a great success story. The State of Alaska system and the IHS system here have served as examples for other States and Indian Health Service Emergency Systems. Our next step must be to continue to improve the system. The designation of trauma centers and the system in the establishment of a Statewide Trauma system with established triage and transfer guidelines is mandatory if we are to continue our leadership in the Emergency Medical Systems. Trauma is a leading cause of death among Native Americans in Alaska and we would like to thank you for your sponsorship in this most needed and important legislative.

If you have any questions, please feel free to call me.

Sincerely,

F. Sacco, M.D.
Medical Director
Alaska Native Medical Center
(907) 257-1284



INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

1881 MARIKA ST. • FAIRBANKS, ALASKA 99709
PHONE (907) 456 3978 • FAX 456.3970



Date: April 6, 1993

TO: Members of House of Representatives
Health, Education and Social Services Committee

From: Craig Lewis, Executive Director
Interior Region EMS Council, Inc.
1881 Marika Rd.
Fairbanks, AK 99701
(907) 456-3978

Subject: CS for SS for Senate Bill 71

It is our understanding CS for SS Senate Bill 71 will be coming before your Committee on April 7. We would like to ask for your support, with qualifications, for this bill.

The Board of Directors of Interior Region EMS believes that this legislation appropriately addresses many of the weak areas outlined in the recent state-wide review of the Emergency Medical Services system completed by the National Highway Traffic Safety Administration-EMS Assessment Program.

One of the primary concerns addressed by this legislation is the increased need for trauma training and a higher level of statewide monitoring of trauma events. We agree that is a valid need, however CS for SS Senate Bill 71 as proposed, has a major flaw regarding this issue. It will place a statute requirement without providing additional funds to meet that requirement. When SB 71 was initially introduced, it included a \$200,000 fiscal note. That note was reduced to zero in the Senate Finance Committee proceedings. We seek your support in mandating increased trauma training for EMS providers and a higher level of statewide monitoring of trauma events. We also request that your Committee includes a means of funding for the regional centers to implement this vital program. In this process, it is also paramount that this funding source be a perpetual one. The statute does not address a single year program or a single year need. Its requirements must be met in the future as well as in FY 94.

An additional area of concern the IREMSC Board of Directors would like to see addressed is the proposed revision of Section 12 AS 18.08.030 in SB 71. This includes

deletion of the mandated geographical representation on the Advisory Council on EMS. This change could reduce the vital contributions of rural and cross-cultural representation the Advisory Council currently possess. While the proposed change incorporates the assurance that the Governor will maintain "appropriate geographical equity", it does not define what "appropriate geographical equity" means. In the past, judicial boundaries were used to select state-wide representatives. We would like to see that mandate remain.

Of further concern is the reduction of Emergency Medical Services representation, to be replaced by clinical representatives (doctors, nurses and a hospital administrator). The Advisory Council on Emergency Medical Services's primary goal revolves around the planning and implementation of a statewide emergency medical services system, of which the prehospital care providers are a main component. While it is important to include clinical practitioners in this process, it is equally important to maintain a balance of representation for the prehospital care provider.

We must emphasize that overall we support SB 71 and ask that your committee support it as well. The concerns we address are ones that can be worked out, with your assistance. In summary, that assistance could include:

- 1) Adding a minimum of \$150,000 to the grants section of the fiscal note for the provision of emergency medical services. Failing to recognize that there are costs associated with meeting the additional requirements places the providers in jeopardy. Also it is important to include funding for a position in the State MS Office, DHSS, that will interact with hospitals and compile information provided by those hospitals that meet the criteria established in the legislation for a Trauma Care Hospital.
- 2) Insure that funding is perpetual to guarantee that the mandated program continues to function appropriately in the future.
- 3) Insure that a balance of MS providers, rural and cross-cultural representatives is maintained on the Advisory Council by continuing with the current use of judicial boundaries to select representatives and maintaining, at a minimum, the current number of MS representatives on the Council.

We appreciate your assistance in supporting a high quality emergency medical services system in the State.

NENANA VOLUNTEER FIRE/EMS

P. O. Box 0070 Nenana, Alaska 99760

Office: (907) 832-5632 • Fax: (907) 832-5503 • Emergency: 911



April 7, 1993

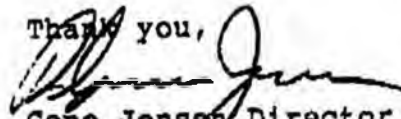
To: Members of House of Representatives
Health, Education and Social Services
Committee

This letter is asking for your support for SB71 with qualifications that a note for \$150,000 be attached.

Also that equal representation be on the Board from Emergency Medical Services, (geographic representation)

It is unfair to have trauma experience from Hospital and to leave out the pre-Hospital since that is the first treatment of a patient who has been injured. With equal representation there is both points of view being stated and the Alaska citizen becomes the winner since all Health Care has the goal to improve chances for survival.

Thank you,


Gene Jensen, Director
Nenana Public Safety

"We still make house calls."

DATE: APRIL 7, 1993

TO: MEMBERS OF HOUSE OF REPRESENTATIVES
Health, Education, and Social Services Committee

FROM: MARSHA A. GODBEY
Volunteer EMT III, North Pole Fire Department

SUBJECT: SENATE BILL 71

I support SB 71, however I am concerned with a couple of points...

Although the bill appropriately addresses the need for increased trauma training and higher levels of monitoring trauma events, it does not provide for funding for this need. Originally the bill stipulated \$200,000 funding for this development, but the Finance Committee cut funding to zero. How is this training and monitoring supposed to be accomplished without any funding? It doesn't make sense to pass this legislation without funding to support the activities requested. I support an attachment of a minimum of a \$150,000 fiscal note for SB 71.

Also, in Section 12, geographical representation has been deleted. There are many responders in rural Alaska who should have a voice on the ACEMS Council. Without this requirement, only larger, already well represented areas, will have a voice in matters concerning all areas of our state. Please ensure that mandated geographic representation is not deleted from the Council.

I am also concerned about placing clinical representatives on the council rather than prehospital representatives. ACEMS addresses and is a voice for emergency medical services. Emergency medicine is generally practiced in the field by persons who are trained somewhat differently than clinical people (whose contact with patients is after the emergency is over). The needs for emergency medicine is different as well. Equipment needs are different, training needs are different, and administration is different. Certainly some involvement of clinical practitioners is needed, but the main component should focus on EMS providers. I support the Council remain a balance of EMS providers and maintain the current number of EMS representatives on the Council.

Thank you for your time and allowing me to express my opinions on this matter.

Marsha A. Godbey

Eagle Emergency Medical Service
Box 153
Eagle, Alaska 99738

To: Members of House of Representatives
Health, Education and Social Services Committee
Juneau, Alaska 99801

Subject: CS for SS for Senate Bill 71

It is our understanding that CS for SS Senate Bill 71 will be coming before your committee the afternoon of April 7. We would like to ask your support, with the following qualifications, for this bill.

As a volunteer ambulance service, we recognise the need for increased trauma training and services in this vast State. The above mentioned bill, as it is proposed meets that need except for the fact that it does not provide the necessary funding to implement it and the need to continue funding for its future needs. This statute does not address a single year program or future needs.

In addition the proposed revision of Section 12 AS 18.08.030 in SB 71 deletes the mandated geographical representation of each area on the Advisory Council on EMS. This change would not give the vital representation of cross-cultural and rural representation that the current board has.

Another area that needs to be addressed is the replacing of EMS personnel with clinical representatives (Drs. Nurses & Hospital administrator). The primary purpose and goal of the EMS Advisory Council is the planning and implementing of a statewide emergency system in which the prehospital care providers are the main component. Though it is important to include clinical practitioners in the process, it is just as important to maintain a balance of representation for the prehospital care providers. Those prehospital providers make the difference in getting the patient (victim) stabilized and then delivered to a higher level of care facility. Many of the clinician have only worked in a standard care facility and are not prepared or knowledgeable in caring for the person in the middle of a remote area, with the barest amount of medical equipment and lengthy transport. We were able to experience this first hand

page 2 Eagle EMS letter to House of Representatives

when our small community and very small rescue squad/volunteer responded to the bus wreck on the Taylor Highway in 1988.

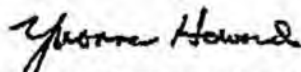
It would have been nice to have a hospital right there, but like most of Alaska, trauma trained prehospital care providers made the difference. There was no further loss of life because of it.

We would like your support of SB 71 with the following additions:

- 1.) Add a minimum of \$150,000 to the grants section of the fiscal note for EMS. Thus providing for the needed funds to implement and continue the statute as required.
- 2.) Insure the funding to be perpetuated so that the mandated statute can continue for the future.
- 3.) Insure that the balance of cross-cultural and rural representatives is maintained on the Advisory Council by continuing with the current judicial boundaries to select representatives and to keep to the current minimum, the number of EMS representatives on the council.

We do appreciate your assistance in supporting the high quality of emergency medical services in the State of Alaska

Sincerely,



Yvonne Howard, President of Eagle EMS