SB

71

HOUSE COMMITTEE REPORT

(9)

Date Referred: March 26, 1993 FURTHER REFERRALS: Finance

Date of Committee Action: 4-12-93

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered: CSSSSB 71(FIN) am

CS FOR SPON. SUB. FOR SEN. 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: [X] the same title
be replaced with HCS CS SSSB 71 (HESS) [ ] a new title

[ ] have attached amendments(s)

[ ] do pass

[ ] do not pass

[ ] no recommendations

[X] individual recommendations

[ ] additional referral to the _____ Committee

ADOPTS: Senate letter of Intent

ATTACHES NEW FISCAL NOTE(s): (Dept)

[X] fiscal impact H+SS

[ ] zero fiscal note _____

APPROVES PREVIOUS: (Dept/Date)

[ ] fiscal note(s) _____

[X] zero fiscal note(s) C+ED 3/9/93

SIGNING DO PASS	D?	OTHER RECOMMENDATIONS	DNP	NR	AM
				X	

CHAIRMAN'S SIGNATURE

FISCAL NOTE

STATE OF ALASKA
1993 LEGISLATIVE SESSION

BILL NO. CS SS SB 71 (FIN) Am

Revision Date: March 30, 1993
Title: An Act relating to emergency services; and repealing obsolete references
Sponsor: Leman
Requestor: Senate HES

Dept. Affected: Health and Social Services
BRU: State Health Services
Component: EMS Training & Licensing
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
Phone: 465-3090
Date: March 30, 1992

Approved by Commissioner: Theodore A. Mala, MD, MPH
Agency: Department of Health and Social Services
Date: 4/1/93

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Fiscal Note - H+SS

ANALYSIS (cont.):

Grants
Grants to regional emegerency 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.

No. 1

FISCAL NOTE

Bill Version: SSSB 71

(S) Publish Date: 3-9-93

STATE OF ALASKA

1993 LEGISLATIVE SESSION

Revision Date:

Title: An Act relating to emergency medical services;...

Sponsor: Senator Leman

Requestor: Senator Leman

Dept. Affected: Commerce & Economic Development

BRU: Occupational Licensing

Component: Operations

COMPONENT SERIAL NO. 1844

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)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
TOTAL	.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 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 requried to implement provisions of this bill.

Prepared by: Jennifer Strickler, Administrative Officer

Division: Occupational Licensing

Phone: 465-2144

Date: 3/2/93

Approved by Commissioner: Paul Fuhs

Agency: Commerce & Economic Development

Date: 3/4/93

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Changes in CSSSSB71 (FIN) have no fiscal impact. This fiscal note is appropriate.

3-22-93 date

Comte Aide (initial)

Ø Fiscal Note - CED

Alaska State Legislature
House of Representatives
COMMITTEE ON HEALTH, EDUCATION AND SOCIAL SERVICES

DATE: APRIL 12, 1993

PLACE: Capitol Room 106

SUBJECT OF MEETING:

HB 85: PUBLIC SCHOOL FOUNDATION PROGRAM (TELECONFERENCE)

BILLS HELD OVER FROM PREVIOUS CALENDARS MAY BE HEARD

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?		WHAT SUBJECT/ WHICH BILL?
MARK S. JOHNSON	ANSS, EMS	ANSS, EMS P.O. Box 110616 Juneau	99811-0616	463-5807	465-3027	Y	N	SB 71 Answer Questions
DUANE GILLEY	DOE	JUNEAU AK.	99801	789-5772	465-2891	Y	N	TO AVAILABLE ANSWER QUESTIONS
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	

4/12/93

LTN1100-R01 LEGISLATIVE TELECONFERENCE NETWORK PAGE 01
04/23/93 11:09:19
TCN: 30516 DATE & TIME: 04/12/93 15:00 TO 17:00 STATUS:7 STATS. IN

**** ORDER SUMMARY ****
SPONSOR: HHES HOUSE HEALTH, EDUCATION AND SOCIAL SERVI CHAIRS: TOOHEY
PURPOSE: PUB PUBLIC HEARING BUNDE
CONTACT: LYNNE SMITH TEL#: (907)465-6825
CHAIRING SITE: JUNEAU CAPITOL CAP106

SPONSOR REMARKS(PUB): TESTIMONY:Y ALLOWED 10 MINUTE LIMIT
THERE IS A NEW COMMITTEE SUBSTITUTE FOR HB 85 THAT WAS ADOPTED AT OUR MEETING ON 4/6. IF YOU WOULD LIKE A COPY BEFORE THE MEETING PLEASE CALL.
TCN REQUESTED ON 04/12/93 AND HAS 5 UPDATES

**** AGENDA ****
1 HB 85 PUBLIC SCHOOL FOUNDATION PROGRAM

**** PARTICIPATING LIOS ****

	ANC	ANCHORAGE	3111 C STREET		LOCATION STAFF
	BAR	BARROW	COURTHOUSE #305		LOCATION STAFF
	DLG	DILLINGHAM	KANGIIQUTAQ BLDG		LOCATION STAFF
	HOM	HOMER LTC	126 W PIONEER #4		LOCATION STAFF
*	JNU	JUNEAU	CAPITOL	CAP106	LOCATION STAFF
	SOL	KEN/SOL	34824 KALIFONSKY		LOCATION STAFF
	TOK	TOK LIO	MP 1314 AK. HWY		LOCATION STAFF
	VAL	VALDEZ	STATE BLDG. #13		LOCATION STAFF

**** VOLUNTEER & OFFNET SITES ****

SOL	SEW SEWARD	COMMUNITY LIB.	VICKY SEIGEL	(907)224-3740
ZZZ	OF1 OFFNET 1	FUNTER BAY	DONNA EMERSON	(907)790-3898

PARTICIPANTS IN ANCHORAGE ANC

1	BONNIE	THOMPSON			OBSV. HB 85	
	PO BOX 110282		ANCHORAGE	AK	99511	(907)345-4793
2	DENNIS	WETHERELL			TSFY. HB 85	
	PO BOX 876862		WASILLA	AK	99687	(907)745-2007
3	FRAN	TALBOTT	ANCH S.D.		TSFY. HB 85	
	25-500 N. MULDOON RD.		ANCHORAGE	AK	99506	(907)337-4277
4	LINDA	OKLAND			TSFY. HB 85	
	2702 MCKENZIE DR.		ANCHORAGE	AK	99517	(907)346-1964
5	MAUREEN	KNIGHT	CHILD OF GIFTED		TSFY. HB 85	
	10424 LOUDERMILK CIRCLE		ANCHORAGE	AK	99517	(907)346-1964
6	LARRY	WIGET	ANCH S.D.		TSFY. HB 85	
	4600 DEBARR RD.		ANCHORAGE	AK	99519	(907)269-2255
7	DID NOT	SIGN IN			OBSV. HB 85	
				AK		(907)000-0000

PARTICIPANTS IN BARROW BAR

1	STEVE	YATES	NORTH SLOPE BSD		TSFY. HB 85	
	BOX 169		BARROW	AK	99723	(907)852-5311

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1	MRS. LOUANN	NUNN	DLG SCHOOL BOARD		OBSV. HB 85	
	BOX 75		DILLINGHAM	AK	99576	(907)842-2529

PARTICIPANTS IN: JUNEAU JNU

PARTICIPANTS IN:JUNEAU JNU

				AK	(907)000-0000	
2	REP.	BETTYE	DAVIS		TSFY. HB 85	
				AK	(907)000-0000	
3	REP.	HARLEY	OLBERG		TSFY. HB 85	
				AK	(907)000-0000	
4	REP.	CYNTHIA	TOOHEY		TSFY. HB 85	
				AK	(907)000-0000	
5	REP.	CON	BUNDE		TSFY. HB 85	
				AK	(907)000-0000	
6	REP.	GARY	DAVIS		TSFY. HB 85	
				AK	(907)000-0000	
7	REP.	PETE	KOTT		TSFY. HB 85	
				AK	(907)000-0000	
8	REP.	AL	VEZEY		TSFY. HB 85	
				AK	(907)000-0000	
9		TESTIFIER	1		TSFY. HB 85	
				AK	(907)000-0000	
10		ANNETTE	KRIETZER	STAFF/LEMAN	TSFY. HB 85	
				AK	(907)000-0000	
11		OBSERVER			OBSV. HB 85	
				AK	(907)000-0000	
19		OBSERVER	9		OBSV. HB 85	
				AK	(907)000-0000	

PARTICIPANTS IN:KEN/SOL SOL

1	MR.	RICHARD	SWARNER	KPBSD	TSFY. HB 85	
		148 N. BINKLEY		SOLDOTNA	AK 99669 (907)262-5846	
2	MS.	DEBRA	SHUEY	CCS	TSFY. HB 85	
		BOX 3867		SOLDOTNA	AK 99669 (907)262-9368	
3	MS.	MARJORIE	CAMPBELL		OBSV. HB 85	
		402 BIRCH ST.		KENAI	AK 99611 (907)283-3525	

PARTICIPANTS IN:SEWARD SOL SEW

1	MR.	MIKE	WILEY	SELF	TSFY. HB 85	
		P O BOX 618		SEWARD	AK 99624 (907)224-5563	

PARTICIPANTS IN:VALDEZ VAL

1	MR.	HARRY	ROGERS	SUPERINTENDENT	TSFY. HB 85	
		BOX 398		VALDEZ	AK 99686 (907)835-4357	
2	MR.	JOHN	TONGEN	BUS. MGR. VCS	OBSV. HB 85	
		BOX 398		VALDEZ	AK 99686 (907)835-4924	

PARTICIPANTS IN:VALDEZ VAL

3	MR.	JIM	LINSEY	SCHOOL BD.	OBSV. HB 85	
		BOX 809		VALDEZ	AK 99686 (907)835-4521	
4	MR.	DOUG	GRIFFIN		OBSV. HB 85	
		BOX 307		VALDEZ	AK 99686 (907)835-4313	

PARTICIPANTS IN:OFFNET 1 ZZZ OF1

1		DONNA	EMERSON		TSFY. HB 85	
				HUNTER BAY	AK	(907)000-0000

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 adress 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 practioners 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 knowledgable 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

Yvonne Howard, President of Eagle EMS

BILL SB71 DATE 4/12/92

TAPE 93- 62 NUMBER 313

SUBJECT OF VOTE PH Amend to have the 3 members of Comm. come from different SUP DISTRICT

MEMBER	YEA	NAY	ABS
~~Rep. Tom Brice~~			
Rep. Cynthia Toohey	X		
Rep. Con Bunde	X	X	
Rep. Gary Davis	X		
Rep. Al Vezey		X	
Rep. Pete Kott	X		
Rep. Harley Olberg	X		
Rep. Bettye Davis	X		
Rep. Irene Nicholia	X		
TOTAL	6	-2	

PASS

++

BILL SB 71 DATE 4/12

TAPE 93- 62 NUMBER 351

SUBJECT OF VOTE Amend

ref

MEMBER	YEA	NAY	ABS
Rep. Cynthia Toohey	X		
Rep. Con Bunde	X		
Rep. Gary Davis	X		
Rep. Al Vezey	X		
Rep. Pete Kott	X		
Rep. Harley Olberg	X		
Rep. Bettye Davis	X		
Rep. Irene Nicholia	X		
Rep. Tom Brice			
TOTAL	8	-0	

DHSS

PASS

STATE OF ALASKA
AN ASSESSMENT

OF

EMERGENCY MEDICAL SERVICES

September 14 - 16, 1992

National Highway Traffic
Safety Administration
Technical Assistance Team

Gail Cooper
Susan D. McHenry
Stuart A. Reynolds, MD, FACS
Susan D. Ryan
John C. Sacra, M.D.
Wade N. Spruill, Jr.

TABLE OF CONTENTS

BACKGROUND

Injury is the leading cause of death for persons in the age group 1 through 44. Each year nearly 50,000 people lose their lives on our nation's roads, and approximately 70 percent of those fatalities occur on rural highways. The National Highway Traffic Safety Administration (NHTSA) is charged with reducing accidental injury on the nation's highways. NHTSA has determined that it can best use its limited resources if its efforts are focused on assisting States with the development of integrated emergency medical services programs that include comprehensive systems of trauma care.

To accomplish this goal, NHTSA has developed a Technical Assistance Team (TAT) approach that permits States to utilize highway safety funds to support the technical evaluation of existing and proposed emergency medical services programs. NHTSA serves as a facilitator by assembling a team of technical experts who have demonstrated expertise in emergency medical services development and implementation. These experts have demonstrated leadership and expertise through involvement in national organizations committed to the improvement of emergency medical services throughout the country. Selection to the Technical Assistance Team is also based on experience in special areas identified by the requesting State. Examples of specialized expertise include experience in the development of legislative proposals, data gathering systems, and trauma systems. Experience in similar geographic and demographic situations, such as rural areas, coupled with knowledge in providing emergency medical services in urban populations is essential.

The Alaska Department of Public Health, Emergency Medical Services Section, in concert with the Alaska Department of Public Safety, Governor's Traffic Safety Bureau requested the assistance of NHTSA. NHTSA agreed to utilize its technical assistance program to provide a technical evaluation of the Alaska statewide EMS Program. NHTSA developed a format whereby the Alaska Emergency Medical Services Section provided comprehensive briefings on the EMS system based on an outline developed by the Technical Assistance Team.

The Technical Assistance Team assembled in Anchorage, Alaska on September 14 through September 16, 1992. For the first day and a half, over 35 presenters representing various components of the EMS system in the State of Alaska, provided in-depth briefings on emergency medical services and trauma care in Alaska. Topics for review and discussion included the following:

General Emergency Medical Services Overview
of System Components

- Regulation and Policy
- Resource Management
- Human Resources and Training
- Transportation
- Facilities
- Communications
- Trauma Systems
- Public Information and Education
- Medical Direction
- Evaluation

The forum of presentation and discussion allowed the Technical Assistance Team the opportunity to ask questions regarding the emergency medical services system, clarify any issues identified in the briefing materials provided earlier, and develop a clear understanding of how emergency medical services function throughout Alaska. The team spent considerable time with each presenter so that they could review the status for each topic.

Following the briefings by presenters from Alaska EMS, public and private sector providers, and members of the medical community, the Technical Assistance Team sequestered to evaluate the current EMS system as presented and to develop a set of recommendations for system improvements.

When reviewing this report, please note the areas in ***bold italics*** represent priority areas identified by the Technical Assistance Team.

The statements made in this report are based on the input received. Pre-established standards and the combined experience of the team members were applied to the information gathered. All team members agree with the recommendations as presented.

GAIL F. COOPER

SUSAN D. McHENRY

STUART A. REYNOLDS, MD

JOHN C. SACRA, M.D.

WADE N. SPRUILL, JR.

ACKNOWLEDGMENTS

The Technical Assistance Team would like to acknowledge the Alaska Department of Public Safety, Governor's Highway Safety Bureau and the Alaska Department of Health and Social Services, Division of Public Health, Emergency Medical Services Section for their support in conducting this assessment to improve emergency medical services in Alaska.

The Team would like to thank all the presenters for being candid and open regarding the status of emergency medical services in Alaska. Each presenter was responsive to the questions posed by the Technical Assistance Team which aided the reviewers in their evaluation.

Special recognition should be made regarding the extraordinary efforts taken by Mark Johnson, Emergency Medical Services Section and staff, and the briefing participants for their well prepared and forthright presentations. In addition, the team applauds the well-organized, comprehensive briefing packages sent to the team members in preparation for the assessment. Special thanks also to Traci Carpenter, Governor's Highway Safety Bureau for providing assistance to the Technical Assistance Team.

INTRODUCTION

The immense size, unusual geography, diverse population and demographics, severe weather and awesome beauty of Alaska quickly set it apart from the "lower forty-eight". These unique features give Alaska a special fascination and allure, while presenting many challenges to the emergency medical system.

Although it is the largest in land area of all the states, it is the second smallest in population. Its population density is by far the lowest, with 0.96 persons per square mile, but when the population of the Municipality of Anchorage is excluded, the population averages 0.57 persons per square mile. This remaining population is spread across the state in 20 regional centers and nearly 300 villages and towns, three-fourths of which have no road access to communities with hospitals. The population consists of several ethnic groups, including Caucasians, Alaska Natives (Indians and Eskimos), and Asian and Pacific Islanders, African Americans, and others.

Alaska is a huge state, covering 586,412 square miles, more than twice the size of Texas. It has six major mountain ranges, half the world's glaciers, and more active volcanoes than any other country in the world. It has 6,640 miles of coastline, making it larger than that of all of the rest of the combined states. Many villages in Alaska are hundreds of miles from the nearest hospital. Alaska's harsh climate, combined with numerous mountain ranges, can make travel extremely difficult much of the year.

The EMS system is comprised of a rich mix of volunteer and career providers, from Community Health Aides in the predominantly Native villages to EMT-Paramedics in the more developed areas, with many levels in between. An equally creative approach is used to providing needed emergency transportation, from dog sleds and snow machines in the Bush, where there are no roads for vehicular travel, to "state of the art" ambulances in some urban centers, to a vast array of aeromedical transport resources.

The many significant challenges of the Alaska EMS system, which to others may seem overwhelming, seem to bring out the best in the dedicated people at the state, regional, sub-regional and most local levels. The many creative and innovative programs and approaches to providing emergency medical care are a tribute to the men and women of Alaska who are so clearly committed to quality of life for her people, despite the odds.

ALASKA EMERGENCY MEDICAL SERVICES (EMS)

The Technical Assistance Team reviewed ten essential components of an EMS system. For each component reviewed, the Technical Assistance Team identified key EMS issues or standards, assessed the status, and made recommendations for necessary changes.

A. REGULATION AND POLICY

Standard

To provide a quality, effective system of emergency medical care for adults and children, each EMS system must have in place comprehensive enabling legislation with provision for a lead EMS agency, as well as a funding mechanism, regulations, and operational policies and procedures.

Status

Alaska enacted statewide EMS legislation in 1977 and 1978. This legislation was comprehensive for its time and set forth the Department of Health and Social Services as the State EMS Lead Agency. Further it established a State EMS Advisory Council, the authority to certify EMTs including providers and services, and award grants to regional EMS Agencies for EMS system development. Based on this legislation a number of different regulations have been developed. These include regulations to certify:

- EMT Basic and Advanced providers
- EMT Basic instructors
- Basic and advanced life support services
- Medevac services including critical care air ambulance and specialty aeromedical transport teams
- Emergency trauma technician instructors and training programs
- Defibrillator technicians and training programs

In the State of Alaska paramedics are certified by the State Medical Board. It appears that the authority to regulate paramedic training programs is absent. Additionally there continues to be a requirement for all EMS rules and regulations to be reviewed and concurred with by the Department of Public Safety prior to their adoption or implementation.

The current statutes are not comprehensive in that they lack the ability to fully develop, implement, enforce and monitor the complete complement 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, and comprehensive immunity for all system participants is missing. The current legislation does not provide the clarity or authority necessary to carry out currently defined tasks. This is evidenced by the lack of enforcement capabilities at the state level, the

reliance on the "good faith" efforts of service providers to meet standards, and no inspection or verification activities within the state. Clearly this legislation met the needs of the state in the 70's but needs to be updated to meet the needs of the Alaska EMS system in the 90's, recognizing the unique needs of remote areas and the Native populations.

Recommendations

- ♦ *Update and amend current statutory authority for EMS system development and maintenance.*

- ♦ *Enhance the effectiveness of current decentralization of certain EMS functions by ensuring appropriate statutory or regulatory authority to:*

  - *Tie regional funding to need and outcome*
  - *Develop performance based contracts for regional services*
  - *Ensure the sharing of project outcomes and information*
  - *Standardize programs and systems among and between regional agencies.*

- ♦ Clarify in statute or regulation the scope of practice for all prehospital providers such that it is consistent with National standards.

- ♦ Ensure a mechanism in regulation for the State EMS Medical Director to have the authority to review, evaluate and make appropriate recommendations to regional EMS plans, including but not limited to, policies, procedures and treatment protocols.

- ♦ Develop and implement a procedure to ensure the timely development, implementation and revision of regulations.

- ♦ Encourage commitment from Indian Health Service (IHS)/Public Health Services (PHS) to provide prehospital training activities.

- ♦ *Dedicated funding to carry out the mission, goals and objectives of the State EMS agency and regional EMS systems must be sought. The TAT recognizes that there may be statutory limitations with dedicating funding to EMS system development and operations, however, if a truly comprehensive system is to be realized this must be accomplished. All funding for local regional programs should be allocated through the state EMS agency and tied to operational goals. Consideration of specific revenue sources should include:*

  - *Billing for all ambulance transports*
  - *Charging fees to certify individuals and services.*

- ♦ Traditional and non-traditional sources of revenue should be explored and implemented as appropriate.

  - Increase General Fund appropriation
  - User fees on tourism
    - Hotel/motel room surcharge

- Camping fees
- Hunting license fees
- Fishing license fees

- Vehicle license fees
  - Registration
  - Moving vehicle fines and forfeitures
- Sin taxes
  - Alcohol
  - Cigarettes

- ♦ Incentives should be developed for currently underserved remote and isolated areas that institute creative revenue generating programs.

- ♦ Ensure funding allocations are tied to EMS goals document.

- ♦ Ensure continued maintenance for all currently funded projects, such as injury prevention and trauma registry.

B. RESOURCE MANAGEMENT

Standard

The provision of centralized coordination to identify and categorize the resources necessary for overall system implementation and operation is essential to an effective EMS system. This is required to maintain a coordinated response and appropriate resource utilization throughout the State. It is essential that adult and pediatric victims of medical or traumatic emergencies have equal access to basic emergency care, including the triage and transport of all victims by appropriately certified personnel (at a minimum, trained to the EMT-Basic level) in a licensed and equipped ambulance to a facility that is appropriately equipped and staffed, and ready to administer to the needs of the patient.

Status

The lead agency for the development of the statewide emergency medical services (EMS) system in Alaska is the Emergency Medical Services Section, Division of Public Health, Department of Health and Social Services. The Section staff consists of program administrators and clerical support in Juneau. The state lead agency for EMS is responsible, by statute, for the development, implementation, and maintenance of a comprehensive statewide emergency medical services system. By providing grants and overall program direction, the Section works through regional EMS councils and non-profit health corporations to coordinate air and ground ambulance agencies and other prehospital care with hospital care, Native health corporations, and other related organizations.

The EMS Section, with input from local, regional, and private entities throughout the state, has developed, and is currently revising, "Alaska EMS Goals: A Guide for Developing Alaska's Emergency Medical Services System". This document provides for annual needs assessments, and for the awarding of grants to EMS regions. This is an exceptional tool to guide program development at the various service levels throughout the state. It appears, however, that many of the statewide goals are not universally applied or have not enjoyed the full commitment and support from all sectors. The EMS Section also annually updates and publishes a comprehensive "Alaska Emergency Medical Services Directory", which lists EMS and related resources throughout the state.

The State Advisory Council on EMS (ACEMS) is a body of eleven members appointed by the Governor to advise the Department of Health and Social Services on the overall development of a statewide, comprehensive EMS system. ACEMS also includes liaison representatives from various positions and organizations. Policies, guidelines, and regulations are developed in cooperation with the State Advisory Council on EMS and its various subcommittees and task forces.

The Alaska EMS program is coordinated by a small central office in Juneau, and by regional and subregional offices throughout the state. This decentralized approach seems to be a fairly

effective mechanism to deal with the vast land mass and varying needs of the state. The regions appear quite diverse, in many respects, but all are clearly committed to quality patient care given existing resources and are proactive advocates for continued improvement of EMS within their regions or subregions. Several regions have exciting innovative programs that may have applicability to other areas. One example of such a program is the "Supply Store" concept operated by at least two regions to assist local ambulance services in acquiring needed supplies in reasonable quantities, at a more affordable cost. It appears that there are more similarities among the regions that might be taken advantage of and that, if common needs and problems can be identified, some economies of scale may be reached in developing coordinated solutions, and in sharing successful programs.

Regarding other key system resources, it appears that a full hierarchical structure of human resources is in place, taking into account the unique needs and resources of the state. In addition, normal transport resources are generally available, configured to the special environments of the state. It is apparent that the Alaska Native population has very unique needs that reach beyond the normal EMS system configuration.

Recommendations

- ***Provide sufficient funding to enable state EMS lead agency to effectively carry out its comprehensive roles and responsibilities, including system coordination and resource management.***

- ***Conduct EMS system needs assessment to determine most effective management/staffing arrangements for state EMS Section and regional and sub-regional EMS councils.***

- Review the role of the Advisory Council on EMS, with focus on increasing proactive role in defining and articulating statewide EMS goals both within the EMS system and for the state administration.

- Identify similarities in regional needs/programs through improved communications and sharing.

- Continue to aggressively seek a minimum of EMT-I level care in every village/ community throughout the state.

- ***The State should assume a strong leadership role that ensures resources are allocated based on clearly identified needs.***

C. HUMAN RESOURCES AND TRAINING

Standard

EMS personnel can perform their mission only if adequately trained and available in sufficient numbers throughout the State. At a minimum, all transporting prehospital personnel should be trained to the EMT-Basic level. In addition, each prehospital training program should use a standardized curriculum for each level of EMT personnel. In an effective EMS system, training programs are routinely monitored, instructors must meet certain requirements, and the curriculum is standardized throughout the State. In addition, the state agency must provide a comprehensive plan for stable and consistent EMS training programs with effective local and regional support.

Status

Since the inception of the Alaska EMS Program, training has clearly remained a top priority. Supported with statutory authority, Alaska's EMS agency coordinates standardized training programs for all levels of EMS personnel (except EMT-P) tests and certifies personnel accordingly. Today, there are over 1,900 EMT-I's (EMT Basics), 496 EMT-II's, 434 EMT-III's, and approximately 150 EMT-P's (MICP). Additionally, Alaska has 365 Defibrillation Technicians certified and a large compliment of Emergency Trauma Technicians (first responders).

Given the tremendous distances between health care responders and facilities throughout Alaska, exemplary efforts have been made to address local emergency response through training and recognition of several levels of emergency practice extenders, i.e. Community Health Aides and Mid-level Practitioners. These valuable responders offer credible alternatives for response to remote crises and contribute greatly to Alaska's first line of emergency health care.

Alaska has demonstrated national leadership in the areas of aeromedical training and response. Augmenting this program is a specialty aeromedical training program for non-aeromedical providers who may be called upon to transport patients by fixed wing or rotor aircraft when Medevac teams are not available. This training program has an accompanying air transport manual for reference by these providers. It should also be noted that Alaska has contributed greatly to quality EMT instruction by the development of a statewide/standardized EMT-Basic Instructor Training and Certification Program. This program helps to assure consistent and up-to-date training for the EMT-Basic level throughout the state. However, the rigorous nature of this training program may preclude the recruitment and retention of adequate numbers of EMT Instructors.

Coordination of training throughout Alaska is assisted via a State Training Committee. This Committee, which represents most training programs, provides consistency and direction in the state application of EMS training programs. In an effort to meet the tremendous burden for training, some regional programs have developed contracts with private EMT instructors and

groups. These instructors provide valuable access to training which would otherwise be delayed or not available. However, there are other regions that lack the human and financial resources to provide adequate training. Since this occurs primarily in underserved areas, the team is concerned about the vast disparity regarding courses and instructors among the regions.

The TAT recognizes that a multitude of other specialty EMS programs (ATLS, ACLS, BTLS, PALS, WEMT, etc.) are provided, although specifics regarding availability were not clearly presented. Testimony was given which suggested that there are ongoing needs for additional training programs and instructor programs at all EMS levels. Documentation of this deficiency or plans for resolution were not offered. The TAT is concerned about the retreating interest among law enforcement agencies in first responder training. Finally, the team noted the absence of in-state EMT paramedic training.

Recommendations

- ***State EMS Section should conduct a statewide training needs assessment with special emphasis on regional and subregional needs. This assessment should serve as the basis for planning, budgeting, and distribution of funds for training within the State's comprehensive EMS plan.***

- Alaska should adopt EMT categories to conform with the 3 nationally recognized EMT levels of certification (EMT-Basic, EMT-Intermediate, EMT-Paramedic). Likewise, skills currently authorized for first responders and EMT-II and -III levels should be allowed as optional skills at one or more of the appropriate EMT levels.

- Alaska should reestablish EMT-Paramedic training within the state.

- Alaska should tap all non-traditional resources for EMS training, i.e. public schools, universities, vocational technical facilities, clinics, and non-profit community corporations.

- Seek and maintain direct Indian Health Services funding for specific prehospital EMS education. Special emphasis should be placed on the EMS component within the Community Health Aide Program for villages and subregional clinics.

- ***In an effort to obtain more EMS instructors, Alaska EMS should review current instructor candidate standards and programs, and should seek other training methodologies, i.e. establish course coordinators, standardize training by video, and expand instructional training programs for other EMT levels (Intermediate and Paramedic).***

- ***Research and establish training for all levels of law enforcement, park service and forestry service personnel at least to the first responder level with the ultimate goal of training these personnel to the EMT Basic level.***

- Clarify OSHA/Federal/State bloodborne pathogen regulations and take appropriate action which will ensure minimal impact on existing and future training needs.

- Develop a program which will strengthen the clinical preceptor concept of initial training and re-training of EMS providers.

- Review the testing procedures to ensure that they are providing an accurate assessment of individuals' competency relative to national standards.

D. TRANSPORTATION

Standard

Safe, reliable ambulance transportation is a critical component of an effective EMS system. Most patients can be effectively transported in a ground ambulance staffed by qualified emergency medical personnel. Other patients with more serious injuries or illnesses, particularly in remote areas, require rapid transportation provided by rotor craft or fixed wing air medical services. Routine, standardized methods for inspection and licensing of all emergency medical transport services is essential to maintain a constant state of readiness throughout the State.

Status

Alaska EMS is authorized by statute to certify (license) EMS services. The licensing process provides for differentiation between basic life support and advanced support levels of care. Briefing documents provided traced the expansion of Alaska's ambulance service system from 35 available services during the late 1970's to 90 plus services available today. Types of services range from ground providers to state-of-the-art air transport service providers. Because of the tremendous land mass of Alaska, and its diverse geographical topography, air service has emerged as the backbone of Alaska's transportation system.

Evidence was presented to the TAT that certification of EMS services is accomplished by provider self assessments and self maintenance to existing standards. While this type of regulatory process is normally considered to be loose and possibly inadequate in assuring compliance to standards, the TAT recognizes that given the limited transport resources throughout most of the state, strictly enforced punitive approaches may not be applicable.

The TAT did not receive specific facts regarding vehicles by types and/or by availability other than those used for air service. Comments from many presenters suggested perceived needs for more transport vehicles of all types. The TAT is concerned by the absence of information regarding utilization of system transport and the flow of patients transported.

Special recognition is given to Alaska EMS personnel for innovative approaches to area driven transportation needs. In short, the TAT accepts that in some cases "whatever vehicle is available often proves to be the best".

Recommendations

- ***Conduct a transportation resources inventory annually.***
- ***Identify and review patient flow patterns including direction, time, and distances in the prehospital setting and match to existing and planned transportation resources.***
- Consider delegation of survey responsibilities to regions linking funding contracts for the purpose of compliance verification and a plan for improvement.
- Encourage the highest level of compliance to standards by linking improvements to state/regional grants. This should be flexible to provide realistic rates for improvements according to local transportation resources available.
- ***Investigate joint State/IHS level sponsored transportation systems for rural and remote areas.***
- Investigate and enhance sharing of transportation resources across regional and other political boundaries.
- Develop triage and transportation guidelines for transport destination decisions. These guidelines should be based on local available resources and specific patient needs.

E. FACILITIES

Standard

It is imperative that the seriously ill patient be delivered in a timely manner to the closest appropriate facility. This determination needs to consider both stabilization and definitive care. This determination should be free of political considerations and requires that the capabilities of the facilities are clearly understood by prehospital personnel. Hospital resource capabilities must be known in advance so that appropriate primary and secondary transport decisions can be made.

Status

The vast reaches and varying demographics of Alaska have, of necessity, resulted in a collection of markedly varied facilities, widely dispersed, that provide necessary care to its citizens. There are a total of 25 hospital facilities in the state; 15 private, 6 Native American, 1 Indian Health Service, and 3 Military.

The 15 private hospitals are located primarily along the corridor from Fairbanks through Anchorage and down to the southeastern region. Eight hospitals are able to provide relatively comprehensive care, including surgical services, two of which qualify as tertiary care centers. The tertiary centers in Anchorage also provide Neonatal, Burn, and Cardiac Surgical services. The remaining 7 private hospitals provide skilled primary care. The vast western and northern areas are served by 10 Native Health Care Corporation Service Units, 6 of which contain hospitals of 4 to 31 beds, staffed uniformly by primary care physicians. Those service units without a hospital are served by clinics equipped for resuscitation in preparation for transfer. Native American patients needing transfer are served by a comprehensive care IHS facility in Anchorage.

Assumptions and informal relations have resulted in accepted perceptions of the capabilities of each of these institutions without formal and objective categorization. Physician skills and their response to the EMS patient have not been assessed.

The absence of a physician teaching institution in the state precludes many training options and limits the availability of certain specialty care. The lack of this care capability has resulted in a well defined transfer pattern to Seattle for the most comprehensive and complex care.

Recommendations

- ***Assess the resources and capabilities and categorize each of the facilities providing emergency care.***
  - ***Determine the physician and specialty availability.***
  - ***Identify the emergency response capability.***
  - ***Describe how each facility responds to emergencies.***
- Define the resources appropriate for optimal care in each size facility.
- Evaluate the current patient transfer and flow patterns.
- Develop and implement transfer protocols (including patient delivery decisions), and interhospital transfer agreements.

F. COMMUNICATIONS

Standard

An effective communications subsystem is an essential component of an overall EMS system. Beginning with the universal system access number, the communications network should provide for prioritized dispatch, dispatch to ambulance communication, ambulance to ambulance, ambulance to hospital, and hospital to hospital communications to ensure adequate EMS system response and coordination.

Status

At the outset, it should be acknowledged that the Alaska State EMS Director serves as Chair of the Communications Committee for the National Association of State EMS Directors. He has significant expertise in this area and has provided essential leadership to efforts to improve EMS communications capabilities on a national basis.

Within Alaska, special recognition should be given to the ongoing efforts of the Telecommunications Office, Division of Information Systems, Alaska Department of Administration, to coordinate development of communications systems and capabilities to serve the combined needs of the various public safety entities in the state. Not only do EMS, police, fire and emergency services need to meet their respective communications needs, which are often overlapping, but they often need to communicate with one another, especially in mass casualty or disaster situations. In addition, an effective communications system which can benefit by all public safety sectors would be more cost effective and therefore more likely to receive necessary levels of funding. The Telecommunications Office is responsible for planning, design, frequency coordination, installation, and maintenance of state communications systems, including EMS.

Regarding initial notification of and access to EMS services, over 90% of Alaska's population is covered by 911 access. With very few exceptions, almost all level II, III, and IV communities have 911 coverage. Many of the smaller level I villages have no local telephone exchanges. Some villages have only satellite phone, using the small earth satellite telephone systems funded in the mid-1970's. Several city 911 systems have automatic number identification (ANI) and several communities are now in the planning process to upgrade to enhanced 911. In addition, the Department of Public Safety is currently studying the issue of developing a statewide enhanced 911 system. Due to extreme distances in some areas between communities with telephones, emergency call boxes have been installed along the Seward Highway on the Kenai Peninsula and in the Matanuska-Susitna Borough north of Anchorage. It is anticipated that additional call boxes will be installed along certain additional highway corridors.

Dispatch is provided through a variety of configurations, with some being coordinated public safety answering points (PSAPs) and others being very rudimentary alerting systems. A small

number of the more organized dispatch centers have dispatchers who have participated in formal emergency medical dispatch training (Medical Priority Dispatch System). There is frustration with the fact that the above program will not permit instructors to be trained within Alaska to provide ongoing support for this program. In response to this need, the Southeast Region EMS Council has been developing an in-state emergency medical dispatch training program which will soon be submitted to the State EMS Training Committee for approval and adoption on a statewide basis.

Regarding statewide EMS communications coverage, most villages can now contact regional centers and hospitals by telephone during emergencies. Along rural highways, emergency radio systems have been extended to many rural areas. The entire Kenai Peninsula highway system, south of Anchorage, the Parks Highway between Anchorage and Fairbanks, the Alaska Highway between Fairbanks and the Canadian border, and the Glenn Highway between Anchorage and Glennallen are completely covered with emergency communications systems using a microwave backbone system. There are, however, still gaps in service on other highway systems. There are also significant challenges related to dead areas due to terrain and difficulty in maintaining some repeater sites in the severe winter months.

Communication with hospitals and other normal EMS communications (ambulance to ambulance, ambulance to hospital, hospital to hospital, etc.) are extremely difficult and need significant further attention. In addition, there is no statewide provision for mutual aid or inter-agency communications (e.g., at a mass casualty incident scene). There is no current State EMS Communications Plan, which could address a number of these issues.

There are a number of innovative communications projects which may have further applicability. Among the most promising is the cooperative agreement reached in the Southeast Region with the U.S. Forest Service where all responders can talk with each other piggy-backing on the Forest Service System.

Recommendations

- Aggressively support and pursue a statewide enhanced 911 telephone system.
- Extend the emergency call box system to all remaining highway corridors and high risk locations not adequately covered by some other system.
- ***Survey EMS communications capabilities across the state to provide current inventory, leading to a needs assessment.***
- ***Develop and periodically update a State EMS Communications Plan.***
- Review and plan for possible application of new technology (e.g. land/mobile satellite systems) to address special communications challenges in state.
- Develop and promote accessible emergency medical dispatch training on a statewide basis.
- Train all dispatchers involved with EMS calls in emergency medical dispatch.
- Build interagency communications capabilities through State EMS Communications Plan, funding, and other opportunities.

G. PUBLIC INFORMATION AND EDUCATION

Standard

Public awareness and education about the EMS system is essential to a quality system and is often neglected. Public information and education (PI&E) efforts must serve to enhance the public's role in the system, its ability to access the system, and the prevention of injuries. In many areas, EMS personnel provide system access information and present injury prevention programs which ultimately lead to better utilization of EMS resources and improved patient outcome.

Status

Extensive efforts in public information and education have been developed and implemented throughout Alaska. The State EMS Section has successfully sought and received a number of key prevention grants, including EMS for Children and CDC injury prevention. Efforts have been aimed at targeted areas such as drowning emergencies, child safety, EMS access, and tourism ("Help along the way"). Clearly, one of the strengths of the EMS program is the public information and education and injury prevention programs. At the regional level, activities are also numerous, with the southern region providing PI&E events throughout the state. A range of activities is present from newsletters, PSA's, T.V. and radio announcements, health fairs, and school based programs. Each year the governor and legislature recognize EMS by proclaiming EMS week within Alaska. Other activities include efforts to teach the public and educate legislators about the benefits of a comprehensive EMS program, by the Advisory Committee on EMS, the participation in the Safe Kids campaign, and the Children's Health and Injury Prevention Program (CHIPP). There is strong evidence as to the community support for EMS, including the networking among and between agencies to meet PI&E goals, and cooperative arrangements among the participating agencies. There is a real commitment to provide PI&E throughout the state. This can be seen in the innovative approaches the EMS community institutes to meet the unique needs of the Alaska community and the scope and depth of these programs.

Recommendations

- ***Maintain and expand PI&E efforts at the state and regional levels.***

- Continue to work on the development of a comprehensive PI&E plan focused on:

  - building an EMS constituency
  - identifying a specific set of PI&E goals (like 70% by '92)
  - developing evaluation criteria for PI&E programs to assess their effectiveness in the community
  - studying and reporting on the cost of injury in Alaska, including health and medical care costs, societal costs and years of potential life lost.

- ***Publicize and create public awareness that trauma is the leading cause of death in Alaska and constitutes a major public health problem. This can be accomplished by using the trauma registry data to:***

  - ***target specific trauma prevention activities***
  - ***identify the epidemiology of trauma in Alaska and target prevention goals toward the at-risk groups.***

- Emphasize PI&E regarding EMS in schools, particularly focused on early childhood education and carried forward through all grade levels.

H. MEDICAL DIRECTION

Standard

EMS is a medical care system that includes medical practice as delegated by physicians to non-physician providers who manage patient care outside the traditional confines of office or hospital. As befits this delegation of authority, it is the physician's obligation to be involved in all aspects of the patient care system.

Specific areas of involvement include the following:

- planning and protocols
- on-line medical direction and consultation
- audit and evaluation of patient care.

Status

Alaska EMS standards provide for both off-line and on-line medical direction, as well as some treatment protocols and evaluation of care.

The EMS Section has contracts with two physicians for statewide off-line medical direction. One physician is charged with the responsibility for prehospital medical direction, while the other focuses on trauma system development. Each region has an off-line medical director, some with contracts to provide this service.

All state certified ground and air ambulance services, BLS as well as ALS, are required to have a designated medical director, who acts as the physician sponsor for its EMT's and paramedics. In some regions, this physician is also the regional medical director. In addition, individual EMT's/paramedics, not affiliated with an organized EMS service, are required to be under the sponsorship of a medical director in order to provide advanced life support services.

Regional or service medical directors are expected to provide off-line medical direction, although specific performance based standards do not exist. An excellent example was presented by the regional medical director of the Matanuska-Susitna Borough. Examples of off-line medical direction at the regional or service level include: on-site quarterly reviews, run reviews, yearly assessment of standing orders, and the teaching and testing of EMT's.

A yearly meeting is held between the State prehospital and regional medical directors and other physician sponsors. However, there is not a specific description of the responsibility of the state EMS prehospital medical director, nor clear lines of authority between this position and the regional medical director. An EMS Medical Director's Manual, including an instructional video has been prepared to orient designated off-line medical directors. Although there are some treatment guidelines in the Manual, comprehensive statewide treatment protocols do not exist. There appears to be liability protection for the physician sponsor or off-line medical director for

certified ambulance services.

When possible, on-line medical direction is provided by either a physician or designee. Although emphasis has been placed on improving the communication system, gaps still exist, which make on-line medical direction difficult.

A creative orientation program for all physicians applying for a state license has been developed. As part of this interview process, physicians receive a description of the State EMS Program.

Recommendations

- The EMS Medical Director's Manual should include updated, nationally recognized standards for medical direction, published by organizations such as the American College of Emergency Physicians and the National Association of Emergency Medical Services Physicians.

- State comprehensive treatment protocols for both BLS and ALS should be developed. These protocols should serve as minimal criteria that each service should adopt or exceed.

- *A comprehensive job description for off-line regional or EMS service medical directors should be adopted. This job description should include specific tasks as well as the appropriate line of authority for reporting to the State EMS Medical Director.*

- *The job description for the State EMS Medical Director should be re-evaluated and clearly outlined. Included should be a description of the lines of authority and accountability, the specific evaluation of all regional or service medical directors, and the appropriate involvement with certification and decertification procedures.*

- *A statewide standardized run sheet should be developed and required for all certified services. This run sheet should be updated periodically to keep pace with new treatment protocols, drugs, and procedures.*

- An evaluation of the current laws should be performed to ensure appropriate liability protection for EMS medical direction.

- *The State should adopt a minimum scope of practice for all EMS providers. Further, the State should adopt a procedure for authorizing optional skills and a mechanism to review and evaluate optional skills or new treatment modalities, and study their effectiveness for statewide applicability.*

I. TRAUMA SYSTEMS

Standard

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 ACS-COT, APSA-COT 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 systems effect on trauma patients. Rehabilitation is an essential component of any statewide trauma system.

Status

There is no Alaska State Trauma Care System Plan. Therefore, integrated trauma care, assuring prompt patient identification and timely delivery to an appropriate facility with an organized response, cannot be guaranteed. The absence of statutory authority for the EMS Section to designate trauma hospitals undermines any attempt to formalize and improve trauma care.

There are, however, some very positive factors in health care in Alaska that could enhance trauma system development. A Trauma System Task Force has been proposed and the Section has appointed a statewide Medical Director for Trauma System development. The needs of the community over the years has resulted in a geographic structure that has made available appropriate human resources at every level, and a rudimentary system of resuscitation and transfer.

The clinic and hospital system that has evolved to provide the current level of care includes primary care facilities, six potential Level III (ACS) facilities, and two potential Level II (ACS) facilities in Anchorage, that could provide tertiary trauma care for the state. Early EMS trauma self assessment evaluations, based on ACS criteria, have confirmed this conclusion. Geography, as well as clinical capabilities, confirm Anchorage as the critical center for trauma care in the state. The importance of initial resuscitation skills to outcome is evidenced by the extensive IHS and civilian training in ATLS. The regionalized administrative structure of the EMS Section is compatible with trauma system development.

It is apparent from testimony that there is a basic misunderstanding of the character and goals of modern trauma systems development, i.e. to provide optimal care within the constraints of available resources. The most important factor in the provision of optimal care is commitment. Because there is a lack of understanding regarding trauma system development, this commitment does not appear to be present at this time.

The core of any trauma care system is the commitment of the tertiary care centers, which is inherently related to the interest and commitment on the part of surgeons in that community. At this time there appears to be no recognition of the importance of commitment to system

development and trauma care on the part of most general surgeons in Anchorage.

The institution of a voluntary trauma registry by the EMS Section and 100% commitment on the part of the state's hospitals is a laudable accomplishment. The extensive involvement of prehospital and hospital staff across the state lends optimism to the possibility of improved interest in trauma systems development in the future.

Recommendations

- ***Provide the Development of Trauma Systems (DOTS) Course to key providers and decision makers in the state, either centrally or on a regional basis.***
- ***The EMS Section must be given statutory authority for System Development and Trauma Hospital Designation.***
- Provide a State sponsored ACS trauma consultative visit to the two potential Level II hospitals in Anchorage.
- Use Trauma Registry data to assess current trauma care patterns and outcome in order to define needs for system development and trauma care improvement.
- ***Develop a State Trauma Care Plan whose criteria allow for inclusion of all providers and facilities.***
- Develop and implement statewide trauma triage, patient delivery, and transfer guidelines and protocols.
- Obtain statutory authority for mandatory autopsy of all trauma deaths and access to that data for prevention and system evaluation.
- Define and assure access to rehabilitation services for trauma patients.
- Establish funding mechanisms for ongoing support of trauma systems and care.

J. EVALUATION

Standard

A comprehensive evaluation program is needed to effectively plan and implement a statewide EMS system. Each EMS system must be responsible for evaluating the effectiveness of services provided adult and pediatric victims of medical or trauma related emergencies. The statewide EMS system should be able to state definitively what impact has been made on the patients served by the system. EMS system managers must be able to evaluate resource utilization, scope of service, patient outcome, and the effectiveness of operational policies, procedures, and protocols. An effective EMS system evaluates itself against pre-established standards and objectives, so that improvements in service, particularly direct patient care, can occur. These requirements are part of an ongoing quality assurance (QA) system to review system performance. The evaluation process should be educational and ongoing. QA reviews should occur at all phases of EMS system management, so that needed policy changes or treatment protocol revisions can be made.

Status

Currently there is not a comprehensive evaluation program for the EMS system in Alaska. Despite this deficiency, limited success has been achieved in certain areas through the determination and commitment of EMS personnel. A primary example is the voluntary trauma registry currently in place. This recently developed statewide trauma registry, including data from every hospital in Alaska, plus Harborview Hospital in Seattle, provides information along the continuum of acute care of the trauma patient. However, data from the trauma registry has not yet been widely distributed or utilized for patient outcome studies.

Another example of attempts to establish an evaluation program was the success of a task force which developed criteria for a uniform statewide run sheet. The run sheet is not mandatory for certified ambulance services and has not yet been widely utilized. One positive outcome was the identification of the need for medical directors at the regional and ambulance service level. This particular identification placed responsibility for quality assurance activities at the regional level. However, preestablished performance standards and quality assurance methodology have not been developed by the state for use at the regional or service level. The lack of uniform data collection and monitoring impedes the development of a comprehensive evaluation program.

One component of the evaluation program recognized by the state is the current testing and certification for EMT's. Although this particular component is recognized, it remains a weak link in the evaluation program since it is not tied to any identifiable standards or routinely reported to instructors or medical directors for appropriate corrective action.

Other recognized components of an evaluation plan exist but in a fragmented fashion and also do not provide consistent feedback or related improvements. The definition and adoption of preestablished statewide system performance standards and program goals is an essential

component of an EMS evaluation system. Other components of a comprehensive evaluation program include the analysis of the annual ambulance survey and reports from medical advisory boards. The recognition of medical directors involvement in the evaluation program is essential as well as linking data bases from different sources.

Recommendations

- ***Develop a comprehensive statewide continuous quality improvement program. The program at a minimum should provide for:***

  a. ***Recognition of the diversity as well as the common features and needs of each region and subregion in Alaska.***
  b. ***The establishment of a common data set to be shared with regional medical directors for use in evaluation.***
  c. ***The use of a standardized run sheet routinely left at the receiving facility.***
  d. ***Performance standards developed for all level of providers.***

- The plan should outline the responsibilities for state, regional, and service EMS medical directors. Successful regional plans such as the Matanuska-Susitna Borough should be shared statewide.

- ***More assistance with evaluation and correction of problems from regional centers to the more remote areas should be provided.***

- The comprehensive plan should allow for developmental stages and appropriate implementation for individual components, beginning with focused areas to pilot test in individual regions and remote areas. For example, prehospital performance could be judged against narrowly selected current standards, i.e. effectiveness of airway management or transport and scene times from remote areas.

- Comprehensive feedback including education and appropriate preventive measures should be provided to all remote areas.

- Future educational symposiums should include tracks on continuous quality improvement.

- Continue the pursuit of Section 402 dollars to analyze deaths and injuries related to highways. Only data on deaths or admitted patients should be collected since the collection of outpatient data would not be feasible.

- Build on the success of voluntary reporting achieved with the trauma registry in other components of the continuous quality improvement program.

- Seek funding for rural preventable mortality studies.

- Evaluate and enact, if necessary, statutory protection from disclosure for continuous quality improvement activities.

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ORGANIZATIONS/APPOINTMENTS

EMT-1 Legislative Task Force
Emergency Medical Training Standards Task Force
EMT-1 and EMT-P Curriculum/Testing Standards Task Force
California Trauma Standards Advisory Task Force
California EMS Data Collection and Evaluation Advisory Task Force
San Diego Chapter, American Heart Association
Executive Secretary and Member, Board of Directors
American Public Health Association
American Heart Association
California EMS Administrators
American Red Cross
San Diego Community College District Emergency Medical Care Advisory Committee
Lincoln High School Medical Magnet Emergency Medical Care Advisory Committee
National Committee on Accreditation of Trauma Centers Founding Member
ASTM F.30 Committee on Emergency Medical Services

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National Association of State EMS Directors
  Past Chairman, Government Affairs Committee
  Past President
American Trauma Society
  Founding Member, Past Speaker, House of Delegates
Association for the Advancement of Automotive Medicine
  Membership Committee, Member
ASTM Committee F.30 on Emergency Medical Services
USDOT/NHTSA
  National Faculty, Development of Trauma Systems Course
  EMT Curriculum Revision Project
    Member Curriculum Development Group
Institute of Medicine/National Research Council
  Member, Pediatric EMS Study Committee
World Association for Emergency and Disaster Medicine
  Executive Committee Member
Editorial Reviewer for "Prehospital and Disaster Medicine"
Virginia Safety Association, Inc.
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American Board of Surgery
  Diplomate
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Montana Trauma Registry Task Force
Montana ATLS, National Faculty
Rocky Mountain Rural Trauma Symposium
  Program Director
American College of Surgeons
  Fellow
ACS Committee on Trauma
  ATLS Committee
  AD HOC Committee for Revision of Optimal Resources Document
  Chairman, Emergency Services/Prehospital Subcommittee
Centers for Disease Control
  Consensus Committee on Trauma Registries
  Task Force for Acute Care Systems
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Chief, Emergency Medical Services Division
National Highway Traffic Safety Division

ORGANIZATIONS/APPOINTMENTS

ASTM F.30 Committee on Emergency Medical Services
  Subcommittee F30.02 Personnel Training and Education
  Subcommittee F30.03 Organization/Management
Development of Trauma Systems: A State and Community Guide
  Project Director
National Trauma System Development Conferences
  Project Director
NHTSA Research on Trauma System Development
  Project Director
Dade County Trauma Task Force
  Project Director
Lifesavers/National Conference on Highway Safety Priorities
National Association of State EMS Directors
  Liaison Member
National Council of State EMS Training Coordinators
  Liaison Member
Federal Interagency Committee on EMS
  Agency Representative
Centers for Disease Control, National Agenda for Injury Control
  Trauma Care Systems Panel Member
National Registry of Emergency Medical Technicians
  Liaison Member

John C. Sacra, M.D.

Medical Director
Emergency Services
St. Francis Hospital
6161 S. Yale
Tulsa, Oklahoma 74136
(918) 494-6515

ORGANIZATIONS/APPOINTMENTS

Medical Director, Tulsa Life Flight
Instructor - Advanced Cardiac Life Support
Affiliate Faculty - Advanced Cardiac Life Support
Instructor - Advanced Trauma Life Support
Alpha Omega Alpha Honor Society, Oklahoma School of Medicine
Former National Councillor from the State of Georgia for
American College of Emergency Physicians
Former Member-Board of Directors, Georgia Chapter,
American College of Emergency Physicians
Former member-Board of Directors, Oklahoma Chapter,
American College of Emergency Physicians
Former Member-Toxicology and Trauma Committees
American College of Emergency Physicians
Member-Board of Directors, American Trauma Society
Member-Board of Trustees, Emergency Medical Services
Authority
Member-Board of Directors, Oklahoma Chapter,
American College of Emergency Physicians
Chairman-Physicians Advisory Board,
City of Tulsa
Chairman, Institutional Ethics Committee,
St. Francis Hospital
Member, Executive Committee,
American Trauma Society
Chairman, Trauma Committee
American College of Emergency Physicians

Wade N. Spruill, Jr.

Division of Emergency Medical Services
Mississippi State Department of Health
P.O. Box 1700
Jackson, MS 39215-1700
(601) 987-3880

Emergency Medical Services Director
State of Mississippi

ORGANIZATIONS/APPOINTMENTS

National Association of State EMS Directors
- Finance Committee
- Past Liaison, American Ambulance Association
- Past Liaison, National Council of State EMS Training Coordinators
- Past Liaison, American College of Emergency Physicians
- Past Liaison, National Registry of Emergency Medical Technicians

American Trauma Society
- Steering Committee, Mississippi Division

Mississippi Emergency Medical Technicians Association
- Founding/Charter Member

Mississippians for Emergency Medical Services
- Founding/Charter Member
- President

Mississippi State Paramedic Committee

Mississippi Public Health Association
- Past President
- Legislative Liaison

JEMS
- Contributor

EMS Physicians Text
- Contributor

NHTSA Faculty for Development of Trauma Systems

POSITION PAPER

STATE OF ALASKA ★ DEPARTMENT OF HEALTH & SOCIAL SERVICES

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.

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).

<u>Discussion</u>

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

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

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

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, MD, MPH
Director
Division of Public Health

4/6/93
Date

Approved By:

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

4/6/93
Date

EMS
An Alaskan tradition
Neighbor helping neighbor

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 $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.

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

Senate Letter of Intent

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.

SPONSOR 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.

Sponsor Statement

POSITION PAPER

STATE OF ALASKA ★ DEPARTMENT OF HEALTH & SOCIAL SERVICES

Position Paper

CS SS SB 71 (FIN) Am

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) Require the Department of Health and Social Services to establish an EMS patient care information system and require EMS organizations and hospitals to provide data;

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.

PP-93-29

Position Paper - H+SS

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).

<u>Discussion</u>

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 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) Require the Department of Health and Social Services to establish an EMS patient care information system and require EMS organizations and hospitals to provide data.

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.

Under this proposed legislation, participation in these patient care information systems would be mandatory rather than voluntary.

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

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.

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POSITION PAPER

STATE OF ALASKA ★ DEPARTMENT OF HEALTH & SOCIAL SERVICES

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 Sponsor Substitute for Senate Bill No. 71, 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, MD, MPH
Director
Division of Public Health

3/30/93
Date

Approved By:

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

4/1/93
Date

Department of Commerce
& Economic Development

POSITION PAPER

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.

Guy Bell for
Paul Fuhs, Commissioner

3-4-93
Date

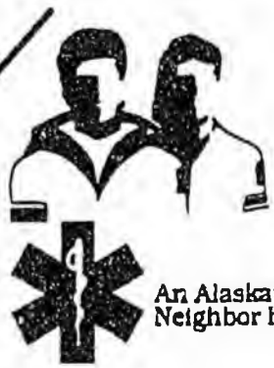
dgl/105pp.ol

2-2

Position Paper - Commerce + Econ Developm

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,

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

Letter of Support

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 Leman
State Capitol Room 113
Juneau, Alaska 99801-1182

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

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

SJK/mb

6130 Tuttle Place • Anchorage, Alaska 99507-2041 • (907) 562-6449

Southern Region
EMERGENCY
Medical Services Council, Inc.

March 3, 1993

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

Dear Senator Leman:

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

Ronni Sullivan
President/Executive Director

WORKING TOGETHER TO SAVE LIVES

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

319 SEWARD STREET #11 • JUNEAU, AK 99801 • (907) 586-1790 • FAX (907) 463-3573

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

DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

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

March 5, 1993

MAR 1 5 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 legislation.

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

Sincerely,

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

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.

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

Shawn Newell
Executive Director

SB 71
SENATE BILL NO. 71 by Senator Leman, entitled:

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

was read the first time and referred to the Health, Education and Social Services Committee, the Labor and Commerce Committee and the Finance Committee.

February 26, 1993 SENATE JOURNAL p. 503

SB 71
SPONSOR SUBSTITUTE FOR SENATE BILL NO. 71 by Senators Leman, Ellis, entitled:

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

was read the first time and referred to the Health, Education and Social Services, Labor and Commerce and Finance Committees.

March 9, 1993 SENATE JOURNAL p. 688

SB 71
The Health, Education and Social Services Committee considered SPONSOR SUBSTITUTE FOR SENATE BILL NO. 71 "An Act relating to emergency medical services; and repealing obsolete references to the Statewide Health Coordinating Council and health systems agencies." Signing no recommendation: Senator Rieger, Chair, Senator Sharp. Signing do pass: Senators Duncan, Ellis, Leman.

Fiscal note from Department of Health and Social Services and zero fiscal note from Department of Commerce and Economic Development published today.

SPONSOR SUBSTITUTE FOR SENATE BILL NO. 71 was referred to the Labor and Commerce Committee.

March 10, 1993 SENATE JOURNAL p. 723

SB 71
Senator Kelly, Chair, moved and asked unanimous consent that the Labor and Commerce Committee referral be waived on SPONSOR SUBSTITUTE FOR SENATE BILL NO. 71 "An Act relating to emergency medical services; and repealing obsolete references to the Statewide Health Coordinating Council and health systems agencies." Without objection, it was so ordered.

SPONSOR SUBSTITUTE FOR SENATE BILL NO. 71 was referred to the Finance Committee.

March 22, 1993 SENATE JOURNAL p. 895

SB 71
The Finance Committee considered SPONSOR SUBSTITUTE FOR SENATE BILL NO. 71 "An Act relating to emergency medical services; and repealing obsolete references to the Statewide Health Coordinating Council and health systems agencies" and recommended it be replaced with

Senate Action on SB 71

and further attaches a Letter of Intent.

Signing do pass: Senators Frank and Pearce, Cochairs, Senators Jacko, Kelly, Kerttula, Rieger, Sharp.

Letter of Intent
for
CS for SSSB 71(FIN)

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.

Zero fiscal note for the Committee Substitute published today from the Senate Finance Committee. Previous zero fiscal note.

SPONSOR SUBSTITUTE FOR SENATE BILL NO. 71 was referred to the Rules Committee.

March 23, 1993 SENATE JOURNAL p. 913

SB 71
SPONSOR SUBSTITUTE FOR SENATE BILL NO. 71 is on today's calendar.

March 23, 1993 SENATE JOURNAL p. 913

SB 71
SPONSOR SUBSTITUTE FOR SENATE BILL NO. 71 "An Act relating to emergency medical services; and repealing obsolete references to the Statewide Health Coordinating Council and health systems agencies" was read the second time.

Senator Pearce moved and asked unanimous consent for the adoption of the Finance Committee Substitute offered on page 895. Senator Adams objected, then withdrew his objection. There being no further objections, CS FOR SPONSOR SUBSTITUTE FOR SENATE BILL NO. 71(FIN) was adopted.

CS FOR SPONSOR SUBSTITUTE FOR SENATE BILL NO. 71(FIN) was read the second time.

Senator Taylor moved and asked unanimous consent that CS FOR SPONSOR SUBSTITUTE FOR SENATE BILL NO. 71(FIN) be considered engrossed, advanced to third reading and placed on final passage. Senator Adams objected.

The question being: "Shall CS FOR SPONSOR SUBSTITUTE FOR SENATE BILL NO. 71(FIN) be advanced to third reading?" The roll was taken with the following result:
CS SSSB 71(FIN)
Second Reading
Advance to 3rd reading?

YEAS: 11 NAYS: 9 EXCUSED: 0 ABSENT: 0

Yeas: Frank, Halford, Jacko, Kelly, Leman, Miller, Pearce, Phillips, Rieger, Sharp, Taylor

Nays: Adams, Donley, Duncan, Ellis, Kerttula, Lincoln, Little, Salo, Zharoff

and so, CS FOR SPONSOR SUBSTITUTE FOR SENATE BILL NO. 71(FIN) failed to advance to third reading.

SB 71

Senators Taylor, Duncan, Donley, Kerttula, Little, Zharoff moved and asked unanimous consent that they be shown as cosponsors on CS FOR SPONSOR SUBSTITUTE FOR SENATE BILL NO. 71(FIN) "An Act relating to emergency medical services; and repealing obsolete references to the Statewide Health Coordinating Council and health systems agencies." Without objection, it was so ordered.

Bill/Resolution History 05:01 PM 03/23/93 Page 1
BILL: SB 71 SHORT TITLE: EMERGENCY MEDICAL SERVICES SYSTEM
BILL VERSION: CSSSSB 71(FIN)
SPONSOR(S): SENATOR(S) LEMAN,Ellis,Taylor,Duncan,Donley,Kerttula,Little
Zharoff

CURRENT STATUS: 3RD RDG,3/24 CAL(S) STATUS DATE: 03/23/93

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

Selection=>

PF1 HELP | PF2 SUBJ | PF3 EXIT | PF4 MENU | PF5 TEXT | PF6 PRINT | PF7 BWD | PF8 FWD | PF9 FISCAL | PF10 FIRST | PF11 LAST | PF12 QUIT

SB 71 Bill/Resolution Floor Action Page 2 of 3

Current Status: 3RD RDG,3/24 CAL(S)

	Jrn-Date	Jrn-Page		Action
1	01/27/93	170	(S)	READ THE FIRST TIME - REFERRAL(S)
2	01/27/93	171	(S)	HES, LABOR & COMMERCE, FINANCE
3	02/26/93	503	(S)	SPONSOR SUBSTITUTE INTRODUCED-REFERRALS
4	02/26/93	503	(S)	HES, LABOR & COMMERCE, FINANCE
5	03/09/93	688	(S)	HES RPT 3DP 2NR
6	03/09/93	688	(S)	FISCAL NOTE (DHSS)
7	03/09/93	688	(S)	ZERO FISCAL NOTE (DCED)
8	03/10/93	723	(S)	L&C REFERRAL WAIVED
9	03/22/93	895	(S)	FIN RPT CS 7DP SAME TITLE
10	03/22/93	895	(S)	LETTER OF INTENT WITH FIN REPORT
11	03/22/93	895	(S)	ZERO FISCAL NOTE TO CS (S.FIN/DHSS)
12	03/22/93	895	(S)	PREVIOUS ZERO FN APPLIES (DCED)
13	03/23/93	912	(S)	RULES 2 CALENDAR 1NR 3/23/93
14	03/23/93	913	(S)	READ THE SECOND TIME
15	03/23/93	913	(S)	FIN CS ADOPTED UNAN CONSENT
16	03/23/93	914	(S)	ADVANCE TO 3RD RDG FAILED Y11 N9
17	03/23/93	914	(S)	THIRD READING 3/24/93 CALENDAR
18	03/23/93	916	(S)	COSPONSOR(S): TAYLOR, DUNCAN, DONLEY,

Selection=>

PF1 HELP | PF2 SUBJ | PF3 EXIT | PF4 MENU | PF5 TEXT | PF6 PRINT | PF7 BWD | PF8 FWD | PF9 CMT/JRNL | PF10 FIRST | PF11 LAST | PF12 QUIT

SB 71 Bill/Resolution Floor Action Page 3 of 3

Current Status: 3RD RDG,3/24 CAL(S)

	Jrn-Date	Jrn-Page		Action
1	03/23/93	916	(S)	KERTTULA, LITTLE, ZHAROFF

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

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

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 EMS 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, Ak. 99922
April 6, 1993

Representative Cynthia Toohey
Representative Con Bunde

This letter is in support of Senate Bill 71.

I believe emergency medical despatchers 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.

Sincerely,

Sylvia Montero E.M.T. III, P.L.

Julie Mahong (CHA)
Charlotte Kristovich

Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 1

To Shawn Newell	From Sylvia Montero
Co. S.E.A.R.E.M.S.	Co. Hydaburg
Dept. Council	Phone # 1-285-3462
Fax # 1-747-1406	Fax # 1-285-3464

1

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

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 to 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