

**SB**

**71**

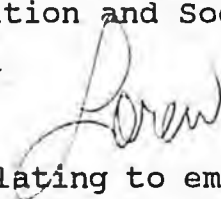
# SENATOR LOREN LEMAN

Northwest Anchorage

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

March 5, 1993

TO: SENATOR STEVE RIEGER, Chairman  
Senate Health Education and Social Services Committee

FROM: SENATOR LOREN LEMAN  
Sponsor 

RE: SS SB71: 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. Currently, paramedics must be trained outside of the state.

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.

# FISCAL NOTE

STATE OF ALASKA  
1993 LEGISLATIVE SESSION

BILL NO. SS SB 71

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

**Expenditures/Revenues:** (Thousands of Dollars)

OPERATING	FY94	FY95	FY96	FY97	FY98	FY99
PERSONAL SERVICES	92.4	95.2	98.0	101.0	104.0	107.1
TRAVEL	10.0	10.0	10.0	10.0	10.0	10.0
CONTRACTUAL	91.3	91.3	91.3	91.3	91.3	91.3
SUPPLIES	5.0	5.0	5.0	5.0	5.0	5.0
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>198.7</b>	<b>201.5</b>	<b>204.3</b>	<b>207.3</b>	<b>210.3</b>	<b>213.4</b>

CAPITAL						
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REVENUE FUND SOURCE						
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**FUNDING:** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	99.4	99.4	99.4	99.4	99.4	99.4
1005 GF/Program Receipts	99.3	102.1	104.9	107.9	110.9	114.0
1006 GF/MHTIA						
Other						
<b>TOTAL</b>	<b>198.7</b>	<b>201.5</b>	<b>204.3</b>	<b>207.3</b>	<b>210.3</b>	<b>213.4</b>

**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 two full time positions in Juneau. These are existing federal funded positions which will not receive anticipated federal funding in FY94. The cost estimates for FY95 to FY99 include an 3% annual inflation adjustment.

PCN 06-1654 Research Analyst III, Juneau, Rq. 18, A/B, \$59.2

PCN 06-1657 Clerk Typist III, Juneau, Rq. 8, A/B, \$33.2

Prepared by: Peter M. Nakamura, MD, MPH, Director *P.M.* Phone: 465-3090  
 Division: Public Health Date: \_\_\_\_\_

Approved by Commissioner: Theodore A. Mala, MD, MPH *T. Mala* Date: 3/4/93  
 Agency: Department of Health and Social Services

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ANALYSIS (cont.):

Travel

The travel cost for conducting the hospital information system (Section 10) implementation will include:

Travel and per diem for the Research Analyst III to train and audit the medical records abstractors who will collect the data for the information system. \$7.0

Travel and per diem costs for information system oversight committee to meet semi-annually to supervise the collection and use of trauma data. These meetings will be held in Anchorage and will be conducted in conjunction with other meetings to contain costs \$3.0

Contractual

Contract medical record abstracting for the patient information systems trauma data. \$15.0

Contract services for health professionals (physicians) to conduct certification review of 7 to 8 hospitals on an annual basis. Estimated cost per facility for an American College of Surgeons team from the Pacific Northwest will be approximately \$5.9. \$41.3

Communication and duplication costs for the patient information system. \$5.0

Supplies

Computer and office supplies for the patient information system. \$5.0.

The \$41.3 cost estimate for certification are based upon the assumption that approximately 7 to 8 hospital facilities will be reviewed on an annual basis. This review process is voluntary and in order to encourage participation, the department is requesting that 50% of this service be supported with general funds.

Revenue estimates for the patient information system are based the projected annual department cost of \$157.4 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 50% general fund support in order to keep the facility cost reasonable.

# FISCAL NOTE

STATE OF ALASKA  
1993 LEGISLATIVE SESSION

BILL NO. SSSB 71

Revision Date: \_\_\_\_\_ Dept. Affected: Commerce & Economic Development  
 Title: An Act relating to emergency medical BRU: Occupational Licensing  
services;.... Component: Operations  
 Sponsor: Senator Leman  
 Requestor: Senator Leman 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						
<b>TOTAL OPERATING</b>	.0	.0	.0	.0	.0	.0
<b>CAPITAL</b>						
<b>REVENUE FUND SOURCE:</b>	.0	.0	.0	.0	.0	.0

**FUNDING:**

(Thousands of Dollars)

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

**POSITIONS:**

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

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

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

Prepared by: Jennifer Strickler, Administrative Officer  
 Division: Occupational Licensing  
 Approved by Commissioner: Paul Fuhs  
 Agency: Commerce & Economic Development

Phone: 465-2144  
 Date: 3/2/93  
 Date: 3/4/93

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

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

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

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

*Paul Fuhs for*

Paul Fuhs, Commissioner

3-4-93

Date

Position Paper

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."

The major provisions of Sponsor Substitute for Senate Bill No. 71 amend 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.

# POSITION PAPER

STATE OF ALASKA ★ DEPARTMENT OF HEALTH & SOCIAL SERVICES

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

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

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

## Discussion

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

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

involvement from EMS Section staff and the Advisory Council on EMS.

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

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

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

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

- 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 also would be 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.

# 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

3/2/93  
Date

Approved By:



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

3/4/93  
Date

**Southern Region**  
**EMERGENCY**  
**Medical Services Council, Inc.**

March 3, 1993

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

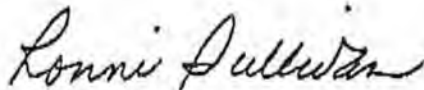
Dear Senator Leman:

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  
President/Executive Director

*WORKING TOGETHER TO SAVE LIVES*



Southwest 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.

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

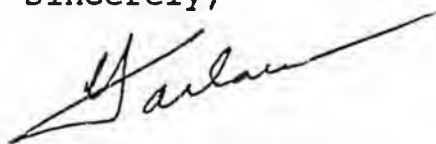
Dear Senator Reiger:

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

**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 Loran 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**

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:

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We think SB 71 supports that important work.

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Harlan R. Knudson  
President/CEO

cc: Senator Leman  
Annette Kreitzer