

**SB**

**164.**

# HOUSE COMMITTEE REPORT

(7)  
Date Referred to Committee: April 24, 1997

FURTHER REFERRALS:

Date of Committee Action: 5/6/97

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered: CSSB 164HES) am

CS FOR SENATE BILL NO. 164(HES) am AUTHORITY OF EMERGENCY MED TECHS

“An Act relating to the authority of an emergency medical technician at the scene of an accident or emergency.”

recommends it be replaced  the same title  
with the following committee substitute \_\_\_\_\_  a new title

additional referral to \_\_\_\_\_ Committee  
 attached amendment(s)

ADOPTS: \_\_\_\_\_ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) \_\_\_\_\_ APPROVES PREVIOUS: (Dept/Date) \_\_\_\_\_  
 fiscal note(s) \_\_\_\_\_  fiscal note(s) \_\_\_\_\_

zero fiscal note(s) \_\_\_\_\_  zero fiscal note(s) HHS/4-18-97

| SIGNING WITH RECOMMENDATIONS | DP | DNP | NR | AM |
|------------------------------|----|-----|----|----|
| <i>Paul D...</i>             | ✓  |     |    |    |
| <i>Joseph...</i>             | ✓  |     |    |    |
| <i>Car Be...</i>             | ✓  |     |    |    |
| <i>Brian V...</i>            | ✓  |     |    |    |
| <i>...</i>                   |    |     | ✓  |    |
| <i>...</i>                   | ✓  |     |    |    |
| <i>Tom B...</i>              |    |     | ✓  |    |
|                              |    |     |    |    |
|                              |    |     |    |    |
|                              |    |     |    |    |

CHAIR'S SIGNATURE \_\_\_\_\_

*Car Be...*

STATE OF ALASKA  
1997 LEGISLATIVE SESSION

Jo. 1  
Bill Version: CSB 164 (HE3)  
(S) Publish Date: 4-18-97

Revision Date: \_\_\_\_\_  
Title: Authority of EMTs at accident scene

Dept. Affected: Health and Social Services  
BRU: State Health Services

Sponsor: Senator Wilken  
Requestor: Senate HESS

Component: Community Health/EMS Grants  
COMPONENT SERIAL NO. 2079  
See also (SN#): \_\_\_\_\_

Expenditures/Revenues:

(Thousands of Dollars)

| OPERATING              | FY98       | FY99       | FY00       | FY01       | FY02       | FY03       |
|------------------------|------------|------------|------------|------------|------------|------------|
| PERSONAL SERVICES      |            |            |            |            |            |            |
| TRAVEL                 |            |            |            |            |            |            |
| CONTRACTUAL            |            |            |            |            |            |            |
| SUPPLIES               |            |            |            |            |            |            |
| EQUIPMENT              |            |            |            |            |            |            |
| LAND & STRUCTURES      |            |            |            |            |            |            |
| GRANTS, CLAIMS         |            |            |            |            |            |            |
| MISCELLANEOUS          |            |            |            |            |            |            |
| <b>TOTAL OPERATING</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> |

|                      |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|
| CAPITAL EXPENDITURES |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|

|                         |  |  |  |  |  |  |
|-------------------------|--|--|--|--|--|--|
| CHANGES IN REVENUES ( ) |  |  |  |  |  |  |
|-------------------------|--|--|--|--|--|--|

FUND SOURCE

(Thousands of Dollars)

|                          |            |            |            |            |            |            |
|--------------------------|------------|------------|------------|------------|------------|------------|
| 1002 Federal Receipts    |            |            |            |            |            |            |
| 1003 GF Match            |            |            |            |            |            |            |
| 1004 GF                  |            |            |            |            |            |            |
| 1005 GF/Program Receipts |            |            |            |            |            |            |
| 1037 GF/Mental Health    |            |            |            |            |            |            |
| Other (please specify)   |            |            |            |            |            |            |
| <b>TOTAL</b>             | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> |

POSITIONS:

|           |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|
| FULL-TIME |  |  |  |  |  |  |
| PART-TIME |  |  |  |  |  |  |
| TEMPORARY |  |  |  |  |  |  |

Estimate of any current year (FY97) cost: \$0.0

ANALYSIS: (Attach a separate page if necessary)

No fiscal impact.

4/14/97  
Prepared by: Peter M. Nakamura, MD, MPH  
Division: Public Health  
Approved by Commissioner: Karen Perdue, Commissioner  
Agency: Department of Health & Social Services

Phone: (907) 465-3090  
Date: 04/11/97

Date: 4/14/97

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## GARY WILKEN

SENATOR

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West Fairbanks

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Regional Affairs

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E-mail: [Senator\\_Gary\\_Wilken@legis.state.ak.us](mailto:Senator_Gary_Wilken@legis.state.ak.us)

Interior:  
119 N. Cushman St., Room 213  
Fairbanks, Alaska 99701  
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## SPONSOR STATEMENT

### SB 164 - Authority of Emergency Medical Technicians

Senate Bill 164 repairs a long overdue shortcoming in our public safety network. Specifically, it provides EMT's, who belong to an ambulance service or a first responder service, with appropriate and relevant authority at the scene of an accident or other medical crisis, without creating potential conflict between emergency personnel. SB 164 is intended to protect EMT's who arrive first on the scene of an accident or medical emergency, or who are the only emergency responders to arrive for some time, as is the case in many rural areas.

Currently, we ask emergency medical technicians to perform duties necessary to their job without giving them the proper legal authority to do so. Such duties include:

- controlling and directing activities at the scene of an accident;
- temporarily blocking or redirecting traffic to avoid the scene of an accident;
- trespassing upon property in order to respond to an emergency call;
- entering a building, including a private residence, or premises where report of an injury or illness has taken place; and
- directing the removal or destruction of a motor vehicle or other thing in order to prevent further harm to injured or ill individuals.

This legislation also works in concert with existing statutes (specifically, AS 18.08.086) to bring the scene control duties mentioned in SB 164 under the immunity from liability statute. Because the duties mentioned above are part of the overall pursuit of providing "emergency medical services," they would automatically apply for immunity from liability under AS 18.08.086 that frees EMT's from liability while "[administering] emergency medical services."

Alaska relies heavily on its emergency medical personnel, especially in rural areas where law enforcement and fire personnel are relatively few in numbers. Just as we expect EMT's to protect our safety in an emergency situation, we should reciprocate this service, and give EMT's the proper legal authority to do their jobs without compromising their personal safety.

Home of the  
University of Alaska



# ALASKA EMERGENCY MEDICAL SERVICES ASSOCIATION



April 15, 1997

The Honorable Gary Wilken  
Alaska State Legislature  
State Capitol  
Juneau, Alaska 99801-1182


Dear Senator Wilken:

The Alaska Emergency Medical Services Association strongly supports and endorses SB 164 granting certain authority to Emergency Medical Technicians (EMT's) at accident scenes as well as during medical emergencies in homes.

Alaska's prehospital care is primarily provided by volunteers. This is particularly true in rural settings. Over the years, the legislature has recognized the extraordinary service of Alaska's volunteer EMTs by providing medical liability protection, workers compensation for volunteers not otherwise covered and by making no cost hepatitis B vaccinations available. It is extremely timely to now recognize the one thing overlooked - that being authority to protect the patient and the public at the scene of an accident or during a medical emergency in a residence. SB 164 does not replace or compete with the power already authorized for law enforcement (troopers) or fire fighters. It simply recognizes that medical emergencies and accidents requiring emergency medical attention can and do happen in isolated areas where there are no firefighters and where law enforcement response is lengthy or non existent. At such times, EMT's need to have a legal basis for doing the things they have been from the beginning. SB 164 provides it.

Again, thank you for introducing the legislation. Alaska is indeed fortunate to have volunteer EMT's who give thousands of hours each year protecting and rendering aid to their neighbors and visitors. Please do not hesitate to contact me if I can be of further assistance.

Sincerely,



Craig R. Lewis  
President

CRL/crl





# INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.



3522 INDUSTRIAL AVE. • FAIRBANKS, ALASKA 99701  
PHONE (907) 456-3978 • FAX (907) 456-3970

February 27, 1997

RECEIVED

MAR 11 1997

The Honorable Gary Wilken  
Alaska State Legislature  
State Capitol (MS 3100)  
Juneau, Alaska 99801-1182

Dear Senator Wilken:

Thank you for taking the time to meet with me last week. You have definitely hit the ground running with things already beginning to get exciting. Like other legislative sessions, I expect that this one will be filled with many opportunities to excel. Please do not hesitate to contact me should you need any additional information regarding the Emergency Medical Services (EMS) Grant. This is a deciding year for EMS in Alaska. Without additional funding, EMS as the constituents expect it, will simply not be there. Volunteers are a good investment in our future.

As we also spoke, there are a couple of legislative items that need attention this year. The purpose of this letter is to request your assistance regarding EMT authority at the scene of an accident.

#### BACKGROUND:

#### EMT Authority at the Scene of an Accident:

Examples have been appearing in Emergency Medical Journals that suggest that states without specific Laws granting EMS personnel authority at accident scenes are placing these individuals in jeopardy. A relatively recent court ruling found an EMT, who had stopped to render aid at the scene of an accident, liable for the damage caused to an oncoming car who struck the EMT while the EMT was rendering care to an injured patient. In effect, the court ruled that he had no authority to impede traffic or exercise scene control even though there were no law enforcement personnel present. As such the EMT was found to have been illegally impeding traffic.

I have been advised that Alaska scene authority is limited to law enforcement and in certain cases, fire fighters. While I agree that law enforcement and firefighters should have scene authority, I believe that EMTs should also. EMT's, particularly in rural settings and given the many miles of road with no immediately available law enforcement coverage, need to be able to order people to move their cars, legally divert or stop traffic, maintain scene control and many other things to make the accident site safe from additional harm until the arrival of law enforcement people. Having no authority at the scene is not only dangerous, but also an extraordinary personal liability. As far as I know, empowering EMTs is not controversial.

I would be happy to assist in drafting language but do not know where to recommend amending the many statutes that deal with this type of issue.

Thank you for your assistance.

Sincerely,



Craig R. Lewis  
Executive Director

CRL/crl

CC File

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3/29/97



## INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.



3522 INDUSTRIAL AVE. • FAIRBANKS, ALASKA 99701  
PHONE (907) 456-3978 • FAX (907) 456-3970

April 15, 1997

Ms. Beth Hagevig, Legislative Aide  
Alaska State Legislature  
Alaska State Capitol  
Juneau, Alaska 99801-1182

Dear Beth:

Thank you for the opportunity to address some of your questions regarding EMT qualifications for certification, practices and procedures.

The EMS qualifications for certification both as providers and as ambulance services are as stated within 7 AAC 26.010 - 210. Clearly, EMTs and ambulance services must meet rigorous training and continuing medical education mandates to be certified and maintain certification by the Department of Health and Social Services. The EMT credentialing program has few equal with regard to quality assurance, education and demonstrated proficiency. It is the intent of the legislation to grant these highly trained and certified individuals certain authority at the scene of an accident or other medical emergency.

It is customary for each EMS response to have one individual in charge of the event. It would be that individual who would be authorized to deal with scene management until the arrival of a law enforcement officer, or, in cases where law enforcement does not arrive, until the departure of the medical providers. The (unwritten) hierarchy of scene control has been established for some time - specifically, law enforcement is in over all charge followed by fire personnel in circumstances concerning fires and fire suppression and EMS in circumstances where medical care is of concern. Unfortunately, EMS "authority" has been omitted from statute. The legislation as proposed does not appear to impact negatively on already existing fire departments, police departments or troopers. It does not amend or change already existing statutes regarding law enforcement or fire fighting. It is specifically intended to address those circumstances requiring EMS response where law enforcement can not or does not respond immediately and in circumstances where fire suppression personnel are either not available or would not customarily respond since not all EMS responses require fire suppression service.

The difference between this legislation and already existing liability protection for EMTs is the scope. Already existing legislation addresses rendering patient care and exists to protect the EMT against suits for inappropriate care (malpractice.) The current legislation provides "authority" to make scene safety decisions at the accident or medical emergency site. It does not address medical care liability. EMT's need authority to command actions at the scene when law enforcement is absent for the

protection of the patient as well as travelers. An example of what can happen surfaced as a case in Illinois, where a rural EMS responder was extricating a patient from an automobile and was struck by an oncoming vehicle causing damage to the oncoming vehicle, seriously injuring the EMT and further injuring the patient being extricated. A subsequent suit found the EMT liable for illegally blocking the road way and being an impediment to road traffic. The fact that an ambulance was on scene, lights flashing, flares out and so forth, were not mitigating. The EMT had no authority to impede traffic by law. Illinois now has an authority law for EMT's.

I hope that you find this substantive. Please call if I can be of further assistance. Again, thank you for assisting in this important legislation.

Sincerely,

A handwritten signature in black ink, appearing to read 'CR Lewis', with a long horizontal flourish extending to the right.

Craig R. Lewis  
Executive Director

CRL/crl

# EMT Levels in Alaska

Although the EMT/EMT-Instructor certification regulations mandate a core curriculum, in some cases, the emergency medical service's physician medical director has chosen to add procedures and/or medications to the EMT's arsenal of treatment methods. The ability of the physician medical director to tailor emergency care practices to the community's needs (and the EMT's capabilities) results in a higher level of care than would be possible otherwise. In most parts in Alaska, emergency medical responders are trained to the EMT-II level or above.

## Emergency Trauma Technician (ETT)

An ETT is trained in a 40 hour program to provide basic life support, including splinting, bandaging, bleeding control, and the use of free flow oxygen. This level of training is prevalent in small communities and industrial settings in Alaska.

## Emergency Medical Technician-I (EMT-I)

The Emergency Medical Technician-I is equivalent to the National Standard EMT-Basic, as described in the United States Department of Transportation (USDOT) curriculum. The EMT provides basic life support such as splinting, hemorrhage control, oxygen therapy, suction, & CPR.

## Defibrillator Technician (ETT-D, EMT-D)

Defibrillator technicians are typically Emergency Medical Technicians and first responders who are trained to use defibrillators. Some defibrillator technicians are authorized to use manual defibrillators. Most are trained and authorized to use automated external defibrillators.

## Emergency Medical Technician-II (EMT-II)

The Emergency Medical Technician II level exceeds the National Standard Training Program EMT-Intermediate, developed by the USDOT. The EMT-II class prepares the student to initiate intravenous lines and administer fluids and certain medications, such as 50% dextrose.

## Emergency Medical Technician-III (EMT-III)

The EMT-III program is designed to add some advanced cardiac care skills to those the EMT has learned already. Also included in the training program is the use of morphine, lidocaine, atropine, and epinephrine.

## Mobile Intensive Care Paramedic (MICP)

Mobile Intensive Care Paramedics are licensed by the Alaska Department of Commerce and Economic Development through the Alaska State Medical Board. MICP's provide care in excess of the EMT-III level and function under the direct or indirect supervision (standing orders, etc.) of a physician. Generally, paramedics are found in the most populous areas of Alaska, including Anchorage, Fairbanks, Kenai, Soldotna, Nikiski, Juneau and Ketchikan. In some of these communities, all pre-hospital emergency medical care is provided by Mobile Intensive Care Paramedics. In others, the MICP may act as a supervisor or EMS director.

7 AAC 26.030. QUALIFICATIONS FOR CERTIFICATION. (a) A person applying for certification as an EMT-I must

- (1) be 18 years of age or older;
- (2) repealed 10/23/92;
- (3) repealed 10/23/92;
- (4) have successfully completed a department-approved EMT-I training course;
- (5) pass, within one year after completing the training course, the written and practical examination for EMT-I administered by the department; and
- (6) provide evidence of valid CPR certification.

(b) A person applying for certification as an EMT-II must

- (1) have a valid certification as an EMT-I;
- (2) have successfully completed a department-approved EMT-II training course;
- (3) as part of the EMT-II training course or within 30 days after successful course completion perform 10 venipunctures, of which eight must be with catheter covered needles; all venipunctures must be witnessed by an individual who is delegated that responsibility by the course medical director and who is certified or licensed to perform venipunctures;
- (4) pass, within one year after completing the training course the written and practical examination for EMT-II administered by the department;
- (5) have six months' experience as a state-certified EMT-I or six months of other related experience such as military medical training;
- (6) be under the sponsorship of a medical director, approved by the department, who accepts the responsibilities set out in 7 AAC 26.640; and
- (7) provide evidence of valid CPR certification.

(c) A person applying for certification as an EMT-III must

- (1) have a valid certification an EMT-II;
- (2) have successfully completed a department-approved EMT-III training course;

(3) pass, within one year after completing the training course, the written and practical examination for EMT-III administered by the department;

(4) have six months' experience as a state-certified EMT-II, or six months of other related experience such as military medical training;

(5) be under the sponsorship of a medical director, approved by the department, who accepts the responsibilities set out in 7 AAC 26.640; and

(6) provide evidence of valid CPR certification.

## ALASKA COUNCIL ON EMERGENCY MEDICAL SERVICES

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



April 30, 1997

The Honorable Senator Gary Wilken  
Alaska State Capitol  
Juneau, Alaska 99801-1182

Dear Senator Wilken:

As Chairman of the Alaska Council on Emergency Medical Services (ACEMS) I am pleased to endorse SB 164. ACEMS advises the Governor and the Commissioner on issues related to the provision of emergency medical services. Your legislation addresses a long overlooked area, one that most people probably assumed was always covered.

SB 164 appropriately gives EMS providers authority to do their job at the scene of an emergency until the arrival of law enforcement officials. Given that many of our EMTs provide care on isolated stretches of highway where law enforcement may be some distance away, your legislation recognizes the need for EMTs to have authority to control scene safety, which helps them to provide proper patient care, as well as to protect the safety of persons at or near the scene of the emergency.

Thank you for taking the time to craft SB 164. It helps make our highways safer and provides better protection for our EMS providers.

Sincerely,

John Hall Chairman  
Alaska Council on Emergency Medical Services