MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Monday, January 23, 2017
TIME:	3:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Vice Chairman Souza, Senators Martin, Lee, Harris, Anthon, Agenbroad, Foreman, and Jordan
ABSENT/ EXCUSED:	None
NOTE:	The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.
CONVENED:	**Chairman Heider** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:00 p.m.
APPROVAL OF MINUTES:	**Senator Agenbroad** moved to approve the minutes of the January 12, 2017 meeting as presented. **Senator Martin** seconded the motion. The motion carried by **voice vote.**
PASSED THE GAVEL:	Chairman Heider passed the gavel to Vice Chairman Souza to conduct the rules review.
DOCKET NO. 16-0201-1601	**Rules of the Idaho Time Sensitive Emergency System Council. Bill Morgan,** M.D. introduced himself as Chair of the Time Sensitive Emergency Council (TSEC). He is the Trauma Medical Director at Saint Alphonsus Regional Medical Center in Boise and Chair of the State of Idaho American College of Surgeons Committee on Trauma. **Dr. Morgan** explained the TSEC began as an initiative of the Health Quality Planning Commission (HQPC) in 2011. The HQPC wanted the trauma centers and Emergency Medical Services (EMS) Bureau to create and document a system for handling traumas. In 2012, the HQPC asked the work group to include strokes and heart attacks in the new trauma system because they are also time sensitive emergencies. If a certain type of heart attack known as a "STEMI" is treated aggressively, often the patient can be saved and return to full function. **Dr. Morgan** reminded the Committee the Legislature passed HCR 010 (2013) to establish a work group to design the trauma system, identify funding, and implement the system. A work group of individuals from around the State began meeting in May 2013 and held lengthy meetings every month for seven months. The work group developed enabling legislation and a plan to fund and implement the program. In 2014, the Legislature passed legislation to establish the TSEC. The TSEC developed bylaws, regulations, and rules and set up six regional committees around the State. The six regional committee chairs and eleven Gubernatorial appointees comprise the TSEC.

Dr. Morgan said the TSEC designed a standards manual for the State designation of trauma centers for traumas, strokes, and STEMIs. The manual was completed in 2015 and presented to the Legislature in 2016. Next, the TSEC began designating stroke and trauma centers, including hospitals, free-standing emergency rooms, and two free-standing clinics. The two clinics are only open during business hours but they are included in the system because they are located in remote areas, and it is important they also know how to handle time sensitive emergencies. There are 40 different facilities in Idaho that could qualify for a designation. Each facility could receive three separate designations for trauma, stroke, and STEMI centers, making a potential total of 120 designations statewide.

Dr. Morgan advised the TSEC's initial designations were two facilities already designated as American College of Surgeons (ACS) Level II trauma centers: Saint Alphonsus in Boise and Eastern Idaho Regional Medical Center in Idaho Falls. The TSEC considered these two trauma centers to have already met the TSEC standards by virtue of their ACS designations. Twenty-two facilities have since applied for various designations, and eight facilities from around the state have received a total of fourteen designations. The TSEC has received six additional applications for designations. Two site survey visits were recently completed at Boundary Community Hospital and Bonner General Hospital in North Idaho, and these two surveys will be reviewed by the TSEC at its February 2017 meeting. Two facilities have requested additional designations, and these applications will also be considered in February. The regional committees are beginning to effect change because facilities communicate with each other better about improving patient care and lowering mortality.

Dr. Morgan explained the rule docket updates an incorporation by reference for the date of the Time Sensitive Emergency Standards Manual (Manual) from 2016 to 2017. **Dr. Morgan** provided the updates in the Manual, including a revision in the fee for Level II STEMI and Level III stroke surveys to $1,500 per survey and deletions of the word "registry" in two sections. **Dr. Morgan** explained the ACS standard requires facilities with Level II and Level III designations to have a medical doctor anesthesiologist present every time a trauma patient goes to the operating room. In Idaho, nurse anesthetists can operate independently and may never have a medical doctor anesthesiologist present. A phrase "if requested by the Certified Registered Nurse Anesthetist" was added in two sections to align the TSEC standards with Idaho requirements for nurse anesthetists. The only other changes are a few minor technical corrections. (Presentation is attached.)

Senator Jordan asked for a point of personal privilege to thank Dr. Morgan for his service. As a former Boise City Councillor, she is aware two Boise City police officers were recently injured in the line of duty and received remarkable care from the trauma team.

Senator Martin asked for clarification about the number of regional committees. **Dr. Morgan** replied the TSEC was designed for six regional committees, although the idea of seven committees was discussed at the outset of the design process.

MOTION: **Senator Foreman** moved to approve **Docket No. 16-0201-1601. Senator Jordan** seconded the motion. The motion carried by **voice vote.**

DOCKET NO. 16-0102-1601 **Emergency Medical Services (EMS) - Rule Definitions. Bruce Cheeseman** introduced himself to the Committee as the Section Manager for the Bureau of Emergency Medical Services (Bureau). **Mr. Cheeseman** informed the Committee this docket is a definitions chapter. It adds a reference to IDAPA § 16.01.06, as well as definitions for air medical support, emergency medical services (EMS) response, National Emergency Medical Services Information System (NEMSIS), seasonal, and the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA).

Vice Chairman Souza inquired whether many people attended the public hearings. **Mr. Cheeseman** answered there were not many. The Bureau conducts several town halls throughout the State each year, and proposed rule changes were presented at those meetings and at an additional telephone town hall meeting. There was no opposition to any of the rules.

MOTION: **Senator Harris** moved to approve **Docket No. 16-0102-1601. Senator Lee** seconded the motion. The motion carried by **voice vote.**

DOCKET NO. 16-0103-1601 **Emergency Medical Services (EMS) - Agency Licensing Requirements. Mr. Cheeseman** informed the Committee this docket removes all language pertaining to records, data collection, and submission. This language will be placed in a separate chapter.

Vice Chairman Souza asked for the date of the last update of these rules. **Mr. Cheeseman** answered sections have been gradually removed and placed in their own chapters. **Senator Lee** asked why the new replacement chapter did not come in before the docket to remove the old sections. **Mr. Cheeseman** explained it was the result of his having several dockets to present and the new section will be presented later in the meeting.

MOTION: **Chairman Heider** moved to approve **Docket No. 16-0103-1601. Senator Harris** seconded the motion. The motion carried by **voice vote.**

DOCKET NO. 16-0103-1602 **Emergency Medical Services (EMS) - Agency Licensing Requirements. Mr. Cheeseman** advised the rule adds hospitals to the declaration options for EMS agencies. The rule change was proposed because one of the hospitals is no longer providing EMS and turned those services over to the county. The hospital no longer needs to be licensed as an EMS agency, but it still utilizes EMS personnel in their emergency room. Licensed EMS personnel are required to have an affiliation with a licensed EMS agency to maintain licensure. This situation created a hardship for the licensed personnel as they would also have to work at another licensed EMS agency to remain working as an EMS provider in the hospital. The rule change added "hospital" as a declaration option to resolve that issue. "Seasonal" was also added as a license duration to cover agencies that only operate on a seasonal basis, such as wildland fire agencies or ski resorts.

Mr. Cheeseman explained the rules also simplify the air medical declarations. Currently, there are Air Medical 1 and Air Medical 2 license types. The licenses are outdated because a flight now requires a nurse and a paramedic in order to meet Commission on Accreditation of Medical Transport Services standards. Air Medical Support was added as a license type for air resources that provide immediate emergency medical care but do not transport patients. For example, the Idaho National Guard has a medevac unit that is utilized numerous times each year for hoist operations to remove a sick or injured person from a remote area. The airmen have EMS licensure but their personnel did not belong to a licensed EMS agency. Adding air medical support as an option allows these airmen to provide short term care while still complying with personnel licensure rules.

Senator Harris asked for a definition of "seasonal EMS" and what constitutes "seasonal." **Mr. Cheeseman** replied several ski resorts are licensed EMS agencies but are only open a few months and then no one is there to staff the facility. **Vice Chairman Souza** inquired whether the ski resorts would be liable if there was an accident and they were not open and staffed. **Mr. Cheeseman** responded that would be the case, and this rule would ensure that doesn't happen.

TESTIMONY: **Mike McGrane** introduced himself to the Committee on behalf of the Idaho Nurses Association and Nurse Leaders of Idaho. The Nurses Association has reservations about Section 204.07 of the rule docket. Currently, EMS providers, emergency medical technicians (EMTs), and paramedics must be affiliated with a licensed EMS agency or ambulance service. There are already rules to allow for the practice of paramedics and EMTs in a hospital under the supervision of a physician who has to develop a medical supervision plan that dictates the role of the EMT or paramedic. Nurses advocate for this approach because it builds a relationship with the hospital that receives patients from the ambulance service, but it also provides EMTs and paramedics with an opportunity to advance and keep current on their skills. However, this change would eliminate the requirement for affiliation with an ambulance service. The nurses are concerned because EMS has always been in the pre-hospital environment, and this change would allow EMTs and paramedics to practice within the hospital environment. It eliminates the necessity to foster relationships or build competency they get from that practice.

Vice Chairman Souza asked whether the concern is that the paramedics would be working within the hospital rather than in the lead-up to bringing them to the hospital, and if their scope of practice as paramedics would be different than if they were affiliated with an ambulance service. **Mr. McGrane** replied he does not believe the scope of practice would be any different. The rule would allow the hospitals to hire paramedics and EMTs to work in the emergency department without an affiliation with an ambulance service. **Vice Chairman Souza** inquired whether the nurses who work in the emergency room might feel their jobs were not as secure because of the alternative health care providers. **Mr. McGrane** affirmed it is a concern having alternatives to nurses in the emergency department or other locations in the hospital. The licensing standards for hospitals outline who can practice in a hospital so the rule wouldn't eliminate the necessity for nurses, but it could potentially reduce the need for nurses in some departments.

Chairman Heider asked if there is any evidence EMTs are taking the place of nurses in any Idaho hospitals. **Mr. McGrane** responded there is none. A number of hospitals use paramedics in their emergency departments but the paramedics are all affiliated with ambulance services. Because this is a new proposal, there has not been an opportunity for hospitals to hire paramedics independent of ambulance services. **Vice Chairman Souza** asked whether there is something that changes the quality of practice of the EMT or paramedic or is it simply that the ambulance service would require them to only give care up until the doors of the emergency room. **Mr. McGrane** answered the practice of EMS has been traditionally in the pre-hospital environment, responding to emergencies at the scene of an accident and bringing those patients to the hospital and rendering care during that pre-hospital time frame. The concept of EMTs and paramedics working in the hospital was to augment their knowledge, skill, and performance so they could provide better care in the pre-hospital setting. Some nurses have a concern that allowing EMTs and paramedics to be independently hired could eliminate some nursing positions.

DISCUSSION: **Chairman Heider** inquired of Mr. Cheeseman if he had the same concern about ambulance personnel replacing nurses in the emergency room. **Mr. Cheeseman** responded the Bureau did not have that concern. The rule allowing paramedics and EMTs to work in a hospital emergency room has been in place for eight or nine years. The rules are very clear if a provider works within the confines of a hospital, the provider will have the same medical direction than he would out on the street by himself. **Vice Chairman Souza** mentioned there was no negotiated rulemaking, and asked whether there were many respondents at the public hearing. **Mr. Cheeseman** replied the hearing was held by webinar, and no one signed in to attend. **Vice Chairman Souza** asked if Mr. Cheeseman heard from any of the nurses associations or groups regarding their concerns. **Mr. Cheeseman** said the Bureau has not heard these concerns.

MOTION: **Chairman Heider** moved to approve **Docket No. 16-0103-102. Senator Lee** seconded the motion. The motion passed by **voice vote,** with **Senator Martin** and **Senator Jordan** requesting that they be recorded as voting nay.

Chairman Heider commented Mr. McGrane brings a valid point but since there were no complaints when the rules were made, the rule should be approved now and he will follow up later with the Nurses Association. **Senator Lee** said the rule could be revisited next year if there is an attempt to circumvent or displace people. **Vice Chairman Souza** stated she is comfortable with Mr. Cheeseman's clarification that the ability of EMTs and paramedics to work within the hospital setting has been in rule for eight years.

DOCKET NO. 16-0107-1601 **Emergency Medical Services (EMS) - Personnel Licensing Requirements. Mr. Cheeseman** presented the Recognition of EMS Personnel Licensure Interstate Compact Agreement (REPLICA). In 2016, the Legislature passed S 1281 to enact REPLICA, enabling the State of Idaho to enter into the compact agreement with other states that have also enacted REPLICA legislation, including Colorado, Texas, Kansas, Tennessee, Utah, and Virginia. REPLICA will be activated when ten states have passed the enabling legislation and entered into the compact. The Bureau believes REPLICA will be activated in 2017.

Mr. Cheeseman advised REPLICA addresses EMS personnel crossing state lines. This would allow personnel to function under their home state license without violating licensure rules in another REPLICA state. When a licensed provider crosses from one REPLICA state to another REPLICA state, that provider will enjoy the same protection afforded in their home state.

Mr. Cheeseman explained hat REPLICA does not address reciprocity when a licensed provider from a REPLICA state actually moves to Idaho and seeks licensure. Under current law, when a licensed provider from another state wishes to gain Idaho licensure, he must provide proof of licensure, pass a recent national registry exam, and complete a background check. The rule change will allow a licensed provider coming from another REPLICA state to have direct reciprocity with Idaho if the provider holds a current license in the other state. The licensed provider will have 90 days to apply for and obtain an Idaho license, allowing the provider to start working in Idaho immediately. The licensed provider will be given an expiration date that coincides with their original state's license expiration. When the provider applies for an Idaho license, the initial expiration date will be the March or September following the expiration of the original state's license. Idaho licensure will not be required for personnel who maintain primary affiliation in another REPLICA state.

Senator Martin inquired whether this would address a situation where a patient in Payette, Idaho might be transferred to a hospital or clinic in Ontario, Oregon. **Mr. Cheeseman** replied that is correct, but the rule is broader than that because it allows for a provider to move here and do a direct license exchange. **Senator Harris** asked if the rules are the same as the rules in other REPLICA states. **Mr. Cheeseman** responded the REPLICA legislation only addresses a provider entering the state with a patient. The Bureau rule goes farther and provides reciprocity for someone seeking an Idaho license to make the licensing process easier. **Senator Harris** asked how many more states have to join before REPLICA is effective. **Mr. Cheeseman** said three more states are required to join, and currently six states are actively seeking enabling legislation this session. **Vice Chairman Souza** asked if the qualifications for licensure under REPLICA are identical or close to identical between the states where medical personnel might cross state lines. **Mr. Cheeseman** answered yes.

Chairman Heider asked how long people who move into the State of Idaho have until they must obtain an Idaho license. **Mr. Cheeseman** stated the provider can start working immediately under REPLICA and would have 90 days to apply for an Idaho license but would not have to take an exam. Someone licensed in a REPLICA state would have already undergone a background check and obtained a license, and that would satisfy Idaho's requirements for licensure. **Chairman Heider** further inquired whether the provider ever had to obtain or renew an Idaho license. **Mr. Cheeseman** answered if the provider obtains an Idaho license, the license must be renewed every two or three years, depending on the license type.

MOTION: **Senator Martin** moved to approve **Docket No. 16-0107-1601. Senator Harris** seconded the motion. The motion carried by **voice vote.**

DOCKET NO. 16-0106-1601 **Emergency Medical Services (EMS) - Data Collection and Submission Requirements. John Cramer** introduced himself as a Program Manager at the Bureau. This docket adds a new chapter relating to data collection and submission. The rules were last updated in 1997 and there have been many profound changes since that time with regard to EMS service delivery and electronic information collection and documentation. The Bureau has been in the process of negotiated rulemaking since the spring of 2014, culminating in a public hearing in September 2016. The current data collection rules were promulgated in a simpler time when the depth of knowledge was limited to 81 defined data points which provide only the most basic operational understanding of EMS responses and care: dates and times of incidents; call and location type; patient gender and age; basic treatment; and call disposition. It was formerly captured on paper using Scantron bubble sheets. Data collection was unreliable because the bubble sheets would often be filled out three or four months after the fact, and the scanner would reject the bubble sheets.

Mr. Cramer advised the Bureau began voluntary electronic data collection in 2007, using the current NEMSIS data standards and data dictionary. The initial pilot was well received and the Bureau was able to secure grant funds to help the rural and frontier agencies obtain computer equipment and software. The Bureau also provided software to assist with transmitting data in other ways than besides over the Internet.

Mr. Cramer explained the Bureau began the negotiated rulemaking process in 2014. As part of this process, the Bureau identified 179 data points suitable for collection by the State. Thirty-seven of those data points are considered mandatory and are reported in every case. The remaining 142 are conditional. For example, in the case of a cardiac arrest where the heart stops, it could mean an additional 15 to 24 data points that are specific to that condition. With the exception of those data points that are confidential, most of the data is used by the Idaho Transportation Department Office of Highway Safety and the Idaho Time Sensitive Emergency Data Registry, to capture the severity of an accident and the locations that generate the most serious types of injuries.

Mr. Cramer reported the new chapter was created as a stand-alone chapter due to the complexity and specificity of the topic and to conform to the current national data standards defined by NEMSIS in its current data dictionary. The Bureau is now also able to share the data with hospitals through their electronic health records systems. The adoption of this new chapter and the associated national data standards will result in improvements to the quality and quantity of information gathered as it relates to the out-of-hospital care provided by Idaho EMS providers and ultimately in the care provided to those patients. The changes will not result in any fiscal impact to the State.

Chairman Heider asked where the data is stored and who has access to it. **Mr. Cramer** answered the data is stored out of state at a very secure data site that is compliant with the Health Insurance Portability and Accountability Act. **Mr. Cramer** has access to all raw data. The EMS providers, agency administrators, and medical directors have access to the respective agency's information. Otherwise, the data is considered confidential like any other medical record.

MOTION: **Senator Anthon** moved to approve **Docket No. 16-0106-1601. Senator Harris** seconded the motion. The motion carried by **voice vote.**

PASSED THE GAVEL: Vice Chairman Souza passed the gavel back to Chairman Heider.

ADJOURNED: There being no further business at this time, **Chairman Heider** adjourned the meeting at 3:55 p.m.

_____

Senator Heider
Chair

_____

Jeanne Jackson-Heim
Secretary