

Commonwealth of Massachusetts
 Department of Public Health
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Emergency Medical Services System Draft Proposed Regulatory Amendment Presentation

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Summary of Proposed Regulation

Today we will:

- Describe current law and regulation, last amended in April 2014; and
- Outline the proposed changes to the EMS regulation.

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Introduction

- M.G.L. c 111C creates a statewide, community-based EMS system, to assure that appropriately licensed and equipped ambulance services and vehicles, staffed by trained and certified EMTs operating under medical oversight, respond and provide patients with effective emergency medical care, at the scene and during transport to appropriate health care facilities.
- DPH completed a comprehensive review of the EMS regulation in 2014, to keep pace with changing medicine, data and best practices in effective standards for EMS care.
- The proposed amendments being presented today seek to update and reflect current standards for matching National Registry of EMTs (NREMT) standards and timelines for EMT certification and training; for CPR training; and for verifying EMT certification and CPR training status.

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Current State Regulation – EMT Certification Validation

Current Regulation (105 CMR 170.285) requires:

- EMTs to carry a current EMT certification card and a current CPR training card, either on their person or in their vehicle, at all times.
- Ambulance services to ensure that EMTs carry these identification cards.

Ambulance services and EMTs have reported the following problems:

- During the EMT recertification deadline period, there may be as much as a 2-week lag time, during which an EMT has become recertified by DPH, but the new certification card has not been produced and reached the EMT through the mail.
 - Currently, that EMT may not work during that time period, and the ambulance service may not use that EMT.
- Many CPR training organizations, such as the American Heart Association and American Red Cross, no longer issue cards to document successful completion of training, but rather, email an electronic certificate documenting successful completion and expiration date of current CPR training status.

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Proposed Amendment to Regulations – EMT Certification Validation

The proposed amendment (105 CMR 170.285) would allow greater flexibility to ambulance services and EMTs for compliance by allowing:

- EMS Personnel carry on their person or in the EMS vehicle documentation of current certification level, current cardiopulmonary resuscitation training and a valid motor vehicle operator's license.
- Documentation of current certification level and current cardiopulmonary resuscitation training may include a physical certification card if issued, an electronic copy or an electronic verification of certification.

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Current State Regulation – CPR Training Standard

Current Regulation (multiple references in 105 CMR 170.00) requires the following CPR training standards :

- CPR training courses must meet standards established by the Committee on Cardiopulmonary Resuscitation and Emergency Cardiac Care of the American Heart Association (AHA).
 - This Committee no longer exists and has been superseded.
- Successful completion must be documented by a current training card.
 - Many CPR training entities no longer issue these cards..

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Proposed Amendment to Regulations – CPR Training Standard

The proposed amendment (multiple sections of 105 CMR 170.000) would update the training standard, by:

- Requiring CPR training courses to meet the standards established by the International Liaison Committee on Resuscitation (ILCOR)'s International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations (CoSTR);
 - This organization superseded the AHA's Committee on Cardiopulmonary Resuscitation and Emergency Cardiac Care
- Specify that CPR training must be obtained through an instructor-led program or blended learning experience with hands-on skill and cognitive evaluations;
- Eliminating reference to a CPR training card.

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Current State Regulation – NREMT Transition Technical Corrections and Updates

Current Regulation (105 CMR 170.935, 170.964 and 170.970) requires technical correction and update to match NREMT timelines and standards:

- The regulation allows for a one-year period to reinstate EMT certification after a lapse in certification of more than 30 days.
 - The NREMT window is 2 years.
- The regulation limits EMTs to taking continuing education courses addressing topics within their level of certification.
 - The NREMT allows EMTs to take courses that address any aspect of EMS pre-hospital care, including topics outside the EMT's specific level of certification.
- The regulation requires nonaccredited EMT training programs to submit original attendance rosters to DPH.
 - The NREMT practice continuing education providers maintain attendance records and issue course completion documentation to the EMTs who successfully completed the course.

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Proposed Amendments – NREMT Transition Technical Corrections and Updates

The proposed amendment (105 CMR 170.935, 170.964 and 170.970) would make corrections and updates to match the NREMT timelines and standards, by:

- Allowing for a two-year period to reinstate EMT certification after a lapse in certification of more than 30 days, as NREMT allows.
- Allowing EMTs to take courses that address any aspect of EMS pre-hospital care, even if it is covering topics outside the EMT's specific level of certification, as NREMT allows.
- Requiring education providers to maintain attendance records, and issue course completion documentation to the EMTs who successfully completed the course, in accordance with NREMT practice.

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Current State Regulation – Technical Correction and Update

Current Regulation (in 105 CMR 170.020, definition of “authorization to practice”) requires technical correction and update to match EMT level changes made in 2014 in accordance with National EMS Scope of Practice and National EMS Education Standards, as well as affiliation agreement changes made in 2014:

- The current definition refers to “EMT-Intermediate or Paramedic,” while the 2014 regulatory amendments replaced the EMT-Intermediate level with the Advanced EMT.
- By July 1, 2016, all Basic Life Support-level ambulance services will be required to have a full affiliation agreement for medical control, as required by the 2014 regulatory amendments. Therefore, EMT-Basics will also be getting “authorization to practice” from their affiliate hospital medical directors.

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Proposed Amendments – Technical Corrections and Update

The proposed amendment (105 CMR 170.020, definition of “authorization to practice”) would make a correction to update and match EMT level changes made in 2014 in accordance with National EMS Scope of Practice and National EMS Education Standards, as well as affiliation agreement changes made in 2014 by:

- Changing the reference from “EMT-Intermediate or Paramedic” to simply “EMT,” which is defined in both statute and regulations to cover all levels of EMS personnel.
- Changing the reference from “EMT at the ALS level” to simply EMT.

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Next Steps

- Following this initial presentation, a public hearing and comment period will be held.
- Approval of the proposed amendments, along with a review of public comments, will be requested at a subsequent meeting of the Public Health Council.

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Contact Information

- Thank you for the opportunity to present this information today.
- For more information regarding Emergency Medical Services please find the relevant statutory language and the full current regulation here:

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111C>

<http://www.mass.gov/courts/docs/jawfb/104-105cmr/105cmr170.pdf>

Please direct any questions to:

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