



REQUEST FOR PROMULGATION OF AMENDMENTS TO 105 CMR  
170.000 EMERGENCY MEDICAL SERVICES SYSTEM

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# BACKGROUND

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The amendments implement the following key recommendations of the Office of Emergency Medical Services (OEMS) Strategic Task Force:

- Use as a prerequisite for Massachusetts certification of Emergency Medical Technicians (EMTs), the national standard EMT examination process of the National Registry of EMTs (NREMT).
- Require national accreditation of training institutions providing paramedic-level training programs
- Update terminology for EMT certification levels and EMT training standards, to reflect as a baseline the new National EMS Scope of Practice and National EMS Educational Standards
- Strengthen medical oversight by extending affiliation agreement requirements to Basic Life Support (BLS) ambulance services
- Make a number of other updates and clarifications to standards related to quality improvement of ambulance services and accredited training institutions, as well as clarifications for comprehension and precision.

## Background

- Many of the reforms reflected in these regulatory amendments for Massachusetts EMS are based on recommendations made, from 2000 on, by the U.S. Department of Transportation's National Highway Transportation Safety Administration (NHTSA), National Association of State EMS Officials, and the Institute of Medicine, to standardize the EMS profession.
- Many states are well under way in implementing these national recommendations.
- Bureau and OEMS staff held numerous forums regarding proposed changes since April 2012. All public meetings were posted, and were attended by large numbers of EMS personnel and union representatives. Forums were held in all EMS regions to ensure as broad an access to the EMS community as possible. Written communication was sent to all EMS personnel during the process. In addition, at a September 2013 public meeting, the Department gave EMCAB an opportunity to review and make recommendations on a draft of the proposed recommendations (per statutory requirement). Changes were made to the draft proposed regulations as a result of EMCAB input.

# PUBLIC COMMENT

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**After presentation of the proposed regulations to the Public Health Council on January 8, 2014, and posting in accordance with statutory requirements, a public hearing was held on February 7, 2014. and written comment was received through February 10, 2014. The Department received testimony (written and/or oral) from the following individuals and entities:**

- Region I (western Massachusetts) Regional EMS Council
- Region IV (metropolitan Boston) Regional EMS Council
- Region IV EMS Medical Director
- The Town Administrator of the Town of Princeton
- Representatives of the Boston Police Patrolmen's Association, Boston EMS Local 16807
- Representative of the Professional Fire Fighters of Massachusetts
- Representative of the United EMS Workers, AFSCME Local 4911
- Representative of the International Association of EMTs and Paramedics, Local 95
- Representative of Trinity EMS
- Representative of Boston EMS
- In addition, six EMTs and paramedics co-signed a single letter, and four individuals submitted comments.

## PUBLIC COMMENT: RESPONSES

In response to comments, DPH staff recommended changes to the draft regulations in several areas, primarily as clarification in response to stakeholders' suggestions. Attachment 2 to the Public Health Council memorandum provides further detail as to the public comments received.

### **105 CMR 170.345(B)**

DPH clarified that responsibility for patient care report (formerly "trip record") accuracy falls on EMTs who transport the patient, and that only baseline printouts and parts of printouts of clinical interventions or clinically relevant changes be attached to the patient care report.

### **105 CMR 170.020**

DPH clarified several definitions. Definitions for each level of EMT were clarified so that national scope of practice is baseline, but scope continues to be defined in the Statewide Treatment Protocols. Term "trip record" was changed to adopt current industry standard terminology, "patient care report."

### **105 CMR 170.300(B)**

Changed time frame for services to notify affiliate hospital medical directors of sanctions against EMT from "immediately " to "72 hours".

## PUBLIC COMMENT: RESPONSES

### **105 CMR 170.330(A)(16)**

Deleted the requirement for ambulance services to have policies regarding “sanitary practices”. OEMS will refer this issue to the EMS operations standing committee for further recommendations.

### **105 CMR 170.350(B)(1)(a)**

Deleted language from serious reportable incidents which references hospital licensure regulations.

### **105 CMR 170.350(B)(2)(b)**

Added language requiring that corrective plans submitted by services reflect the participation of, and review by, the affiliate hospital medical director.

### **105 CMR 170.373**

Deleted sentence requiring use of verbal de-escalation prior to applying physical restraints; addressed in administrative requirement and Statewide Treatment Protocols.

QUESTIONS?