



State EMS Committee
Friday, July 8, 2016
8:30 a.m. – 12:00 p.m.

Meeting Minutes

Chair	Ameen Ramzy, M.D.
Vice Chair	Greg Marlar, Paramedic
Members present	Ameen Ramzy, M.D.; JD Fuiten; Paul Rostykus, M.D.; Dave Lapof, EMT; Gary Heigel, Paramedic; William Foster, M.D; Greg Marlar, Paramedic; Melissa Doherty, M.D.; Elizabeth Heckathorn, Paramedic; Leslie Terrell, R.N.; Jim Thomas, Paramedic
Members not present	Ed Freysinger
Guests present	Jonathan Chin, Paramedic; Paul Bollinger; Jan Acebo, Paramedic; Margaret Stroyk-Hayes, EMT
PHD staff present	Dana Selover, M.D.; David Lehrfeld, M.D.; Candace Hamilton, Stella Rausch-Scott, EMT; Dagan Wright; Sandra Smith; Veronica Seymour, EMR
Members on the phone	Eric Blankenship, RN; Elizabeth Hatfield-Keller, M.D; Bradley Adams, M.D.; Victor O'Shanan; Doug Gruzd, M.D.
Guests on the phone	Kelly Kapri

Agenda Item	<i>Call to Order – Dr. Ameen Ramzy</i>
The meeting was called to order and roll call was taken.	

Agenda Item	<i>Approve minutes and review agenda– Ameen Ramzy</i>
Dr. Ramzy requested the committee review and approve the minutes for the April 2016 meeting. Corrections to the minutes were requested including changing fall academy to fall forum under the Public Comments section and changing didactic training and didactic skill sets under the Rural EMS Subcommittee section to reflect psychomotor training and psychomotor skill sets.	

Greg Marlar motioned to approve the minutes with the noted corrections and Dave Lapof seconded the motion. The motion was approved.

Dr. Ramzy reviewed the agenda. It was requested that the Director’s update be moved to the next agenda item.

Dr. Rostykus announced that there will be an Oregon EMS Medical Directors and Agency Managers fall forum in September, and requested that information be posted onto the OHA EMS and Trauma System office.

Action Item	Office – place information about the fall forum onto the OHA EMS/TS website.
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Agenda Item	<i>EMS & Trauma System update – Dr. Dana Selover, Dr. David Lehrfeld, Candace Hamilton</i>
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The EMS office is in the process of recruiting for an:

- EMS for Children’s program coordinator; and
- EMS licensing/education support staff.

Once the job postings are available they will be shared.

The office is continuing to onboard the new eLicense System:

- Focus on ELITE users given that more accurate information is available than what is available from L2K.
- Agency information obtained from ELITE and transferred into ELicense will be confirmed for accuracy
- Information exchange will be a thorough, thoughtful process to minimize changes necessary when agencies access the system.
- EMS agency information is scheduled for migration in September and registered non-transport agencies will be contacted in October and November.
- Agency logins for the EPCR product and eLicense will be combined together so information will flow from one to the other.

The Office of Rural Health grant work is continuing. The projects for this grant include:

- Quality improvement training with 6 rural departments
- ASA plans template and gap analysis – first draft is in review
- Adequacy of EMS systems of care protocol review – results are being finalized

Office staff met with stakeholders about the CARES program. Given staff time necessary to onboard eLicense, the Office is recommending that the State EMS Committee convene a workgroup to consider all of the options necessary to sustain the CARES program.

- Suggested workgroup participants: HeartRescue, Oregon Association of Hospital and Health Systems, EMS Leaders, Oregon Fire Chiefs Association, Coordinated Care Organizations, Survivor, NAEMSP, and Foundations.
- The CARES project which was funded by the federal government is ending;
- State can create a plan which establishes the workgroup and defines mission in order to apply for continued funding through 2017;

- Workgroup can discuss how Oregon will continue to report data in the future, look for grants from foundations and corporations, seek involvement from the hospital association, and identify broader base support;
- Workgroup would be staffed by Office;
- Subscription fee and Care Coordinator will cost approximately \$40-50,000/year
- Dr. Paul Rostykus motioned that a workgroup be created for the CARES program and Greg Marlar seconded the motion. The motion was approved. Dr. Paul Rostykus volunteered to represent the EMS Committee. Greg Marlar suggested that the Office send requests for representation to other stakeholders. If the EMS Committee can think of other Oregon groups, foundations or private industries that should be invited they should send an email to Candace Hamilton.

Dr. Lehrfeld provided a list of upcoming education courses for Medical Directors including:

- NAEMSP National EMS Medical Directors Course & Practicum, January 21-23, 2017 in New Orleans, Louisiana;
- ACEP Advanced EMS Practitioners' Forum & Workshop, October 15, 2016 in Las Vegas, NV; and
- Oregon EMS Medical Directors Forum, September 22-23, 2016 in Bend, OR.

The office is currently working on a new Medical Director application that will mimic the Oregon Medical Board which will be handled through the office's eLicense program.

One of Hospital Preparedness Program (HPP) 2016-17 grant deliverables is to produce updated regional trauma surge plans. This will include a joint project with EMS (ATAB committees) and Health Security Preparedness and Response (HPP Coalitions)

- **Step 1:** Region 1 Trauma Plan overview to ATAB/ HPP
- **Step 2:** Through RFP process, hire consultant to work with ATAB/ HPP Coalitions on updates/ creation of regional trauma plan
- **Step 3:** After the customized plans are complete, hold regional summits to showcase the plan and have a TTX at the summit to walk through the plan.

Mike Harryman has been promoted to the position of Resiliency Officer in the Governor's Office for a temporary assignment. It was noted that he realigned the Health Security Preparedness regions to align with the ATABs. Funding will be used to try and connect the people in these regions with the ATABs.

Last year, the Public Health Division added the Out Of Hospital Cardiac Arrest (OHCA) public health indicator. This indicator is a direct result of HeartRescue and the CARES program. The 2015 data for both the state and nationally have been submitted and will be presented to the PHD and CCOs. It was noted that the Public Health Division is working to align all public health indicators with CCOs rather than counties or cities. The Metrics & Scoring Committee has selected measure sets, adopted benchmarks and improvement targets, and selected challenge pool measures for 2015, reflecting improved CCO performance. Incentive payments will be based from the data collected. Discussion:

- Reporting OHCA by CCO in order to gain attention;

- Work to add OHCA to the list of incentive measures;
- Process measures versus outcome measures; motivating and incentivizing health systems to make people healthy;
- When information is published, use the information as a tool to gain attention;
- Data is based on all OHCA not OHCA on Medicaid patients;
- Data challenges due to CCOs that overlap in multiple counties.

NHTSA model EMS clinical guidelines are being updated. These are a basic set of clinical guidelines to help state EMS systems ensure a more standardized approach to the practice of patient care and to incorporate evidence-based guidelines as they become available. The project began in 2012 and is progressing in three phases:

- Development of a list of core clinical guideline titles;
- Identification of the necessary components for each clinical guideline; and
- Development of draft core clinical guideline.

AHA is currently working on STEMI guidelines. STEMI coordinators and hospitals are working together to identify which data should be pulled. The EMS portion of the guidelines is complete but the group is still working on guidelines for air ambulance and interfacility transfers.

The State Stroke Committee is currently working on a state report that will be presented to Legislature by February 2017.

- The committee is finalizing a recommended list of Get with the Guidelines (GWTG) stroke data measures for the state to use to track stroke care trends over time.
- Recommendations will be provided to OHA related to stroke care that will be rolled up into the legislative support and will include:
 - If and what type of stroke care certification system would help EMS providers triage stroke patients;
 - Stroke prevention objectives for state public health; and
 - Stroke rehab care measures to assess statewide need.

Patient Mobilization Plan

- Two meetings have taken place with a 3rd meeting scheduled for July 21st ;
- Fire Chiefs, OSAA, Fire Marshall's Office, National Guard have participated;
- Elements of an ambulance deployment plan developed in 2009 was reviewed to look at gaps.
- Questions under consideration include: who can participate in pool of available resources; how are they organized; how are they trained; deployment; payment; liability, etc.

Administrative Rule Update:

The following rules are being reviewed and updated and the goal is to have effective by January 1, 2017:

- EMS Provider 333-265

- Ambulance Service and Ambulance Licensing 333-250 and -255
- Hospital ED classification and enforcement 333-500 (clarifying how an urgent care can advertise providing emergency services or not)

Legislative Update:

Congressional bills (HR 4365 and S 2932) were introduced to amend the Controlled Substances Act with regard to provision of emergency medical services and would allow EMS providers in the field to administer controlled substances in accordance with a standing order.

- HR 4365 has a hearing before House Energy and Commerce Health Subcommittee – July 12th.
- S 2932 has been referred to the Committee on Health, Education, Labor and Pensions.
- Brent Myers will represent NAEMSP.

A legislative concept has been submitted for mandatory EMS data reporting (LC 560.) Draft language is currently under review and will be shared when finalized.

A housekeeping bill has been drafted that will include:

- POLST Registry Advisory Committee sunset
- STAB membership changes
- ATAB membership changes
- Training on lifesaving treatment for allergic response
- State EMS Committee membership changes and role in waiver approval

The draft language will be shared when finalized.

REPLICA (Recognition of EMS Personnel Licensure Interstate CompAct) is a concept that would allow licensed EMS providers to work in a different state than where the individual is licensed. Ten states must participate in the CompAct in order to move forward.

- As of 2016, the following states have passed legislation – CO, TX, VA, ID, UT, KS and TN
- NV and NM are expected to introduce the bill during their next legislative session
- If Oregon were to introduce a bill and it were to pass, and NV and NM bills pass, the minimum 10 state requirement would be achieved.

Cascadia Rising was a multi-state disaster training involving multiple agencies at two training sites. 46 OHA staff and 25 Federal staff participated in the drill. The training tested the capacity of how Oregon can respond to a major event including resource requests and patient movement. Special focus exercises on field triage, medevac and integrated military and civilian response also occurred.

Action Item

- Candace send out requests to invite stakeholders to participate on the CARES workgroup.
- The office will bring the 2015 OHCA report to the October meeting.
- Draft legislative concept language for the EMS Data System and housekeeping bill will be shared at the next meeting.

Agenda Item	<i>Administrative Rules – Dr. Dana Selover/Candace Hamilton</i>
	<p>Dana commented that the discussion today will focus on the OAR 333-265 EMS Provider rules and while the Division is open to detailed feedback including grammar, spelling, etc. she asked the committee to focus on major issues given current time constraints. She noted that the Ambulance Service and Ambulance Vehicle Licensing rules will be scheduled for the October meeting.</p> <p>Candace shared that the EMS Provider Rules Subcommittee met on Friday, July 1st to review the proposed rule revisions. The rules cover EMS provider course approval, course director requirements, EMS provider licensing and discipline and investigations. Six key areas will be considered.</p> <p>333-265-0010 - Non-educational institutions</p> <p>Currently, the rules specify that a hospital may conduct courses if approved by the Oregon Health Authority (Authority). The State EMS Committee has previously discussed increasing the availability of courses in rural areas and considering non-traditional methods to conduct a course. The proposed changes will allow groups other than hospitals to conduct a course as well as the means in which a person can take a course.</p> <ul style="list-style-type: none"> • Limits non-educational institutions to areas that can justify a need. • The EMS Provider Rules Subcommittee noted that it's important to maintain quality assurance. The EMS/TS Program will develop a policy that will describe what will be considered including review of organization and the plan proposed, proper curriculum, quality and qualifications of instructors, do they have a medical director, types of training equipment, etc. • Widely supported by the rules subcommittee which included representation from Chemeketa CC, Lane CC, Rogue CC, Blue Mt. CC, and the education consortium. • Committee member asked whether a site visit would be required. The program does not foresee that this would be a requirement. • Committee member asked about the EMT-Intermediate course. There is so little demand for the intermediate course that some colleges don't offer the course, yet EMS agencies are inquiring about conducting their own intermediate class. Program staff noted that requests would be considered based on need including whether or not an educational institution does or does not offer the course. Division staff will consider language that would allow an EMT-Intermediate course by a non-education institution in areas other than rural. • Committee member noted that previously a majority of the classes being taught by non-education institutions were in larger communities when the intent was to address the needs in the rural community. • Committee member commended the educational institutions for acknowledging that non-educational institutions have the capability to train and is a big step for these rules. Question was asked about use of "notwithstanding" language and program staff responded that it is widely used and acceptable. • Committee member questioned reference to Oregon Department of Education rules which have not been updated since ~1997 and has very outdated references. The education consortium has tried several times to get these rules updated. The ODE no longer has

oversight of the standards – it is now the Higher Education Coordinating Commission (HECC.) The EMS/TS Program will add these rules to the list for further review.

- Committee member questioned whether it was intentional to not list AEMT in section (3). Program staff responded yes.

Committee concurred with rule changes and asked that further language be considered that would allow EMT-Intermediate courses to be taught by non-educational institutions in areas other than rural. Based on concerns expressed by the Committee, the EMS/TS program will work to update the ODE 581-049 rules.

333-265-0025(3) – Application Process

The proposed rule language would mandate nationwide fingerprint background check at time of initial licensure and would have a fiscal impact on agencies and EMS providers. The cost of the national background check is approximately \$59. This rule was proposed as the Authority is potentially licensing EMS providers that have committed a significant crime in another state which it is unaware.

- Common practice for the Oregon State Board of Nursing that conducts national checks both at initial licensure and renewal. The Department of Public Safety Standards and Training also conducts national checks at time of initial licensure.
- Committee member inquired whether the agency can rely on other state agency checks conducted. Program staff responded at this time the answer is no.
- Committee member asked about the cost of law enforcement obtaining prints. It was suggested that the cost is between \$10-15, and processing fees may also apply.
- Question was raised by committee member whether this will be problematic for volunteer agencies. It was noted that the biggest issue is there is no portability. Every agency must conduct its own check and cannot rely upon another agency. “One stop” fingerprinting does not exist currently. The process is wasteful and uncoordinated.
- Committee member noted that Oregon is trying to implement a rap-back system which is hoped to be implemented in 2017-18. Further discussion:
 - Raw data received from background check and the process programs take to “weigh test” whether a provider can be licensed;
 - Some agencies have mandatory exclusion crimes;
- Most education institutions require students to pay for a background check at beginning of course given clinical site requirements. Question was raised whether another background check would be required when applying for licensure? Yes.
- History provided on background checks via Oregon LEDS only when EMS provider resides in Oregon and no history of being out-of-state.
- It was noted that rural providers will struggle to pay for the additional costs. It was suggested to contact the Office of Rural Health to seek grant funding to help cover costs.
- Other state models were discussed where larger dispatch agencies cover costs for rural agencies that provide first response.
- Time frame to process background check – from time prints scanned to time the process is completed is approximately 3-4 weeks but make take longer in some cases.
- The entire state needs to continue to look at coordination of effort and sharing information across agencies to break down barriers and costs. Medicaid brokerages require repeat fingerprint checks if a provider changes job locations. This is a statutory issue.

- Follow-up: HB 2228 (2015) allows individuals who are subject to a background check as a condition of employment to “opt-in” to a Rap Back system where fingerprints are retained and criminal records updated in real time. Currently, fingerprints are required to be destroyed after a background check is performed and repeat checks must be performed to receive an update. By allowing prints to be retained, agencies can notify employers in real time if there is a change to the employee’s arrest or conviction record. The law requires voluntary participation in the program rather than mandatory.

Committee generally supported the nationwide, fingerprint based requirement acknowledging this may create hardship for rural agencies in terms of cost. EMS/TS program will contact Office of Rural Health to inquire about possible funds.

333-265-0060 – Paramedic Provisional Licensure

The EMS/TS program is proposing to repeal this rule which was initially adopted in the 1990s when the only degree accepted was an EMS degree. Since that time, the rules have been changed to allow any type of Associates degree to obtain licensure. For purposes of reciprocity, a paramedic may also be licensed in Oregon if the individual has worked for at least three of last five years as a paramedic. The following statistics were shared:

- Since January 2011, 36 provisional licenses have been issued (average of 7 per year);
- Of the 36 licenses issued:
 - 17 received a letter of non-compliance;
 - 4 licenses were revoked;
 - 1 withdrew;
 - 2 expired while under contract;
 - 1 received disciplinary action for DUI; and
 - 1 suspension for non-compliance.
- The workload for the EMS/TS program is significant for this small group.

Committee concurred with repealing rule.

333-265-0015 and 0016 – Advanced EMT Field Internship and Clinical Experiences

The rule has been updated to provide more specificity based on the National Education Standard and creates a minimum standard. When reviewing the proposal, the EMS Provider Rules Subcommittee suggested allowing students to also demonstrate abilities in either a simulation lab or in the field given that it would be difficult for students in the rural setting to meet the standards. Discussion:

- Revise 333-265-0015(2)(c) to: “Effectively ventilate at least 20 unintubated live patients of various age groups.”
- It was noted that by adding the simulation lab option to the rule that “live” patients would not apply.
- Consider revising the language to have as many live patient contacts as possible and allow option to use the simulation lab to make up any difference.
- Comment provided that an EMS Provider in the rural setting would need to ride for 300+ hours to achieve the prescribed standards with live patients.

Committee concurred with language; however, requested that the rule be reviewed again by the Subcommittee to clarify further issue of “live” patients.

333-265-0090 – Reverting to a Lower Level of EMS Licensure

Currently EMS providers are allowed to revert to a lower level of licensure; however, the complication that exists is if a paramedic reverts to a lower level and after two years decides to go back to a paramedic level. The current rules would require that individual to go through all education courses again. The proposed rule would allow a provider to reinstate at the higher level previously licensed if the provider maintains continuing education at the higher level. Impact to the EMS/TS program is low due to minimal requests. The audit described in section (5) is automated and therefore a minimal impact as well. Discussion:

- Other states allow providers to take continuing education at the higher level even if retaining licensure at a lower level. In Washington State, if the provider were to delay reinstatement after 6 years, the EMS program will review more carefully.
- Committee member questioned what occurs if a paramedic were to let a license lapse for more than 2 years and wants to regain certification. Program staff responded that the provider would have to return to paramedic school. Committee member asked the program to compare the draft rule criteria to how the Oregon State Board of Nursing handles re-entry.
- Committee member questioned whether in addition to continuing education, there is a requirement for proof of psychomotor skills. Per OAR 333-265-0105(8), an EMS provider who is unable to meet reinstatement requirements within two years from the expiration date, then the provider must follow the National Registry’s reentry requirements to obtain a new National Registry certification before applying for a new license. This would require retaking both a written and practical exam.

Committee concurred with suggested revisions.

333-265-0110 – Continuing Education Requirements for License Renewal

Program staff remarked that changes in this section are relatively minor and noted that current language with respect to continuing education credits being completed between the dates of the licensee’s last successful application and the licensee’s renewal application remains unchanged. Aligning with National Registry, the proposed rule will allow hour for hour credit for attending courses and teaching specified topics noted in the rule if the license holder is qualified to teach the subjects. Language has been moved around to help with readability and outdated language has been removed.

Discussion:

- Committee member questioned when the two year time period begins with respect to application deadlines. Program staff responded that applications submitted on or after May 1 have a late fee assessed. The two year continuing education would therefore run from May 1 through April 30th. Example – An ACLS class taken on May 15th would count towards the next license cycle.
- Question was posed if EMS provider pays late fee and submits application late would the continuing education time frame be shortened by the number of weeks/months the application was finally submitted. Program staff noted that an applicant either loses money by submitting application fees late OR lose time for continuing education requirements.

- Late fee date is changing from May 1 to June 1.
- Committee member noted that providers generally believe that the continuing education requirements are due prior to submitting the application but the next cycle doesn't begin until new license is in effect. Program staff responded that further efforts will be taken to help clarify (e.g. at conferences, trainings, FAQs, etc.)
- Question was posed on how other states handle. Program staff responded that Washington's criteria begins the date the license is received and ends on the date the license expires. Washington State does not renew based on a fixed annual date – it's a rolling date based on when the license expires. It was noted that the program recently received an inquiry on why Oregon does not do a rolling license renewal date. The program discussed with various stakeholders who indicated a fixed renewal is preferred.

Committee concurred with rule changes. The EMS/TS program will make further efforts to help clarify continuing education requirement deadlines.

333-265-0140 – Maintaining Continuing Education Records

The rule has been amended to clarify that a licensee is responsible for retaining verifiable and accurate records and provides further clarification with respect to what the program will accept as proof. Discussion:

- Committee member questioned section (2)(a)(A) and where an EMS agency might fit given insertion of non-educational institution and removal of EMS agency. Program staff responded that non-educational institutions could be a number of entities including EMS agencies, hospitals, etc. Division staff will review further and ensure that agencies with qualified instructors are not being inadvertently excluded from providing continuing education.

Committee concurred with rule changes. The EMS/TS program will consider whether additional changes are necessary to ensure that EMS agencies are not being inadvertently excluded.

333-265-0014 – EMS Provider Course Requirements

Program staff noted that section (13) of this rule has been removed. The rule stated "A person must have a current Oregon AEMT license at the time of enrollment in an Oregon EMT Intermediate course" and prevents a college or university from combining their AEMT and Intermediate courses to be fluid. As currently written, a student must be licensed as an AEMT before being able to move to the Intermediate courses. The proposed change creates efficiencies for the educational institutions, and in clinical time and rotations. Providers will still be required to take the National Registry AEMT exams.

Committee concurred with changes.

Statement of Need and Fiscal Impact

Program staff asked the committee to review the Statement of Need and Fiscal Impact and to submit any comments to Candace prior to the next meeting.

Action Item	<p>Committee: Submit comments to the office regarding Need and Fiscal Impact.</p> <p>Office – Revise rules based on comments received.</p> <p>Office – Inquire with Office of Rural Health whether funding might be available to offset costs of background checks.</p> <p>Office – Nursing Board request</p>
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Agenda Item	<i>Staff Report – EMS Office</i>
<p>JD Fuiten requested clarification as to why there was only one paramedic exam held last quarter. Sandra Smith stated that there was not a high request volume from the schools for more tests. There will be two Paramedic exams in the 3rd quarter.</p> <p>A request was made that the list of any new Medical Directors and ambulance service names be listed in the state quarterly report.</p>	
Action Item	Office – Provide updated list of Medical Directors and new agencies to SEMS Committee when new additions are added.

Agenda Item	<i>Public Comments</i>
<p>Ameen Ramzy received a document from Mark Stevens (TVF&R) suggesting that the definition of Community Paramedicine Services be added to the EMS Provider Rules and OMB Rules to mean, “the nonemergency care provided by a licensed paramedic to patients who do not require emergency medical transportation and provided in a manner that is integrated with the health care and social services resources available in the community.” Dr. Ramzy asked whether this document is currently under consideration by the Office. Dr. Selover has received the material and is considering whether it is possible to make a change to the EMS Provider Rules at this time. Currently the term is not used in administrative rule, therefore, a definition would not be helpful in that context. Dr. Selover will be working with Mark Stevens and will follow up at the October meeting.</p>	
Action Item	Office – review the CP definition and request more information from Mark Stevens.

Agenda Item	<i>Meeting adjourned</i>
<p>Next scheduled State EMS Committee Meeting - October 14, 2016 PSOB Building, Room 1B from 8:30am to 12pm.</p>	

These draft minutes have not yet been approved by the State EMS Committee