

AMBULANCE OPERATION

Senate Bill 297 as passed by the Senate First Analysis (6-4-97)

Sponsor: Sen. Loren Bennett
**Senate Committee: Health Policy and
Senior Citizens**
House Committee: Health Policy

THE APPARENT PROBLEM:

Under current law, ambulance services, whether public or private, must be licensed by the state as either providing basic life support, limited advanced life support, or advanced life support, and cannot provide a level of care higher than what the ambulance service is licensed to provide. In order to be licensed at the highest level of care, an ambulance operation must be able to staff every ambulance in its service with at least one paramedic and one emergency medical technician for each and every call that it responds to. (For a basic life support license, the ambulance must be staffed by at least one emergency medical technician and one medical first responder; a limited advanced life support license requires one emergency medical technician specialist and one emergency medical technician.) This means that if a paramedic is part of the staff of an ambulance licensed to provide basic life support, the paramedic is prohibited from using the full extent of his or her advanced training and prohibited from utilizing certain advanced life saving techniques and equipment such as using a certain tool to remove an object from the airway of a person who is choking, administering drugs to a cardiac patient, or administering fluids intravenously to an accident victim to prevent shock. This also means that if a fire department or other ambulance service does not have enough paramedics or emergency medical technician specialists to staff ambulances for every response, even if a call is for a non-life threatening injury such as a sprained ankle or minor fracture, the ambulance operation cannot qualify for the advanced licenses and its EMT specialists and paramedics are restricted to giving a lower level of care than their training would afford.

This situation is most prevalent in communities served by volunteer ambulance operations, such as volunteer fire departments. The majority of the state's communities are served by volunteer fire departments. Apparently, persons desiring careers as fire fighters often join volunteer forces to acquire experience and to receive EMT specialist or paramedic training and licensure, which is typically paid for by the local municipality, before leaving to seek employment by a full-time fire department. The result is that many

volunteer fire departments cannot retain enough personnel with advanced training to qualify for the advanced ambulance licenses. Reportedly, some volunteer fire departments are able to staff ambulances with specialists or paramedics for up to 95 percent of their calls, but are denied a license upgrade because of falling short of the current 100 percent requirement. Meanwhile, paramedics and specialists currently serving on volunteer fire department ambulance crews report having to stand by as patients' conditions deteriorate or a person dies because they are not allowed under existing laws to administer certain lifesaving techniques that they themselves are licensed to provide because the ambulance operation is licensed at a lower level of care. Two states, Virginia and Kentucky, have a multi-level license system in place which allows emergency medical service technicians with advanced training to provide the level of care they are licensed to provide. It is believed that allowing paramedics and emergency medical technician specialists in Michigan to operate fully within the scope of their training and licensure, regardless of the license level of the ambulance service, would result in better and more timely care for emergency patients.

THE CONTENT OF THE BILL:

Senate Bill 297 would amend the Public Health Code (MCL 333.20920 et al.) to create an additional multi-level license system for ambulance operations that would allow emergency medical service personnel to provide medical services to the full extent of their licenses regardless of the license held by the ambulance operation. Specifically, the bill would do the following:

Ambulance operation upgrade license. The bill would create the ambulance operation upgrade license which would allow an ambulance operation meeting certain criteria to provide life support services at a higher level than what the regular license specifies if the operation could staff and equip one or more ambulances at the higher level. The bill specifies criteria that an ambulance operation would have to meet in order to receive the upgrade license. The medical control

authority providing oversight for the ambulance operation would have to adopt protocols regarding quality monitoring procedures, use and protection of equipment, and patient care. An ambulance operation would still have to renew its regular license annually; the upgrade license would be valid for two years, and could be renewed one time for an additional two years. Upgrade licenses would be subject to revocation or failure to renew by the Department of Consumer and Industry Services for violations of the bill or rules promulgated to implement the bill, or failure to adhere to the bill's provisions. An ambulance operation upgrade license fee would be \$100.

The bill would only apply to ambulance operations currently licensed by the state as a transporting basic life support service or a transporting limited advanced life support service that can staff and equip at least one ambulance at one of the higher levels; and is owned or under contract to a municipality and provides service only to that municipality in response to 911 calls or calls for emergency transport.

License applications would have to contain the following information:

--Verification of current licensure and service to a municipality.

--A plan of action to upgrade to a higher level within the two years.

--The medical control authority protocols for the ambulance operation upgrade license, along with a recommendation from the local medical control authority that the upgrade license be issued to the operation.

--Any other information required by the department.

Further, the statewide emergency medical services coordinating committee would have to review the information regarding local medical control authority protocols and recommendations and then make a recommendation to the department as to whether or not an ambulance operation should be granted an upgrade license.

Miscellaneous provisions. An ambulance operation functioning under an upgrade license would be prohibited from advertising or promoting itself as a full-time transporting limited advanced life support service or a full-time transporting advanced life support service unless the operation was actually providing those services on a 24-hour-per-day, seven-day-a-week basis. Further, the bill's provisions could not be construed to impose liability on an ambulance operation operating under an ambulance operation upgrade license unless an

act or omission was the result of gross negligence or willful misconduct.

Report to the legislature. The bill would require the Department of Consumer and Industry Services to file a written report to the legislature containing information on the number of ambulance operations that were qualified to apply for an ambulance operation upgrade license during the three-year period, the number that actually applied, the number that successfully upgraded to a higher level, the number that failed to successfully upgrade (but that improved services), the number that failed to successfully upgrade (and showed no improvement or a decline in their services), and the effect of the bill's provisions on the delivery of emergency medical services in the state.

FISCAL IMPLICATIONS:

According to the Senate Fiscal Agency, the Department of Consumer and Industry Services estimated that the fees charged for the additional ambulance operation upgrade license would cover the administrative costs associated with processing the applications and issuing the licenses. Actual administrative costs would be indeterminate as there is no way to predict the number of ambulance operations interested in applying for the new license upgrade. The department also reported that the administrative cost of the bill's requirement to compile and submit a report on the activity of this new program would be covered by existing resources. (5-16-97)

ARGUMENTS:

For:

There are a number of compelling reasons why this bill makes sense. First, many citizens are unaware that ambulances are licensed to provide a certain level of care, and that the emergency medical service workers staffing the ambulance are restricted to that same level, even if they themselves are licensed to give advanced care. Television and movies give viewers the impression that ambulance crews perform certain functions. Many are shocked when an ambulance licensed at the basic care level, which may be the only level in smaller communities, arrives at the scene of an accident or cardiac arrest and the crew cannot administer lifesaving medications or even start an IV to administer necessary fluids to prevent a person from life-threatening shock. Testimony was given in support of the bill by a paramedic and an emergency medical technician specialist who recounted personal experiences and experiences of colleagues who had to stand by while people choked to death because they were prohibited by law from using a certain tool to pull an object out of an airway even though they themselves were trained and

licensed to use such a tool, or had to watch a heart attack victim die because though allowed to use a defibrillator to start a heart, could not administer medications necessary to keep the heart beating until the person could be transported to a hospital. Allowing each and every person to work within the full scope of his or her license could dramatically improve care and save the lives of emergency victims.

Secondly, the current law acts as a disincentive for members of volunteer forces to go through the training to be licensed at a higher level. Members of volunteer fire departments tend to be longtime residents of the community who are gainfully employed in other professions or who are seeking experience as fire fighters in order to move on to larger cities with full-time fire departments. Because of the high turnover in personnel with advanced licenses, smaller volunteer forces report difficulty in maintaining a 100 percent staffing ratio in order to get the higher ambulance licenses. It is a disincentive for long-time volunteers to take the time and effort to be trained and licensed to use life-saving techniques that they will most likely never be allowed to use. The bill, therefore, will act as an incentive for all members of ambulance operations to seek the highest level of life-saving training offered. The bill is a win/win measure for all involved -- personnel with advanced training will now be able to use that training to save lives, more personnel will be encouraged to obtain advanced licenses, and communities will receive a higher level of care than they are currently receiving.

Against:

Michigan is a leader in emergency medical services on a national level. Michigan has more ambulance operations accredited by the national Commission on Accreditation of Ambulance Services than any other state. Emergency medical service personnel have already demonstrated an aggressive approach to providing good emergency services to the state's residents. Many groups statewide are already upgrading their services. If small communities with volunteer fire departments or ambulance operations are finding it hard to retain the necessary amount of emergency medical technician specialists or paramedics in order to obtain a license to provide a higher level of life support services, resources already exist in the state that can provide options to obtain the higher license without creating a new license category.

In addition, some may advocate to amend the bill to remove the two-year time limit for license upgrades. If this amendment is adopted, the bill could make it easier for a community or ambulance operation to not upgrade their ambulance service, or for a licensed paramedic to open his or her own ambulance operation. Both situations could be problematic. In the first, a situation

could be created where an emergency patient could be faced with "the luck of the draw" as to which level of service the ambulance crew responding to his or her emergency could deliver. Inconsistent care could be administered for identical medical situations based on who was available to staff an ambulance for a particular call. It also could inadvertently foster an attitude among certain personnel that they do not have to undergo the advanced training because it is "good enough" that some of the ambulance runs are staffed at the higher level, even if "some" aren't. For the latter concern, if a paramedic or other person opened a small ambulance service in a community with more than one ambulance service and only had one paramedic on staff, a 911 operator may have to refer a call to such an operation if it were closer to an accident, without knowing if the paramedic were available to staff the ambulance at that time, rather than referring the call to an ambulance service with an advanced life support service license.

Response:

Though some concern has been expressed that departments would not be able to staff the ambulance crews with advanced personnel for each and every call, it is believed that judicious use of the paramedics and specialists would minimize potential problems. For example, a paramedic not on duty could still be called up to assist the assigned ambulance crew in case of a serious accident, or a crew providing basic service could be used to transport a person to a hospital or provide aid to a person with a minor injury while an ambulance crew with advanced licensed personnel could be sent on calls with more serious medical needs. Plus, the bill's sunset provision will encourage departments to complete the upgrade within the specified time.

POSITIONS:

The Department of Consumer and Industry Services supports the bill. (6-3-97)

The Michigan Health and Hospital Association supports the bill. (6-3-97)

The Woodhaven Fire Department supports the bill. (6-3-97)

The Flat Rock Fire Department supports the bill. (6-3-97)

The Michigan Association of Ambulance Services supports the bill. (6-3-9)

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.