

SB2779

Measure Title: RELATING TO COMMUNITY PARAMEDIC SERVICES.

Report Title: Community Paramedic; Emergency Medical Services; Certification; Appropriation (\$)

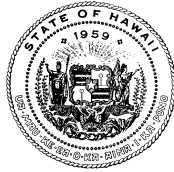
Description: Establishes community paramedic services to expand the provision of emergency medical services and assist in providing more timely medical services to the community. Specifies community paramedic services covered under medical assistance. Appropriates funds for community paramedic services.

Companion:

Package: None

Current Referral: CPH, WAM

Introducer(s): BAKER



STATE OF HAWAII
DEPARTMENT OF HEALTH

P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on SB 2779
RELATING TO COMMUNITY PARAMEDIC SERVICES.**

SENATOR ROSALYN BAKER, CHAIR

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Hearing Date: Sat, February 6, 2016 9:00AM Room Number: 229

- 1 **Fiscal Implications:** The Department defers to the Governor's Executive Biennium Budget
- 2 Request. It is unclear whether revenues generated from the community paramedic services will
- 3 be deposited into the State general fund to support new community paramedic services. The
- 4 proposed measure would increase EMS operational costs with no increase in revenues collected.

- 5 **Department Testimony:** The Department of Health (DOH) appreciates the role of community
- 6 paramedicine as part of a comprehensive emergency medical services (EMS) system. As the bill
- 7 suggests, this care model can improve access to care for persons in rural and metropolitan areas
- 8 requesting non-emergent care through activation of the Hawaii 911 - EMS system. The
- 9 Department of Health through the Emergency Medical Services & Injury Prevention System
- 10 Branch has the administrative and oversight responsibility for the Hawaii EMS system. A type
- 11 of community paramedicine was recently instituted by expanding paramedic services to assist
- 12 with the Dengue Response on the Island of Hawaii.

- 13 DOH has concerns regarding the administration and structure of SB 2779. The measure
- 14 establishes the community paramedic program as a stand-alone, independent level of service, not
- 15 inclusive under the current Hawaii EMS statutes. This would circumvent the DOH's
- 16 administrative oversight and support responsibilities under current state statute. The State of
- 17 Hawaii bills for all EMS services provided to residents and visitors. During FY 2017, we
- 18 estimate \$39.6 million will be deposited into the State's general fund from completed billing.

- 19 SB2779 mandates the community paramedic program will be dependent on the use of the State's
- 20 funded 911-EMS system resources, but it appears that billing and collections will be done by the

1 agency providing the community paramedic services. It is unclear whether revenues generated
2 from the community paramedic services will be deposited into the State general fund to support
3 new community paramedic services.

4 Although the bill references the State, it only addresses Oahu specifically. Therefore, the bill
5 may underestimate the needed resources (and costs) to sustain the broad range of services
6 statewide.

7 Development of a statewide system also requires a new level of Mobile Intensive Care
8 Technician (paramedic). Currently, paramedics are not trained in the provision of long-term
9 patient management. The state would need to establish a training program through Hawaii's
10 paramedic training program at UH, Kapiolani Community College. New community
11 paramedicine education and training programs are complex and will require time to develop the
12 curriculum, identify academic resources, and budget. Additionally, Department of Commerce
13 and Consumer Affairs (DCCA) will need to establish a new level of paramedic licensure with
14 attendant scope of practice and degree of supervision required by a supervising physician. DOH
15 will need to administer and maintain all community paramedicine standards and scope of service
16 will need to be defined.

17 The bill proposes that the EMS agency's (ambulance service) Medical Director be responsible
18 for care consultation with the requesting primary care physician, approval of the care plan(s) and
19 follow-up care. This does not fall under current EMS Medical Agency Directors' position
20 descriptions. The addition of these duties would require further training and continuing medical
21 education in long-term, chronic and/or complex patient care. These patient care areas are not
22 usually the purview of emergency physicians.

23 DOH believes that the community paramedic is another rung on the paramedics' career ladder
24 enabling paramedics to reach a higher level of advanced care practice. The current language
25 may inadvertently create an independent or parallel community paramedic program
26 distinguishing the community paramedic provider from a traditional paramedic. This distinction
27 will have to be validated through the medical board to determine if this new level of community

1 paramedicine practice may provide care that constitutes practicing medicine as defined by State
2 statutes. This area is not addressed in the bill in its current form. Perhaps further research is
3 necessary to be consistent with State statutes already in effect.

4 The DOH supports this concept for Hawaii and recognizes that a community paramedic program
5 must be both geographically and culturally sensitive to Hawaii's needs. DOH respectfully
6 requests that this bill be amended to include legislation to keep primary authority for community
7 paramedic operations with DOH whom will work collaboratively with EMS community
8 stakeholders, including the Counties, Hawaii Medical Board, DCCA, UH, Kapiolani, and the
9 EMS providers.

10 Thank you for the opportunity to testify.

11 **Offered Amendments:** N/A