

Testimony of the Hawaii Medical Board

**Before the
Senate Committee on Commerce & Consumer Protection
Tuesday, February 23, 2021
9:30 a.m.
Via Videoconference**

**On the following measure:
S.B. 1340, S.D. 1, RELATING TO EMERGENCY MEDICAL SERVICES**

WRITTEN TESTIMONY ONLY

Chair Baker and Members of the Committee:

My name is Ahlani Quiogue, and I am the Executive Officer of the Hawaii Medical (Board). The Board appreciates the intent of and offers comments on this bill.

The purpose of this bill is to enable the Board to certify emergency medical responders other than emergency ambulance service personnel.

This bill allows proof of current certification from the National Registry of Emergency Medical Technicians (NREMT) as an EMT to meet the education requirements to perform emergency medical services as an EMT in the State.

Hawaii Administrative Rules (HAR) section 16-85-54(b)(1) sets forth the current training requirements for EMTs, and a copy is enclosed herein. This rule requires, among other things: (1) completion of an EMT program; (2) completion of didactic training in cardiac defibrillation and IV access from a state-approved EMT program; (3) completion of 96 hours of clinical training obtained through a Board-approved agency; (4) passage of the NREMT's EMT examination; and (5) current certification as an EMT with the NREMT. This rule is the product of a multi-year collaborative effort that included a cross-section of the EMT community. Deliberately establishing a training requirement that exceeds the requirements for NREMT certification, this rule stemmed, in part, from the lack of health care providers in rural and neighbor island areas and the Board's efforts to bridge that gap with EMTs who have additional training and skills.

Although this bill will make it easier for certain trained professionals to become licensed as EMTs, it will do so at the cost of providing an enhanced level of emergency medical services. The Board does not intend to limit certain professionals, such as

firefighters, ocean safety lifeguards, or police officers, from obtaining an EMT certificate or higher levels of board certification. Licensure can be accomplished in a manner that will not jeopardize the current higher-tiered EMT scope of practice¹.

Further, should this measure be enacted, 1,100+ firefighters would potentially qualify for certification as emergency medical responders. This sheer number would place a considerable hardship on the one office assistant who is responsible for processing all new emergency medical personnel related applications. Accordingly, if the Committee passes this bill, the Board would need to request additional personnel to certify these applications.

Thank you for the opportunity to testify on this bill.

¹ HAR §16-85-59(a): Scope of practice. (a) The scope of practice of an EMT shall be restricted to the performance of basic emergency medical care and transportation of patients, cardiac defibrillation, and IV access.

(b) An application for certification shall be made under oath on a form to be provided by the board and shall require the applicant to provide:

(1) For EMT certification:

- (A) The appropriate fees including the application fee which shall not be refunded;
- (B) The applicant's full name;
- (C) The applicant's date of birth;
- (D) Evidence of completion of an EMT program;
- (E) Evidence of completion of didactic training in cardiac defibrillation and IV access from a State-approved EMT program;
- (F) Evidence of completion of 96 hours of clinical training experience obtained through a board-approved agency;
- (G) Evidence of passage of the National Registry of Emergency Medical Technicians (NREMT) EMT examination;
- (H) Evidence of current certification as an EMT from the NREMT;
- (I) Information regarding any conviction of any crime which has not been annulled or expunged;
- (J) If applicable, evidence of any certifications held or once held in other jurisdictions indicating the status of the certification and documenting any disciplinary action; and
- (K) Any other information the board may require to investigate the applicant's qualifications for certification.

DAVID Y. IGE
GOVERNOR

JOSH GREEN
LIEUTENANT GOVERNOR



ANNE E. PERREIRA-EUSTAQUIO
DIRECTOR

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LATE

February 23, 2021

The Honorable Rosalyn Baker, Chair
Committee on Commerce
and Consumer Protection
The State Senate
State Capitol, Room 230
Honolulu, Hawaii 96813

Dear Chair Baker:

Subject: Senate Bill (SB) 1340, Senate Draft (SD 1) Relating to Emergency Medical Services (EMS)

I am Manuel P. Neves, Chair of the State Fire Council (SFC). The SFC supports and suggests a revision to SB 1340, SD 1, which enables the Hawaii medical board to certify emergency medical responders other than emergency ambulance personnel.

Approximately 1,400 Emergency Medical Technicians (EMT) in Hawaii are currently certified by the National Registry of Emergency Medical Technicians (NREMT), which is the standard for educational requirements in most states. Over 400,000 individuals are certified by the NREMT.

SB 1340, SD 1 will align the state EMT certification with the NREMT. Suggestions that NREMT-certified EMTs, who are not working on ambulances be licensed as Emergency Medical Responders (EMRs), do not match the education standards or the scope of practice models for EMRs and EMTs as defined by the NREMT.

The level of care provided by fire fighters and lifeguards who are EMT-certified in the prehospital setting currently exceeds the EMR level and includes the majority of the EMT scope of practice. Furthermore, fire fighters and lifeguards who are EMT-certified do participate in the transport of patients (as outlined in the NREMT's description of an EMT), as they regularly assist in the ambulance during the transport of critical patients en route to the hospital.

The Honorable Rosalyn Baker, Chair
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This is a substantial, valuable service that results in no additional direct cost to the recipient and is transparent to the public. Without the passage of SB 1340, SD 1, a significant downgrade in the level of care provided by county and state fire department EMTs would result and negatively impact the outcome of thousands of emergency medical services patients. The language in SB 1340, SD 1 will not adversely affect the level of care or standard of practice provided by certified EMTs who work on an ambulance.

Counterintuitively, the state of Hawaii offers direct reciprocity for paramedics and advanced EMTs, but not at the EMT level. The SFC suggests the creation of a separate level of EMT licensure to recognize and license individuals who have met NREMT requirements for EMT certification, but do not satisfy the Hawaii requirement for an ambulance transport EMT.

The SFC urges your committee's support on the passage of SB 1340, SD 1 with the suggested revision.

Should you have questions, please contact SFC Administrative Specialist Lloyd Rogers at 723-7176 or lrogers@honolulu.gov.

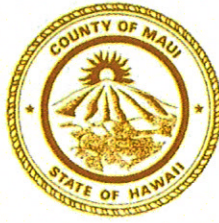
Sincerely,



MANUEL P. NEVES
Chair

MPN/GL:cs

MICHAEL P. VICTORINO
Mayor
DAVID C. THYNE
Fire Chief
BRADFORD K. VENTURA
Deputy Fire Chief



DEPARTMENT OF FIRE & PUBLIC SAFETY
COUNTY OF MAUI
200 DAIRY ROAD
KAHULUI, HI 96732

February 22, 2021

LATE

The Honorable Rosalyn Baker, Chair
Committee on Commerce
and Consumer Protection
The State Senate
State Capitol, Room 230
Honolulu, Hawaii 96813

Dear Chair Baker:

Subject: Senate Bill (SB) 1340, Senate Draft (SD 1) Relating to Emergency Medical Services (EMS)

I am David C. Thyne, member of the State Fire Council (SFC). The SFC supports and suggests revision to SB 1340, SD 1, which enables the Hawaii medical board to certify emergency medical responders other than emergency ambulance personnel.

Approximately 1,400 Emergency Medical Technicians (EMT) in Hawaii are currently certified by the National Registry of Emergency Medical Technicians® (NREMT®), which is the standard for educational requirements in most states. Over 400,000 individuals are certified by the NREMT®.

SB 1340, SD 1, will align the state EMT certification with the NREMT® system. Suggestions that NREMT® certified EMTs who are not working on ambulances be licensed as Emergency Medical Responders (EMRs) does not match the education standards nor the scope of practice models for EMRs and EMTs defined by the NREMT® system.

The level of care provided by certified EMT fire fighters and lifeguards in the pre-hospital setting currently exceeds the EMR level and includes the majority of the EMT scope of practice. Furthermore, certified EMT fire fighters and lifeguards do in fact participate in the transport of patients (as outlined in the NREMT® description of an EMT) as they will regularly assist in the ambulance during transport of critical patients en route to the hospital.

This is a substantial value added service that results in no additional direct cost to the recipient of such service and is transparent to the public. Without the passage of SB 1340, SD 1, a significant

The Honorable Rosalyn Baker, Chair

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downgrade in the level of care provided by county and state fire department EMTs would result and negatively impact outcomes of thousands of EMS patients. Language in SB 1340, SD 1, will not adversely affect the level of care or standard of practice provided by certified EMTs who work on an ambulance.

Counterintuitively, the State of Hawaii offers direct reciprocity for paramedics and advanced EMTs but not at the EMT level. The SFC suggests the creation of a separate level of EMT licensure to recognize and license individuals who have met the NREMT® requirements for EMT certification but do not satisfy the Hawaii requirement for an ambulance transport EMT.

The SFC urge your committee's support on the passage of SB 1340, SD 1 with the suggested revision.

Should you have questions, please contact SFC Administrative Specialist Lloyd Rogers at (808) 723-7176 or lrogers@honolulu.gov.

Sincerely,



DAVID C. THYNE
Fire Chief

SB-1340-SD-1

Submitted on: 2/22/2021 8:58:10 AM

Testimony for CPN on 2/23/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Speedy Bailey	Testifying for AMR	Oppose	No

Comments:

American Medical Response (AMR) respectfully opposes SB 1340 as written.

This bill seeks to change the current standards for Emergency Medical Technician licensing.

These changes significantly deregulate the ambulance industry, confusing both industry stakeholders and the general public. Chapter 453 has served Hawaii EMS well for greater than 40 years. "All EMT's are not created equally" and Hawaii has had a higher standard of training and scope of practice than Nationally Registered EMTs.

Firefighters and Ocean Safety Lifeguards are essential to our EMS System and we respectfully suggest that these Nationally Registered personnel be licensed as "Emergency Medical Responders (EMR)".

Thank You.

SB-1340-SD-1

Submitted on: 2/22/2021 1:06:49 PM

Testimony for CPN on 2/23/2021 9:30:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Christopher Fortuno	Testifying for HDOT AIRPORT FIREFIGHTERS	Support	No

Comments:

SB-1340-SD-1

Submitted on: 2/19/2021 3:45:47 PM

Testimony for CPN on 2/23/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Jones	Individual	Support	No

Comments:

Aloha,

While my involvement with this Bill is directly tied to my career with the Honolulu Fire Department and my certification and licensure as an Advanced EMT I am testifying independently.

The purpose of this bill is to bring the rules guiding EMS licensure in line with any other licensed occupation. In no other field that I am aware of is the license tied to a specific location of practice. Nor does that licensure requirement exclude currently practicing professionals.

The licensure of a physician, nurse, or any other medical professional does not have language stating "in a hospital" or "in an emergency room". If it did there would be constant debate about the legality of Doctors' offices, small rural clinics, and in modern times telemedicine. Yet the licensure of EMS professionals specifically states "Ambulance" this has created confusion for decades and constantly placed in question the licensure of EMS professionals who only use their license in other settings (as a Life Guard, in an ER as a tech, as a Police Officer on a Tactical Team, as a Fire Fighter on a Fire Truck...). Further, what about those EMS professionals who must maintain licensure but work strictly in Administration of an EMS organization or as an educator training future EMS professionals? This language is confusing, and irrelevant.

Regarding the specific licensure of Ocean Safety and Fire Department personnel, there has been discussion that they are "First Responders" or "Emergency Medical Responders" and should not be licensed as EMTs. Please consider, the State of Hawaii offers direct reciprocity for Paramedics and Advanced EMTs but not at the EMT level. This means that with an NREMT certification at the more advanced levels you can obtain state licensure with no additional education or clinical requirements, even though the state curriculum for a Paramedic far exceeds the hours required to obtain that

certification by the NREMT. Why then does an EMT at the Basic level require additional training in I.V. setup, manual Defibrillation and 96 additional hours of clinical experience?

The argument has been made that to allow reciprocity for EMT licensure of NREMT EMTs would lower the training standard in Hawaii and negatively impact a system that has functioned for decades in providing the highest level of care to Hawaii's citizens. I would agree with the quality of care and skills of current providers but counter that the employer is always able to require/provide additional training it feels is necessary to its employees.

The laws governing State licensure should be ethical and logical. They should ensure a minimum standard of education and competency that is justifiable. Licensure regulations should not be worded in such a way that a practicing professional is unable to utilize that license for the benefit of the public in all appropriate settings.

I submit this testimony with immense respect for the EMS professionals currently practicing and those who came before. EMS is an underappreciated and undercompensated profession and those who have dedicated their lives to EMS are unsung heroes. I ask only that we recognize that EMS has evolved, as have other professions. The call volume for Fire Departments around the world is nearly 75% medical calls. Please ensure that licensure is provided to all EMS professionals and is done so ethically and in a logical manner.

Mahalo

SB-1340-SD-1

Submitted on: 2/21/2021 8:50:13 PM

Testimony for CPN on 2/23/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Thinh Nguyen, M.D.	Individual	Support	No

Comments:

I am Thinh Nguyen, M.D. I am a board-certified emergency physician and have been involved in emergency medical services for over 25 years. I have worked in Hawaii for the last 19 years.

I am currently the medical director for the Honolulu Fire Department. I support Senate Bill 1340. There was a "Reassessment of Emergency Medical Services" for the State of Hawaii published by the National Highway Traffic Safety Administration Technical Assistance Team (NTSB) in October 2019 which stated the following:

Recommendations: The Legislature should: 1) Update the existing statute based on input from the Branch and stakeholders. 2) Allow licensed EMS personnel to work in non-ambulance health care settings using their State-issued EMS license. 3) DCCA and/or the Hawaii Medical Board should issue a license to qualified applicants for EMS licensure (EMD, EMR, EMTB, AEMT, and Paramedic) irrespective of whether they are employed by an ambulance provider.

Please consider the recommendations of the NTSB in 2019 and support Senate Bill 1340.

Sincerely,

Thinh Nguyen, M.D.

SB-1340-SD-1

Submitted on: 2/20/2021 7:49:36 AM

Testimony for CPN on 2/23/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David Kingdon	Individual	Oppose	No

Comments:

Legislators:

This bill *starts off with the right language*: EMS certification needing to be more inclusive of types of providers who work outside of a traditional ambulance or transport-capable service; however the *subsequent language is highly flawed* and thus I cannot support it in its current form.

First responders *should* be certified and licensed by the State of Hawaii, but as **Emergency Medical Responders (EMR)**. This is the most appropriate national level according to both National EMS education standards and National scope of practice, as well as in comparison to historical references to first responders in Hawaii statutes.

Standards for certification and licensure of Emergency Medical Technicians (EMT) should not be substantially changed. Whether intentionally or inadvertently, the language of this bill would have the effect of *substantially lowering* the standard for EMTs in the state. It is critically important for EMTs to continue operating at a highly competent level as capable partners to our paramedics in Hawaii's statewide advanced life support (ALS) system of care.

Additionally, and unfortunately omitted from this bill, 9-1-1 call-takers and dispatchers who are assigned medical cases should be certified and licensed by the State of Hawaii, as **Emergency Medical Dispatchers (EMD)**. These personnel are actually the 'first' first responders. When properly trained and credentialed, they systematically and effectively elicit key information from the callers, and even relay live saving post-dispatch and pre-arrival instructions by phone, text, or TTY.

Thank you for your consideration.

David Kingdon, MPH, Paramedic

February 22, 2021

Senator Rosalyn Baker
Chairwoman, Committee on Consumer Protection and Commerce
Hawaii State Capitol, Conference Room 229
415 South Beretania Street
Honolulu, Hawaii 96813



Re: Testimony Commenting on SB 1340

Dr. Senator Baker,

I formerly practiced as an emergency physician, including as the Chief of Emergency Medicine (for 10 years) at The Queen's Medical Center in Honolulu for 19 years. Of more relevance is my history of involvement with Emergency Medical Services (EMS) in Hawaii since 1976, and I continue to serve as a Medical Director within EMS. From these perspectives, I would like to comment on SB 1340 relating to proposed changes to Emergency Medical Services.

Ever since EMS was born over a half-century ago, standardization has been a challenge. In 1970, the National Highway Traffic Safety Administration (NHTSA) was formed and included a mission to develop an EMS system. Numerous advancements have been made to the original "EMS Agenda for the Future", and most recently NHTSA created the "National Scope of Practice Model 2019". That document provides clear explanations of the differences between licensure, certification, education, and credentialing. It also provides comprehensive descriptions of the roles, skills, education requirements, and levels of supervision (among other attributes) of the four levels of providers they recognize in EMS:

- **Emergency Medical Responder (EMR)**
- **Emergency Medical Technician (EMT)**
- **Advanced Emergency Medical Technician (AEMT)**
- **Paramedic**

Aligned with the national scope of practice, the National Registry of Emergency Medical Technicians (NREMT) provides certification and recertification requirements for each of these roles described in NHTSA's National Scope of Practice Model. Hawaii, similar to 45 other states in the U.S., holds NREMT certification as a standard measure of competence in EMS.

What is clearly known among national EMS professionals is that, both the NREMT and NHTSA are aligned in their definitions of the roles that an EMR and an EMT should serve within modern EMS systems. For reference, included here are descriptions from both of those agencies that clarify the differences an EMR and an EMT and how they function within EMS systems.

NREMT's Descriptions:

*"**Emergency Medical Responders** provide immediate lifesaving care to critical patients who access the emergency medical services system. EMRs have the knowledge and skills necessary to provide immediate lifesaving interventions while awaiting additional EMS resources to arrive. EMRs also provide assistance to higher-level personnel at the scene of emergencies and during transport. Emergency Medical Responders are a vital part of the comprehensive EMS response. Under medical oversight, Emergency Medical Responders perform basic interventions with minimal equipment."*

*"**Emergency Medical Technicians** provide out of hospital emergency medical care and transportation for critical and emergent patients who access the emergency medical services (EMS) system. EMTs have the basic knowledge and skills necessary to stabilize and safely transport patients ranging from non-emergency and routine medical transports to life threatening emergencies. Emergency Medical Technicians function as part of a comprehensive EMS response system, under medical oversight. Emergency Medical Technicians perform interventions with the basic equipment typically found on an ambulance."*

NHTSA's Descriptions:

*"The **EMR** is an out of hospital practitioner whose primary focus is to initiate immediate lifesaving care to patients while ensuring patient access to the emergency medical services system. EMRs possess the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and rely on an EMS or public safety agency or larger scene response that includes other higher-level medical personnel. When practicing in less populated areas, EMRs may have a low call volume coupled with being the only care personnel for prolonged periods awaiting arrival of higher levels of care. EMRs may assist, but should not be the highest-level person caring for a patient during ambulance transport."*

*"An **EMT** is a health professional whose primary focus is to respond to, assess and triage emergent, urgent, and non-urgent requests for medical care, apply basic knowledge and skills necessary to provide patient care and medical transportation to/from an emergency or health care facility. Depending on a patient's needs and/or system resources, EMTs are sometimes the highest level of care a patient will receive during an ambulance transport. EMTs often are paired with higher levels of personnel as part of an ambulance crew or other responding group."*

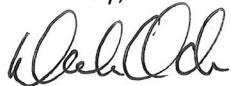
However, it appears that despite these clarifications, Hawaii EMS continues to transform in a direction that veers away from these national standards. Clearly, some of the deviations were created out of necessity to maintain effective operations in the past because many EMS systems nationally evolved more slowly than the advanced system we developed in Hawaii. For example, AEMTs were non-existent decades ago (and are still not part of Hawaii EMS operations) but we adapted to our needs by having our EMTs working on ambulances to provide more assistance for their Paramedic partners. To obtain a higher level of efficiency with a single Paramedic on an ambulance, EMTs in Hawaii were able to help provide a higher standard of care with more training and permission to start IVs and manually defibrillate (under the supervision of a Paramedic) in addition to their basic life support skills. Our system,

although it evolved differently, and likely faster than most others in the country, has served the community very well for more than 40 years.

Today, Hawaii recognizes three levels of providers. Our state has chosen to recognize an AEMT level provider (even though none of the EMS agencies in Hawaii uses AEMTs) but we still do not recognize an EMR level of licensure. The latter is especially curious since the role of an EMR defined by both NHTSA and NREMT match the unmistakable role that hundreds if not thousands of first responders including firefighters, water safety, and others have performed daily for decades within our EMS system, which is to *“provide immediate life-saving interventions while awaiting additional EMS resources to arrive”*, and not to *“provide patient care and medical transportation”* (which are the function of EMTs). Instead, we seem to be trying to license, and require education and certification requirements to pre-arrival first responders inappropriately for the roles they play on our teams.

Rather than risking a major upheaval of the EMS system in Hawaii, I highly recommend that we take this opportunity to instead try to bring our well-functioning EMS system into more alignment with national standards. There already exists meticulously planned and well-defined documents which are recognized by the vast majority of the country. It is hard for me to understand why we have not yet adapted to a system that has been developed over decades and recommended by national experts across the country. If we did that instead, I believe it would be the best and most efficient approach to take. Please re-think the passage of SB1340 and rather, integrate established national standards to advance our great EMS system in Hawaii. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dale Oda', written in a cursive style.

Dale Oda, M.D.