

Testimony of the Hawaii Medical Board

**Before the
House Committee on Consumer Protection & Commerce
Wednesday, February 17, 2021
2:00 p.m.
Via Videoconference**

**On the following measure:
H.B. 214, H.D. 1, RELATING TO EMERGENCY MEDICAL SERVICES**

Chair Johanson and Members of the Committee:

My name is Dorene Eddy, Program Specialist, testifying for Ahlani Quiogue, Executive Officer of the Hawaii Medical Board (Board). The Board appreciates the intent of and offers comments on this bill.

The purpose of this bill is to allow emergency medical personnel who successfully complete National Registry of Emergency Medical Technicians (NREMT) certification to be qualified to perform emergency medical services as emergency medical technicians (EMT).

This bill allows proof of current certification from the 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.

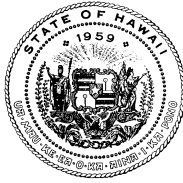
Thank you for the opportunity to testify on this bill.

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.



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WRITTEN
TESTIMONY ONLY

**Testimony COMMENTING on H.B. 214 H.D. 1
RELATING TO EMERGENCY MEDICAL SERVICES**

REPRESENTATIVE AARON LING JOHANSON, CHAIR
HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE
Hearing Date: 2/17/2021 Room Number: Videoconference

- 1 **Fiscal Implications:** The Department of Health defers to the Department of Commerce and
- 2 Consumer Affairs and the Hawaii Medical Board regarding the implementation and fiscal
- 3 impacts of this bill.

- 4 **Department Testimony:** The Department of Health provides comments on H.B. 214 H.D. 1.
- 5 This bill seeks changes to Hawaii Revised Statutes, Chapter 453, Part II: Emergency Medical
- 6 Service Personnel regarding standards for Basic Emergency Medical Technician (EMT)
- 7 certification. The measure appears to change the current educational criteria for certification as a
- 8 Basic EMT.

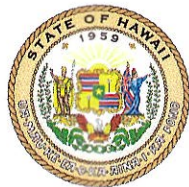
- 9 The Department recommends all individuals practicing as Basic EMTs be licensed. This
- 10 measure appears to reduce the current Basic EMT licensure requirements. If this is the intent,
- 11 the Department strongly recommends continuing the additional training and added competences
- 12 for licensure of Basic EMTs practicing as ambulance service personnel.

- 13 However, we believe the measure may create two levels of basic EMTs. The department
- 14 supports licensure of anyone practicing as a Basic EMT.

- 15 Thank you for the opportunity to testify on this measure.

DAVID Y. IGE
GOVERNOR

JOSH GREEN
LIEUTENANT GOVERNOR



ANNE E. PERREIRA-EUSTAQUIO
DIRECTOR

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February 16, 2021

The Honorable Aaron Ling Johanson, Chair
Committee on Consumer Protection
and Commerce
House of Representatives
State Capitol, Room 436
Honolulu, Hawaii 96813

Dear Chair Johanson:

Subject: House Bill (HB) 214, House Draft (HD 1) Relating to Emergency Medical Services (EMS)

I am Manuel P. Neves, Chair of the State Fire Council (SFC), and Fire Chief of the Honolulu Fire Department (HFD). The SFC and the HFD support HB 214, HD 1, which enables the Hawaii medical board to certify emergency medical responders other than emergency ambulance personnel.

County and state fire departments are an integral component of Hawaii's EMS system and expected to correspond and be dispatched by Hawaii's E-911 system to provide emergency medical care. In addition, the Revised Charter of the City and County Honolulu mandates the HFD to "provide emergency medical care."

Approximately 80 percent of the HFD's 1,100+ fire fighters are currently certified by the National Registry of Emergency Medical Technicians, which is the standard for educational requirements in most states. Of the 58,000 incidents the HFD responded to in 2019, 69 percent were EMS-related. Without the passage of HB 214, HD 1, a substantial downgrade in the level of care provided by county and state fire department Emergency Medical Technicians (EMT) would result and negatively impact the outcomes of thousands of EMS patients.

The Honorable Aaron Ling Johanson, Chair
Page 2
February 16, 2021

HB 214, HD 1, will allow the state to have a degree of oversight regarding training and performance by county and state fire department EMTs. In addition, it will supply the state with approximately 1,400 additional licensed EMTs in the event of a mass disaster.

The SFC and the HFD urge your committee's support on the passage of HB 214, HD 1.

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

HB-214-HD-1

Submitted on: 2/16/2021 8:34:21 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Speedy Bailey	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!

HB-214-HD-1

Submitted on: 2/13/2021 2:43:57 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

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 last 19 years.

I am currently the medical director for the Honolulu Fire Department. I support House Bill 214. 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 House Bill 214.

Sincerely,

Thinh Nguyen, M.D.

HB-214-HD-1

Submitted on: 2/14/2021 10:01:05 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

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 "on an 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 respond 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

HB-214-HD-1

Submitted on: 2/15/2021 8:19:48 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
JOSE SAA	Individual	Comments	No

Comments:

Aloha Legislators,

My name is Jose Saa, Hawaii Paramedic and President of Maui County Paramedics Association. I have been providing emergency care since the age of 19 years old and I remain passionate on my public service. During my 21 years of service, I expanded my training to Fire-fighting and Critical Care Flight Medicine. I would like express a topic of concern on behalf of all emergency medical providers. Certain employers in Hawaii have placed a Non-Compete rule to limit us to seek outside of company employment. I humbly request to guide me to assist in submitting a Bill to Ban Non-Compete Agreements for emergency medical providers. This law currently exist for employees of technology businesses. Act 158 , "Prohibits noncompete and nonsolicit clauses in employment contracts relating to employees of a technology business. ([HB1090 CD1](#))"

In Hawaii, especially outer islands, we are limited as is for EMS providers choice of employment, and to be more specific, my employer is further limiting our employment opportunities with Air Medical Services. We are already short for Ground Paramedics, but even more so with Flight Paramedics that have advanced training for providing Critical Care in air medical services. This type of service is unique and not many existing paramedics are capable of providing this service. The paramedics that have chosen to specialize in air transports, learned how to manage equipment (examples- ventilators/pumps/arterial lines) and have expanded knowledge and scope of administering medications thus creating a mobile flight ICU to safely transfer patients to hospitals that will provide the special services that outer islands cannot provide.

I also noticed SB 1340, further attempting to expand the certification of EMS. I am not For or Against this Bill. However, I am deeply concerned for our loved ones by allowing more basic providers instead of enhancing our training. Another concern is our financial well-being due to competing with more employees and not able to seek employment with more than one company. Along with SB1340, I am kindly asking to please, please

consider Banning Non-Compete Agreements for EMS providers, and this would also allow those that are specialized trained in Critical Care Transports to deliver the life-saving services that our families, friends, visitors, and communities deserve.

Mahalo for all the service and dedication you have provided to our communities.

February 15, 2021

Representative Aaron Ling Johanson
Chairman, Committee on Consumer Protection and Commerce
Hawaii State Capitol, Conference Room 329
415 South Beretania Street
Honolulu, Hawaii 96813

Re: Testimony Commenting on SB 1340

Dr. Representative Johanson,

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 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 to 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 HB214 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.

HB-214-HD-1

Submitted on: 2/16/2021 9:32:04 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

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

Comments:

While I appreciate the intent of this bill to be more inclusive of first responders, I have concerns about the content and implication of its current language. Contrary to national recommendations to license at least (5) levels of practice: Emergency Medical Dispatcher (EMD), Emergency Medical Responder (EMR), basic and advanced Emergency Medical Technician (EMT and AEMT), and Paramedic, currently the State of Hawaii only licenses (3) levels: EMT, AEMT, and Paramedic. The rationale for the most recent addition, AEMT, was baffling in comparison to the need for EMD and especially EMR. Whereas there are at the most a handful of AEMTs in the state, no state training curriculum for AEMT, and no scope of practice for AEMT, there are hundreds - probably thousands - of EMRs in the state, as well as many EMDs. This is what is needed: State of Hawaii licensure for EMR (and EMDs). Further, *EMR* is the most appropriate and intended level of licensure and practice for First Responders. This is reinforced by national standards as well as some mention of first responders in HRS. We do not need to change certification standards in Hawaii for EMT, nor do we need to have (2) different levels of EMT would likely confuse matters more. What our state needs for EMS certification is more clarity and consistency covering all levels of prehospital practice: EMD, EMR, EMT, Paramedic. Thank you for your consideration. -- David Kingdon, MPH, Paramedic

HB-214-HD-1

Submitted on: 2/16/2021 11:14:02 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Curt S. Morimoto	Individual	Oppose	No

Comments:

This bill is confusing as it doesn't clarify certification differentiation on an EMT able to work on an ambulance and one who doesn't. Language needs work. National Reistry courses have less training hours. Please do not approve for advancement as this is NOT NECESSARY at this time. Thank you.

HB-214-HD-1

Submitted on: 2/16/2021 1:55:56 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Dennis Ma'ele	Individual	Oppose	No

Comments:

February 16, 2021

The Honorable Representative Ryan Yamane, Chair
Committee on Health, Human Services and Homelessness
State House of Representatives State Capitol,
Honolulu, Hawaii 96813

Dear Chair Yamane:

Subject: House Bill 214 Relating to Emergency Medical Services

Thank you for this opportunity. I oppose H.B. No. 214. This bill deregulates the ambulance industry and confuses both the industry and the public.

The current state license requirement for EMTs accomplishes several important goals including, but not limited to,

- identify license holders meeting the NREMT requirements AND Hawaii State requirements (trained in Intravenous therapy, Cardiac Defibrillation, and an additional 96 hours of clinical training experience),

- uphold the long tradition of providing EMT level of care that exceeds the NREMT and has always added to rendering Hawaii's EMS system as robust and resilient, at any stage in its history.
- that like the National Highway Traffic Safety Administration's, National EMS Scope of Practice Model, carries intent that EMTs are part of the transportation component from scene to the emergency health care system,
- Ensures that when the community sees a Hawaii State EMT patch or license they are undoubtedly getting one of the highest levels of EMTs in the nation.

Not all EMTs are the same, and to designate two clearly different levels of training, skills, and knowledge as the same thing (EMTs) will bring confusion to the industry and public. Every component of a broad EMS system is important, and I agree to giving due recognition for those providing care in our EMS community that have not met Hawaii State EMT requirements. But a designation other than EMT will serve the public and the ambulance industry best.

Sincerely,

Dennis Ma'ele.