

Dear Senators VANORDEN, Zuiderveld, Wintrow, and
Representatives VANDER WOUDE, Erickson, Chew:

The Legislative Services Office, Research and Legislation, has received the enclosed rules of
the Department of Health and Welfare:

IDAPA 16.02.02 - Idaho Emergency Medical Services (EMS) Physician Commission (ZBR Chapter
Rewrite) - Proposed Rule (Docket No. 16-0202-2301).

Pursuant to Section 67-454, Idaho Code, a meeting on the enclosed rules may be called by the
cochairmen or by two (2) or more members of the subcommittee giving oral or written notice to Research
and Legislation no later than fourteen (14) days after receipt of the rules' analysis from Legislative
Services. The final date to call a meeting on the enclosed rules is no later than 10/20/2023. If a meeting is
called, the subcommittee must hold the meeting within forty-two (42) days of receipt of the rules' analysis
from Legislative Services. The final date to hold a meeting on the enclosed rules is 11/17/2023.

The germane joint subcommittee may request a statement of economic impact with respect to a
proposed rule by notifying Research and Legislation. There is no time limit on requesting this statement,
and it may be requested whether or not a meeting on the proposed rule is called or after a meeting has
been held.

To notify Research and Legislation, call 334-4854, or send a written request to the address on the
memorandum attached below.



Terri Kondeff
Director

Legislative Services Office

Idaho State Legislature

Serving Idaho's Citizen Legislature

MEMORANDUM

TO: Rules Review Subcommittee of the Senate Health & Welfare Committee and the House Health & Welfare Committee
FROM: Senior Legislative Drafting Attorney - Jill Randolph
DATE: October 02, 2023
SUBJECT: Department of Health and Welfare

IDAPA 16.02.02 - Idaho Emergency Medical Services (EMS) Physician Commission (ZBR Chapter Rewrite) - Proposed Rule (Docket No. 16-0202-2301)

Summary and Stated Reasons for the Rule

The Department of Health and Welfare submits notice of proposed rulemaking at IDAPA 16.02.02. The Department notes this is a Zero-Based Regulation ("ZBR") chapter rewrite pursuant to Executive Order 2020-01. Accordingly, the Department states this rulemaking is intended to streamline and simplify existing rules previously submitted and reviewed by the Legislature regarding the Idaho Emergency Medical Services Physician Commission.

Negotiated Rulemaking / Fiscal Impact

The agency states that negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules - Negotiated Rulemaking was published in the May 3, 2023 edition of the Idaho Administrative Bulletin. There is no anticipated negative fiscal impact to the General Fund.

Statutory Authority

This rulemaking appears to be authorized pursuant to Section 56-1023, Idaho Code.

cc: Department of Health and Welfare
Frank Powell and Trinette Middlebrook

*** PLEASE NOTE ***

Per the Idaho Constitution, all administrative rules may be reviewed by the Legislature during the next legislative session. The Legislature has 3 options with this rulemaking docket: **1)** Approve the docket in its entirety; **2)** Reject the docket in its entirety; or **3)** Reject the docket in part.

Paul Headlee, Deputy Director Kristin Ford, Manager Keith Bybee, Manager April Renfro, Manager Norma Clark, Manager
Legislative Services Office Research & Legislation Budget & Policy Analysis Legislative Audits Information Technology

Statehouse, P.O. Box 83720
Boise, Idaho 83720-0054

Tel: 208-334-2475
legislature.idaho.gov

IDAPA 16 – DEPARTMENT OF HEALTH AND WELFARE
16.02.02 – IDAHO EMERGENCY MEDICAL SERVICES (EMS) PHYSICIAN COMMISSION
DOCKET NO. 16-0202-2301 (ZBR CHAPTER REWRITE)
NOTICE OF RULEMAKING – PROPOSED RULE

AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Sections 56-1013A, and 56-1023, Idaho Code.

PUBLIC HEARING SCHEDULE: A public hearing concerning this rulemaking will be held as follows:

| |
|--|
| VIRTUAL TELECONFERENCE Via WebEx |
| Friday, September 8, 2023 1:00 p.m. - 3:00 p.m. (MT) |
| Join from the meeting link https://idhw.webex.com/idhw/j.php?MTID=m53b8e38c43a0ad62ef739ff2c479b55c |
| Join by meeting number Meeting number (access code): 2763 328 2701 Meeting password: pU2Wp22gmwd (78297224 from phones and video systems) |
| Join by phone +1-415-527-5035 United States Toll +1-303-498-7536 United States Toll (Denver) |

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below. Each meeting will conclude after 30 minutes if no participants sign in or wish to comment in the meeting.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

Under [Executive Order 2020-01: Zero-Based Regulation](#), the Department is striving to prevent the accumulation of costly, ineffective, and outdated regulations and reduce regulatory burden to achieve a more efficient operation of government. The rule changes are intended to perform a comprehensive review of this chapter by collaborating with the public to streamline or simplify this rule language.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased:

This chapter contains no fees or charges.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year as a result of this rulemaking:

This rulemaking is not anticipated to have any fiscal impact on the State General Fund, or any other known funds.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(1), Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules - Negotiated Rulemaking was published in the May 3, 2023, Idaho Administrative Bulletin, [Vol. 23-5, pages 146 and 147](#).

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule:

This chapter incorporates by reference the revised Idaho Emergency Medical Services (EMS) Physician Commission Standards Manual, edition 2024-1. This document is incorporated by reference to save space in the chapter and ensure that it continues to have the force and effect of law.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Jathan Nalls at 208-334-4007.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before September 27, 2023.

DATED this 4th day of August, 2023.

Trinette Middlebrook and Frank Powell
DHW - Administrative Rules Unit
450 W. State Street - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5500 phone; (208) 334-6558 fax
dhwrules@dhw.idaho.gov email

**THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 16-0202-2301
(ZBR Chapter Rewrite)**

16.02.02 – IDAHO EMERGENCY MEDICAL SERVICES (EMS) PHYSICIAN COMMISSION

000. LEGAL AUTHORITY.

~~Under Sections 56-1013A and 56-1023, Idaho Code, the Idaho Emergency Medical Services (EMS) Physician Commission is authorized to promulgate these rules for the purpose of to establishing standards for scope of practice and medical supervision for licensed personnel, air medical, ambulance services, and nontransport agencies licensed by the Department of Health and Welfare.~~
(3-17-22)()

001. TITLE AND SCOPE. (RESERVED)

~~01. Title. The title of these rules is IDAPA 16.02.02, "Idaho Emergency Medical Services (EMS) Physician Commission."~~
(3-17-22)

~~02. Scope. The scope of these rules is to define the allowable scope of practice, acts, and duties that can be performed by persons licensed as emergency medical services personnel by the Department of Health and Welfare Bureau of Emergency Medical Services and Preparedness and to define the required level of supervision by a physician.~~
(3-17-22)

002. INVESTIGATIONS.

01. Physician Professional Disciplinary Enforcement Investigations. ~~The provisions of~~ Section 54-1806A, Idaho Code, governs investigation of complaints regarding physicians. (3-17-22)()

02. EMS Personnel and EMS Agency Complaint Investigations. ~~The provisions of~~ IDAPA 16.01.12, "Emergency Medical Services (EMS) -- Complaints, Investigations, and Disciplinary Actions," govern investigation of complaints regarding licensed EMS personnel and EMS Agencies. (3-17-22)()

003. INCORPORATION BY REFERENCE.

~~The Idaho Emergency Medical Services (EMS) Physician Commission EMSPC has adopted~~ incorporated by reference the Idaho Emergency Medical Services (EMS) Physician Commission Standards Manual, edition 2020-1; ~~and hereby incorporates this Standards Manual by reference.~~ Copies of the manual may be obtained on the Internet are available at <https://healthandwelfare.idaho.gov/about-dhw/boards-councils-committees/ems-physician-commission> or from the Bureau of Emergency Medical Services and Preparedness located at 2224 East Old Penitentiary Road, Boise, ID, 83712-8249; ~~whose the~~ mailing address is P.O. Box 83720, Boise, Idaho 83720-0036. (3-17-22)()

004. EMS COMPLAINTS.

~~The provisions of~~ IDAPA 16.01.12, "Emergency Medical Services (EMS) -- Complaints, Investigations, and Disciplinary Actions," governs the confidentiality of the investigation of complaints regarding licensed EMS personnel. (3-17-22)()

005. -- 009. (RESERVED)

010. DEFINITIONS.

In addition to the applicable definitions in Section 56-1012, Idaho Code, and IDAPA 16.01.02, "Emergency Medical Services (EMS) -- Rule Definitions," the following terms are used in ~~this chapter as defined below~~ these rules: (3-17-22)()

01. Credentialed EMS Personnel. Individuals ~~who are~~ authorized to provide medical care by the EMS medical director, hospital supervising physician, or medical clinic supervising physician. (3-17-22)()

02. Credentialing. The local process by which licensed EMS personnel are authorized to provide medical care in the out-of-hospital, hospital, and medical clinic setting, including the determination of a local scope of practice. ()

03. Designated Clinician. A ~~licensed~~ Physician Assistant (PA) or Nurse Practitioner designated by the EMS medical director, hospital supervising physician, or medical clinic supervising physician ~~who is~~ responsible for direct (on-line) medical supervision of licensed EMS personnel in the temporary absence of the EMS medical director. (3-17-22)()

04. Direct (On-Line) Supervision. Contemporaneous instructions and directives about a specific patient encounter provided by a physician or designated clinician to licensed EMS personnel ~~who are~~ providing medical care. (3-17-22)()

05. Emergency Medical Services (EMS). Under Section 56-1012(12), Idaho Code, emergency medical services or EMS is aid rendered by an individual or group of individuals who do the following: ()

a. Respond to a perceived need for medical care ~~in order~~ to prevent loss of life, aggravation of physiological or psychological illness, or injury; (3-17-22)()

b. Are prepared to provide interventions that are within the scope of practice ~~as defined by the Idaho Emergency Medical Services Physician Commission (EMSPC);~~ under IDAPA 16.02.02, "Idaho Emergency Medical Services (EMS) Physician Commission"; (3-17-22)()

c. Use an alerting mechanism to initiate a response to requests for medical care; and ()

d. Offer, advertise, or attempt to respond as described in Section 56-1012(12), (a) through (c), Idaho

- Code. ()
- e. Aid rendered by a ski patroller, as described in Section 54-1804(1)(h), Idaho Code, is not EMS. ()
- 06. Emergency Medical Services (EMS) Bureau.** The Bureau of Emergency Medical Services (EMS) and Preparedness ~~of for the Idaho Department of Health and Welfare.~~ (3-17-22)()
- 07. Emergency Medical Services (EMS) Physician Commission (EMSPC).** The Idaho Emergency Medical Services Physician Commission as created under Section 56-1013A, Idaho Code, ~~hereafter referred to as "the Commission."~~ (3-17-22)()
- 08. EMS Agency.** An organization licensed by the EMS Bureau to provide emergency medical services in Idaho. ()
- 09. EMS Medical Director.** A physician who supervises the medical activities of licensed personnel affiliated with an EMS agency. ()
- 10. Hospital.** A facility in Idaho licensed under Sections 39-1301 through 39-1314, Idaho Code, and defined in Section 39-1301(a)(1), Idaho Code. ()
- 11. Hospital Supervising Physician.** A physician who supervises the medical activities of licensed EMS personnel while employed or utilized for delivery of services in a hospital. ()
- 12. Indirect (Off-Line) Supervision.** The medical supervision, provided by a physician, to licensed EMS personnel who are providing medical care including EMS system design, education, quality management, patient care guidelines, medical policies, and compliance. (3-17-22)()
- 13. License.** A license issued by the EMS Bureau to an individual for a specified period ~~of time~~ indicating that minimum standards corresponding to one (1) of several levels of EMS proficiency have been met. (3-17-22)()
- 14. Licensed EMS Personnel.** Individuals who possess a valid license issued by the EMS Bureau. ()
- 15. Medical Clinic.** A place devoted primarily to the maintenance and operation of facilities for outpatient medical, surgical, and emergency care of acute and chronic conditions or injury. ()
- 16. Medical Clinic Supervising Physician.** A physician who supervises the medical activities of licensed EMS personnel while employed or utilized for delivery of services in a medical clinic. ()
- 17. Medical Supervision.** The advice and direction provided by, ~~or under the direction of a physician,~~ or under the direction of a physician, to licensed EMS personnel who are providing medical care, including direct and indirect supervision. (3-17-22)()
- 18. Medical Supervision Plan.** The written document describing the provisions for medical supervision of licensed EMS personnel. ()
- 19. Nurse Practitioner.** An Advanced Practice Professional Nurse, licensed ~~in the category of as a~~ Nurse Practitioner, ~~as defined in under~~ IDAPA 24.34.01, "Rules of the Idaho Board of Nursing." (3-17-22)()
- 20. Out-of-Hospital.** Any setting outside of a hospital, including inter-facility transfers, in which the provision of emergency medical services may take place. ()
- 21. Physician.** ~~In accordance with Under~~ Section 54-1803, Idaho Code, a person who holds a current active license issued by the Board of Medicine to practice medicine and surgery, osteopathic medicine and surgery, or osteopathic medicine in Idaho and is in good standing with no restriction upon, or actions taken against, their license.

(3-17-22)()

22. **Physician Assistant.** A person who meets ~~all the applicable~~ requirements to practice as a licensed physician assistant under Title 54, Chapter 18, Idaho Code, and IDAPA 24.33.02, “Rules for the Licensure of Physician Assistants.” (3-17-22)()

011. -- 094. (RESERVED)

095. GENERAL PROVISIONS.

01. **Practice of Medicine.** ~~This chapter does not~~ These rules may authorize the practice of medicine ~~or any of its branches by a person not licensed to do so by the Board of Medicine~~ by licensed EMS personnel practicing within their defined scope of practice. (3-17-22)()

02. **Patient Consent.** The provision or refusal of consent for individuals receiving emergency medical services ~~is governed by~~ under Title 39, Chapter 45, Idaho Code. (3-17-22)()

03. **System Consistency.** All EMS medical directors, hospital supervising physicians, and medical clinic supervising physicians must collaborate to ensure EMS agencies and licensed EMS personnel have protocols, policies, standards of care, and procedures that are consistent and compatible with one another. ()

096. -- 099. (RESERVED)

100. GENERAL DUTIES OF EMS PERSONNEL.

01. **General Duties.** General duties of EMS personnel include the following: ()

a. Licensed EMS personnel must possess a valid license issued by the EMS Bureau equivalent to or higher than the scope of practice authorized by the EMS medical director, hospital supervising physician, or medical clinic supervising physician. ()

b. Licensed EMS personnel must only provide patient care for which they have been trained, based on curricula or specialized training approved ~~according to~~ under IDAPA 16.01.07, “Emergency Medical Services (EMS) -- Personnel Licensing Requirements,” or additional training approved by the hospital or medical clinic supervising physician. (3-17-22)()

c. Licensed EMS personnel must not perform a task ~~(s) or tasks~~ within their scope of practice that ~~have~~ has been specifically prohibited by their EMS medical director, hospital supervising physician, or medical clinic supervising physician. (3-17-22)()

d. Licensed EMS personnel that possess a valid credential issued by the EMS medical director, hospital supervising physician, or medical clinic supervising physician are authorized to provide services when representing an Idaho EMS agency, hospital, or medical clinic and under any ~~one~~ (1) of the following conditions: (3-17-22)()

i. When part of a documented, planned deployment of personnel resources approved by the EMS medical director, hospital supervising physician, or medical clinic supervising physician; ~~or~~ (3-17-22)()

ii. When, in a manner approved by the EMS medical director, hospital supervising physician, or medical clinic supervising physician, administering first aid or emergency medical attention ~~in accordance with~~ under Section 5-330 or 5-331, Idaho Code, without expectation of remuneration; or (3-17-22)()

iii. When participating in a training program approved by the EMS Bureau, the EMS medical director, hospital supervising physician, or medical clinic supervising physician. ()

02. **Scope of Practice.** ()

- a. The ~~Commission~~ EMSPC maintains an “EMS Physician Commission Standards Manual” that: (3-17-22)()
 - i. Establishes the scope of practice of licensed EMS personnel; and ()
 - ii. Specifies the type and degree of medical supervision for specific skills, treatments, and procedures by level of EMS licensure. ()
- b. The ~~Commission~~ EMSPC will consider the United States Department of Transportation's National EMS Scope of Practice Model when preparing or revising the standards manual ~~described in~~ under Subsection 100.02.a. of this rule; (3-17-22)()
- c. The scope of practice established by the EMS ~~PC Physician Commission~~ determines the objectives of applicable curricula and specialized education of licensed EMS personnel; (3-17-22)()
- d. The scope of practice does not define a standard of care, nor does it define what should be done in a given situation; ()
- e. Licensed EMS personnel must not provide out-of-hospital patient care that exceeds the scope of practice established by the ~~Commission~~ EMSPC; (3-17-22)()
- f. Licensed EMS personnel must be credentialed by the EMS medical director, hospital supervising physician, or medical clinic supervising physician to be authorized for their scope of practice; ()
- g. The credentialing of licensed EMS personnel affiliated with an EMS agency, ~~in accordance with~~ under IDAPA 16.01.03, “Emergency Medical Services (EMS) -- Agency Licensing Requirements,” must not exceed the licensure level of that EMS agency; and (3-17-22)()
- h. The patient care provided by licensed EMS personnel must conform to the Medical Supervision Plan as authorized by the EMS medical director, hospital supervising physician, or medical clinic supervising physician. ()

101. -- 199. (RESERVED)

200. EMS MEDICAL DIRECTOR, HOSPITAL SUPERVISING PHYSICIAN, AND MEDICAL CLINIC SUPERVISING PHYSICIAN QUALIFICATIONS.

The EMS Medical Director, Hospital Supervising Physician, and Medical Clinic Supervising Physician must: ()

01. Accept Responsibility. Accept responsibility for the medical direction and medical supervision of the activities provided by licensed EMS personnel. ()

02. Complete Medical Director Training. Complete any required Medical Director training within one (1) year of appointment. ()

023. Maintain Knowledge of EMS Systems. Obtain and maintain knowledge of the contemporary design and operation of EMS systems. ()

034. Maintain Knowledge of Idaho EMS. Obtain and maintain knowledge of Idaho EMS laws, regulations, and standards manuals. ()

201. -- 299. (RESERVED)

300. EMS MEDICAL DIRECTOR, HOSPITAL SUPERVISING PHYSICIAN, AND MEDICAL CLINIC SUPERVISING PHYSICIAN RESPONSIBILITIES AND AUTHORITY.

01. Documentation of Written Agreement. The EMS medical director must document a written

agreement with the EMS agency to supervise licensed EMS personnel and provide such documentation to the EMS Bureau annually and upon request. ()

02. Approval for EMS Personnel to Function. ()

a. The explicit approval of the EMS medical director, hospital supervising physician, or medical clinic supervising physician is required for licensed EMS personnel under their supervision to provide medical care. ()

b. The EMS medical director, hospital supervising physician, or medical clinic supervising physician may credential licensed EMS personnel under their supervision with a limited scope of practice relative to that allowed by the EMS ~~PC Physician Commission~~, or with a limited scope of practice corresponding to a lower level of EMS licensure. (3-17-22)()

03. Restriction or Withdrawal of Approval for EMS Personnel to Function. The EMS medical director, hospital supervising physician, or medical clinic supervising physician: (3-17-22)()

a. ~~The EMS medical director, hospital supervising physician, or medical clinic supervising physician~~ eCan restrict the scope of practice of licensed EMS personnel under their supervision when such personnel fail to meet or maintain proficiencies established by the EMS medical director, hospital supervising physician, or medical clinic supervising physician, or the Idaho EMS Bureau. (3-17-22)()

b. ~~The EMS medical director, hospital supervising physician, or medical clinic supervising physician~~ eCan withdraw approval of licensed EMS personnel to provide services, under their supervision, when such personnel fail to meet or maintain proficiencies established by the EMS medical director, hospital supervising physician, or medical clinic supervising physician, or the EMS Bureau. (3-17-22)()

c. ~~The EMS medical director, hospital supervising physician, or medical clinic supervising physician~~ mMust report in writing such restriction or withdrawal of approval within fifteen (15) days of the action to the EMS Bureau in accordance with Section 39-1393, Idaho Code. (3-17-22)()

04. Review Qualifications of EMS Personnel. The EMS medical director, hospital supervising physician, or medical clinic supervising physician must document the review of the qualification, proficiencies, and all other EMS agency, hospital, and medical clinic affiliations of EMS personnel prior to credentialing the individual. ()

05. Document EMS Personnel Proficiencies. The EMS medical director, hospital supervising physician, or medical clinic supervising physician must document that the capabilities of licensed EMS personnel are maintained on an ongoing basis through education, skill proficiencies, and competency assessment. ()

06. Develop and Implement a Performance Assessment and Improvement Program. The EMS medical director must develop and implement a program for continuous assessment and improvement of services provided by licensed EMS personnel under their supervision. ()

07. Review and Update Procedures. The EMS medical director must review and update protocols, policies, and procedures at least every two (2) years. ()

08. Develop and Implement Plan for Medical Supervision. The EMS medical director, hospital supervising physician, or medical clinic supervising physician must develop, implement, and oversee a plan for supervision of licensed EMS personnel ~~as described in~~ under Subsection 400.06 of these rules. (3-17-22)()

09. Access to Records. The EMS medical director must have access to all relevant agency, hospital, or medical clinic records as permitted or required by statute to ensure responsible medical supervision of licensed EMS personnel. ()

301. -- 399. (RESERVED)

400. PHYSICIAN SUPERVISION IN THE OUT-OF-HOSPITAL SETTING.

01. **Medical Supervision Required.** ~~In accordance with~~ Under Section 56-1011, Idaho Code, licensed EMS personnel must provide emergency medical services under the supervision of a designated EMS medical director. (3-17-22)()

02. **Designation of EMS Medical Director.** The EMS agency must designate a physician for the medical supervision of licensed EMS personnel affiliated with the EMS agency. ()

03. Education of EMS Medical Director. Medical director must complete mandatory education required by the EMSPC. ()

~~034.~~ **Delegated Medical Supervision of EMS Personnel.** The EMS medical director can designate other physicians to supervise the licensed EMS personnel in the temporary absence of the EMS medical director. ()

045. **Direct Medical Supervision by Physician Assistants (PA) and Nurse Practitioners.** The EMS medical director can designate ~~Physician Assistants (PAs)~~ and Nurse Practitioners for purposes of direct medical supervision of licensed EMS personnel under the following conditions: (3-17-22)()

a. A designated physician is not present in the anticipated receiving health care facility; and ()

b. The Nurse Practitioner, when designated, must have a preexisting written agreement with the EMS medical director describing the role and responsibilities of the Nurse Practitioner; or ()

c. The physician supervising the PA, ~~as defined in under~~ IDAPA 24.33.02, "Rules for the Licensure of Physician Assistants," authorizes the PA to provide direct (on-line) supervision; and (3-17-22)()

d. The PA, when designated, must have a preexisting written agreement with the EMS medical director describing the role and responsibilities of the PA related to supervision of EMS personnel. ()

e. Such designated clinician must possess and be familiar with the medical supervision plan, protocols, standing orders, and standard operating procedures authorized by the EMS medical director. ()

056. **Indirect Medical Supervision by Non-Physicians.** Non-physicians can assist the EMS medical director with indirect medical supervision of licensed EMS personnel. ()

067. **Medical Supervision Plan.** The medical supervision of licensed EMS personnel must be provided ~~in accordance with~~ under a documented medical supervision plan that includes direct, indirect, on-scene, educational, and proficiency standards components. The requirements for the medical supervision plan are found in the Idaho EMS Physician Commission Standards Manual ~~that is incorporated by reference~~ under Section 004 of these rules. (3-17-22)()

078. **Out-of-Hospital Medical Supervision Plan Filed with EMS Bureau.** The agency EMS medical director must submit the medical supervision plan within thirty (30) days of request to the EMS Bureau in a form described in the standards manual. ()

a. The agency EMS medical director must identify the designated clinicians to the EMS Bureau annually in a form described in the standards manual. ()

b. The agency EMS medical director must inform the EMS Bureau of any changes in designated clinicians or of a change in the agency medical director within thirty (30) days of the change(s). ()

c. The EMS Bureau must provide the ~~Commission~~ EMSPC with the medical supervision plans within thirty (30) days of request. (3-17-22)()

d. The EMS Bureau must provide the ~~Commission~~ EMSPC with the identification of EMS Medical

directors and designated clinicians annually and upon request.

(3-17-22)()

401. -- 499. (RESERVED)

500. ~~PHYSICIAN SUPERVISION~~ EMS PERSONNEL PRACTICE IN HOSPITALS AND ~~MEDICAL CLINICS.~~

01. Medical Supervision Required. ~~In accordance with~~ Under Section 56-1011, Idaho Code, licensed EMS personnel must provide emergency medical services under the supervision of a designated hospital supervising physician or medical clinic supervising physician. (3-17-22)()

~~**02. Level of Licensure Identification.** The licensed EMS personnel employed or utilized for delivery of services within a hospital or medical clinic, when on duty, must at all times visibly display identification specifying their level of EMS licensure.~~ (3-17-22)

~~**03. Credentialing of Licensed EMS Personnel in a Hospital or Medical Clinic.** The hospital or medical clinic must maintain a current written description of acts and duties authorized by the hospital supervising physician or medical clinic supervising physician for credentialed EMS personnel and must submit the descriptions upon request of the Commission or the EMS Bureau to be performed by licensed EMS personnel. Any of these acts or duties that is outside the public scope of practice for the licensed EMS personnel, the hospital has sole responsibility in training and credentialing.~~ (3-17-22)()

~~**04. Notification of Employment or Utilization.** The licensed EMS personnel employed or utilized for delivery of services within a hospital or medical clinic must report such employment or utilization to the EMS Bureau within thirty (30) days of engaging such activity.~~ (3-17-22)

~~**05. Designation of Supervising Physician.** The hospital or medical clinic administration must designate a physician for the medical supervision of licensed EMS personnel employed or utilized in the hospital or medical clinic.~~ (3-17-22)

~~**06. Delegated Medical Supervision of EMS Personnel.** The hospital supervising physician or medical clinic supervising physician can designate other physicians to supervise the licensed EMS personnel during the periodic absence of the hospital supervising physician or medical clinic supervising physician.~~ (3-17-22)

~~**07. Direct Medical Supervision by Physician Assistants and Nurse Practitioners.** The hospital supervising physician, or medical clinic supervising physician can designate Physician Assistants (PA) and Nurse Practitioners for purposes of direct medical supervision of licensed EMS personnel under the following conditions:~~ (3-17-22)

~~**a.** The Nurse Practitioner, when designated, must have a preexisting written agreement with the hospital supervising physician or medical clinic supervising physician describing the role and responsibilities of the Nurse Practitioner; or~~ (3-17-22)

~~**b.** The physician supervising the PA, as defined in IDAPA 24.33.02, "Rules for the Licensure of Physician Assistants," authorizes the PA to provide supervision; and~~ (3-17-22)

~~**c.** The PA, when designated, must have a preexisting written agreement with the hospital supervising physician or medical clinic supervising physician describing the role and responsibilities of the PA related to supervision of EMS personnel.~~ (3-17-22)

~~**d.** Such designated clinician must possess and be familiar with the medical supervision plan, protocols, standing orders, and standard operating procedures authorized by the hospital supervising physician or medical clinic supervising physician.~~ (3-17-22)

~~**08. On-Site Contemporaneous Supervision.** Licensed EMS personnel will only provide patient care with on-site contemporaneous supervision by the hospital supervising physician, medical clinic supervising physician, or designated clinicians.~~ (3-17-22)

~~09. **Medical Supervision Plan.** The medical supervision of licensed EMS personnel must be provided in accordance with a documented medical supervision plan. The hospital supervising physician or medical clinic supervising physician is responsible for developing, implementing, and overseeing the medical supervision plan, and must submit the plan(s) within thirty (30) days of request by the Commission or the EMS Bureau. (3-17-22)~~

501. -- 999. (RESERVED)

INCORPORATION BY REFERENCE SYNOPSIS

In compliance with Section 67-5223(4), Idaho Code, the following is a synopsis of the differences between the materials previously incorporated by reference in this rule that are currently in full force and effect and newly revised or amended versions of these same materials that are being proposed for incorporation by reference under this rulemaking.

The following agency of the State of Idaho has prepared this synopsis as part of the proposed rulemaking for the chapter cited here under the docket number specified:

**DEPARTMENT OF HEALTH AND WELFARE
IDAPA 16.02.02 – IDAHO EMERGENCY MEDICAL SERVICES (EMS) PHYSICIAN
COMMISSION
Proposed Rulemaking -- Docket No. 16-0202-2301**

| Incorporated Document Version/URL | IDAPA Section Number | Current Version of Incorporated Document | Substantive Changes in New Incorporation by Reference Version |
|--|----------------------|--|--|
| Idaho Emergency Medical Services (EMS) Physician Commission Standards Manual, 2020-1 | 16.02.02.003 | Idaho Emergency Medical Services (EMS) Physician Commission Standards Manual, Edition 2020-1 | Idaho Emergency Medical Services (EMS) Physician Commission Standards Manual was updated to Edition 2024-1, to be acted on by the 2024 legislature to go into effect <i>Sine Die</i> 2024. For Edition 2024-1 and the summary of changes, please see attached. |
| If you have further questions, please contact EMS Program Manager, Jathan Nalls at: Jathan.Nalls@dhw.idaho.gov | | | |

Summary of Changes
EMS Physician Commission Standards Manual & Scope of Practice
2020-1 to 2024-1

Effective date of new standards manual and scope of practice is July 1, 2024.

16.02.02 – Idaho Emergency Medical Services (EMS) Physician Commission

Section 200

Added a new #02 and dropped numbering down for remainder.

Section 400

Added a new #03 and dropped numbering down for remainder.

Section 500

Changed the title to this section.

Removed the following numbers 02, 04, 05, 06, 07, 08, 09

EMSPC Standards Manual: Edits, Additions & Removals

Edit

Section IV, Page 6, #6.

Removed:

Current EMSPC approved courses include: full NAEMSP National EMS Medical Director's Course and Practicum or the Guide for Preparing Medical Directors sponsored by the Critical Illness and Trauma Foundation.

Added:

Approved courses include the full NAEMSP National EMS Medical Director course and practicum or NEMESP Fundamentals of Medical Oversight course.

Edit

Section V, pages 12, 13, 14.

Removed:

Pages 13, 14, and all of page 12 Except:

V. HOSPITAL AND MEDICAL CLINIC SUPERVISION

The hospital supervising physician and medical clinic supervising physician are authorized to:

Added

Page 12

1. Develop a scope of practice outlining duties and acts authorized by licensed EMS personnel.
2. Development and approval of education training and skills certification training.

EMSPC Scope Of Practice Appendix A

Line 15/16-Combine Gastric Decompression Line

Line 45-12 lead acquisition at the EMR level now is now an OM

Line 61-Mechanical CPR Device at EMR level is now an OM

Line 67-remove spinal mobilization restriction-now Long Spine Board

Line 69-should say seated Spinal Motion Restriction (SMR)

Line 78-Peripheral Initiation at Paramedic level is now an OM

Line 115/119-combine (originally no "X" at EMR level for rapid extrication)

Line 126-ASA For Chest Pain at EMR level is now an OM

Line 127-Blood Product-Initiate Administration at Paramedic level is now 3OM

Line 138-Blood Product-Infusion Maintenance at Paramedic level is now "X"

Line 78-Add Ultrasound Guided at Paramedic level is now an "OM"

EMSPC Intubation Standards: Non-RSI Appendix B:

Move "Bougie" under laryngoscope blades

Delete "LMA/combie/King LT" and replace with Supra Glottic Airway

EMSPC Interfacility Transfer Guidelines Appendix E:

Transport Decision Matrix-blood products initiation changes to an 3OM at ALS level.

EMSPC Tactical EMS Scope Of Practice Appendix F:

This whole section is completely new



STATE OF IDAHO
EMS PHYSICIAN COMMISSION
STANDARDS MANUAL

Authority:

Idaho Code § 56-1013A, § 56-1016, and § 56-1017(1)

Rules for EMS Physician Commission Idaho Administrative Procedures Act 16.02.02

Edition 2024-1



DRAFT

TABLE OF CONTENTS

| | | |
|-------|--|----|
| I. | DEFINITIONS | 1 |
| II. | EMS PHYSICIAN COMMISSION STANDARDS MANUAL AUTHORITY | 4 |
| III. | EMS PERSONNEL AUTHORITY TO ACT | 4 |
| IV. | OUT-OF-HOSPITAL SUPERVISION..... | 5 |
| | EMS Medical Director Qualifications, Authority and Responsibility | 5 |
| | Direct Medical Supervision by Physician Assistants and Nurse Practitioners..... | 7 |
| | Medical Supervision Plan for the Out-Of-Hospital Setting..... | 8 |
| | A. Credentialing of licensed EMS personnel..... | 8 |
| | B. Indirect (off-line) medical supervision | 9 |
| | C. Direct (on-line) medical supervision | 10 |
| | D. Standards of supervision and training for students of state approved training programs | 10 |
| V. | HOSPITAL AND MEDICAL CLINIC SUPERVISION | 12 |
| | Licensed EMS Personnel Responsibilities | 12 |
| | Hospital Supervising Physician and Medical Clinic Supervising Physician Qualifications, Authority and Responsibility | 12 |
| | Direct Medical Supervision by Physician Assistants and Nurse Practitioners..... | 14 |
| | Medical Supervision Plan for the Hospital and Medical Clinic Settings | 14 |
| VI. | BUREAU RESPONSIBILITIES | 15 |
| VII. | EMS PHYSICIAN COMMISSION RESPONSIBILITIES..... | 15 |
| VIII. | IDAHO AUTHORIZED SCOPE OF PRACTICE | 15 |
| | Emergency Medical Responder (EMR) | 17 |
| | Description of Profession | 17 |
| | Emergency Medical Technician (EMT)..... | 18 |
| | Description of Profession | 18 |
| | Advanced Emergency Medical Technician (AEMT)..... | 19 |
| | Description of the Profession | 19 |
| | Paramedic | 20 |
| | Description of the Profession | 20 |
| IX. | EMS PERSONNEL PROFICIENCY AND PERFORMANCE ASSESSMENT REQUIREMENT | 21 |
| X. | IDAHO PHYSICIAN COMMISSION CONTACT INFORMATION | 22 |
| XI. | IDAHO EMS BUREAU OFFICE LOCATIONS | 22 |
| | APPENDIX A – EMSPC SCOPE OF PRACTICE GRID | 23 |
| | APPENDIX B – PARAMEDIC NON-RSI STATEWIDE INTUBATION STANDARDS | 34 |
| | APPENDIX C – EMSPC RSI STATEWIDE STANDARDS | 36 |
| | APPENDIX D – EMSPC VENTILATOR STANDARDS..... | 38 |
| | APPENDIX E – EMSPC INTER-FACILITY TRANSFER GUIDELINES..... | 39 |

DRAFT

I. DEFINITIONS.

As promulgated by and in addition to the applicable definitions in Section 56-1012, Idaho Code, and IDAPA 16.01.02, Idaho Department of Health and Welfare, “Rules Governing Emergency Medical Services,” the following terms are used in this manual as defined below:

Advanced Emergency Medical Technician (AEMT). A person who holds a current active license issued by the Bureau at the Advanced Emergency Medical Technician level and is in good standing with no restriction upon, or actions taken against, his license.

Affiliation. The recognition of an individual as a member or employee.

Bureau of Emergency Medical Services and Preparedness. The Bureau of Emergency Medical Services and Preparedness of the Idaho Department of Health and Welfare, hereafter referred to as “the Bureau.”

Contemporaneous. Originating, existing, or occurring during the same period of time.

Credentialed EMS Personnel. Individuals who are authorized to provide medical care by the EMS medical director, hospital supervising physician, or medical clinic supervising physician.

Credentialing. The local process by which licensed EMS personnel are authorized to provide medical care in the out-of-hospital, hospital, and medical clinic setting, including the determination of a local scope of practice.

Critical Care Paramedic. A person who holds a current active license issued by the Bureau at the Paramedic or Emergency Medical Technician-Paramedic level and has successfully completed training objectives as set forth in the Critical Care Transport Curriculum Guide of the Bureau and who possesses a current active credential to provide Critical Care.

Critical Care Transport. The transportation of a patient with continuous care, monitoring, medication, or procedures requiring knowledge or skills not contained within the Paramedic curriculum approved by the State Health Officer.

Designated Clinician. A licensed Physician Assistant (PA) or Nurse Practitioner designated by the EMS medical director, hospital supervising physician, or medical clinic supervising physician who is responsible for direct (on-line) medical supervision of licensed EMS personnel in the temporary absence of the EMS medical director.

Direct (On-Line) Supervision. Contemporaneous instructions and directives about a specific patient encounter provided by a physician or designated clinician to licensed EMS personnel who are providing medical care.

Emergency Medical Services (EMS). Under Section 56-1012(12), Idaho Code, emergency medical services or EMS is aid rendered by an individual or group of individuals who do the following:

- a. Respond to a perceived need for medical care in order to prevent loss of life, aggravation of physiological or psychological illness, or injury;
- b. Are prepared to provide interventions that are within the scope of practice as defined by the Idaho Emergency Medical Services Physician Commission (EMSPC), under IDAPA 16.02.02, “Rules of the Idaho Emergency Medical Services (EMS) Physician Commission”;
- c. Use an alerting mechanism to initiate a response to requests for medical care; and
- d. Offer, advertise, or attempt to respond as described in Section 56-1012(12), (a) through (c), Idaho Code.
- e. Aid rendered by a ski patroller, as described in Section 54-1804(1)(h), Idaho Code, is not EMS.

Emergency Medical Services Physician Commission. The Idaho Emergency Medical Services Physician Commission as created under Section 56-1013A, Idaho Code, hereafter referred to as “the Commission.”

Emergency Medical Responder (EMR). A person who holds a current active license issued by the Bureau at the First Responder or Emergency Medical Responder level and is in good standing with no restriction upon, or actions taken against, his license.

Emergency Medical Technician (EMT). A person who holds a current active license issued by the Bureau at the Emergency Medical Technician or Emergency Medical Technician-Basic level and is in good standing with no restriction upon, or actions taken against, his license.

EMS Agency. An organization licensed by the Bureau to provide emergency medical services in Idaho.

EMS Medical Director. A physician who supervises the medical activities of licensed personnel affiliated with an EMS agency.

Hospital. A facility in Idaho licensed under Sections 39-1301 through 39-1314, Idaho Code, and defined in Section 39-1301(a)(1), Idaho Code.

Hospital Supervising Physician. A physician who supervises the medical activities of licensed EMS personnel while employed or utilized for delivery of services in a hospital.

Indirect (Off-Line) Supervision. The medical oversight provided by a physician to licensed EMS personnel who are providing medical care. The components of medical supervision include EMS system design, education, quality management, patient care guidelines, medical policies, and compliance.

License. A license issued by the Bureau to an individual for a specified period of time indicating that minimum standards corresponding to one (1) of several levels of EMS proficiency have been met.

Licensed EMS Personnel. Individuals who possess a valid license issued by the Bureau.

Medical Clinic. A place devoted primarily to the maintenance and operation of facilities for outpatient medical, surgical, and emergency care of acute and chronic conditions or injury.

Medical Clinic Supervising Physician. A physician who supervises the medical activities of licensed EMS personnel while employed or utilized for delivery of services in a medical clinic.

Medical Supervision. The advice and direction provided by a physician, or under the direction of a physician, to licensed EMS personnel who are providing medical care, including direct and indirect supervision.

Medical Supervision Plan (MSP). The written document describing the provisions for medical supervision of licensed EMS personnel.

Nurse Practitioner. An Advanced Practice Professional Nurse, licensed in the category of Nurse Practitioner, as defined in IDAPA 23.01.01, “Rules of the Idaho Board of Nursing.”

Out-of-hospital. Any setting outside of a hospital, including inter-facility transfers, in which the provision of emergency medical services may take place.

Paramedic. A person who holds a current active license issued by the Bureau at the Paramedic or Emergency Medical Technician-Paramedic level and is in good standing with no restriction upon, or actions taken against, his license.

Physician. A person who holds a current active license issued by the Board of Medicine to practice medicine and surgery, osteopathic medicine and surgery, or osteopathic medicine in Idaho and is in good standing with no restriction upon, or actions taken against, his license.

Physician Assistant. A person who meets all the applicable requirements to practice as a licensed physician assistant under Title 54, Chapter 18, Idaho Code, and IDAPA 22.01.03, “Rules for the Licensure of Physician Assistants.”

II. EMS Physician Commission Standards Manual Authority

Idaho Code 56-1013A(1) empowers the EMS Physician Commission with statutory authority to establish standards for scope of practice and medical supervision for licensed personnel, air medical, ambulance, and non-transport agencies licensed by the Bureau. Idaho Code 56-1017(1) specifically authorizes and directs the Commission to adopt appropriate rules defining the allowable scope of practice and acts and duties which can be performed by persons licensed by the department and the required level of supervision by a licensed physician.

IDAPA 16.02.02, “Rules of the EMS Physician Commission,” Section 004 incorporate this EMS Physician Commission Standards Manual by reference. The purposes of this EMS Physician Commission Standards Manual are to establish the scope of practice of licensed EMS personnel and to specify the type and degree of medical supervision for specific skills, treatments, and procedures by level of EMS licensure.

III. EMS Personnel Authority to Act

To provide emergency medical services, EMS licensed personnel must comply with Idaho Code and IDAPA 16.02.02, “Rules of the EMS Physician Commission.” The policies of the EMS Physician Commission are documented in this Standards Manual.

Licensed EMS personnel who are representing an Idaho EMS agency and who possess a valid credential issued by that agency's EMS medical director may act and provide services in the out-of-hospital setting under the following conditions:

1. When participating in a planned deployment or agency sanctioned standby of personnel resources approved by the EMS medical director; or
2. When administering first aid or emergency medical attention as a "Good Samaritan" and without expectation of remuneration in accordance with Idaho Code 5-330 or 5-331 in a manner approved by the EMS medical director; or
3. When participating in a training program approved by the Bureau or the EMS medical director.
4. When on duty, visibly display at all times identification specifying name and level of EMS licensure.

In addition, licensed EMS personnel may only provide out-of-hospital care when:

1. The patient care does not exceed the scope of practice as defined by this Standards Manual; and
2. Licensed EMS personnel have been trained, based on curricula or specialized training approved according to IDAPA 16.01.05, Idaho Department of Health and Welfare, “Emergency Medical Services (EMS) – Education, Instructor, and Examination Requirements” and
3. The patient care does not exceed the scope of practice approved by their EMS medical director and does not include assessments or interventions that have been specifically

prohibited by their EMS medical director.

Licensed EMS personnel who are representing a hospital or medical clinic and who possess a valid credential issued by the hospital or medical clinic supervising physician may act and provide services in the hospital and medical clinic setting under the following conditions:

1. When participating in a planned deployment or agency sanctioned standby of personnel resources approved by the hospital or medical clinic supervising physician; or
2. When administering first aid or emergency medical attention as a "Good Samaritan" and without expectation of remuneration in accordance with Idaho Code 5-330 or 5-331 in a manner approved by the hospital or medical clinic supervising physician; or
3. When participating in a training program approved by the Bureau or the hospital or medical clinic supervising physician.

In addition, licensed EMS personnel may only provide hospital and medical clinic care when:

1. Licensed EMS personnel have been trained, based on curricula or specialized training approved according to IDAPA 16.01.05, Idaho Department of Health and Welfare, "Emergency Medical Services (EMS) – Education, Instructor, and Examination Requirements," or additional training approved by the hospital or medical clinic supervising physician and
2. The patient care does not exceed the scope of practice approved by their hospital or medical clinic supervising physician and does not include assessments or interventions that have been specifically prohibited by their hospital or medical clinic supervising physician.

IV. OUT-OF-HOSPITAL SUPERVISION

All Idaho-licensed EMS agencies, including hospital-based EMS agencies, must comply with the requirements described in this section. Hospital-based EMS agencies must comply with both the requirements described in this section and with the hospital and clinic supervision requirements described later in this Standards Manual when their licensed EMS personnel also have patient care duties in the hospital or clinic setting.

EMS Medical Director Qualifications, Authority and Responsibility.

In accordance with Section 56-1011, Idaho Code, licensed EMS personnel must provide emergency medical services under the supervision of a designated EMS medical director.

1. The EMS agency must designate a physician for the medical supervision of licensed EMS personnel affiliated with the EMS agency.
2. The EMS medical director can designate other physicians to supervise the licensed EMS personnel in the temporary absence of the EMS medical director.

The EMS medical director will have a written agreement with the EMS agency(s) that includes the following elements:

1. Identification of the EMS agency(s) for which he provides medical supervision.
2. Acknowledgement of the authority of the EMS medical director as established in Idaho statute and IDAPA 16.02.02, "Rules of the EMS Physician Commission."
3. An effective date.
4. An expiration date or a provision for automatic renewal upon mutual agreement.
5. Assurance of EMS medical director access to relevant agency, hospital, or medical clinic records as permitted or required by statute to ensure responsible medical supervision of licensed EMS personnel.

The EMS medical director will provide the Bureau with documentation of the written agreement annually or upon request.

The EMS medical director must:

1. Accept responsibility for the medical direction and medical supervision of the activities provided by licensed EMS personnel.
2. Obtain and maintain knowledge of the contemporary design and operation of EMS systems.
3. Obtain and maintain knowledge of Idaho EMS laws, regulations and standards manuals.
4. The EMS medical director shall demonstrate appropriate training and/or expertise in adult and pediatric emergency medical services.
5. The EMS medical director for an air medical agency, in addition to the above requirements, must have training and experience in emergency medicine or critical care and have training in air ambulance operations that include flight physiology, stressors of flight, and air medical resource management.
6. If not previously completed, all current and new Medical Directors must complete mandatory EMSPC approved Medical Director education within one (1) year or be ABEM subspecialty board certified in EMS. Approved courses include the full NAEMSP National EMS Medical Director course and practicum or NAMESP Fundamentals of Medical Oversight course. Additional educational courses may be approved upon request.

The EMS medical director is authorized to:

1. Provide explicit approval for licensed EMS personnel under his supervision to provide medical care. Licensed EMS personnel may not provide medical care without the explicit approval of an EMS medical director.
2. Credential licensed EMS personnel under his supervision with a scope of practice. This scope of practice may be limited relative to the scope of practice authorized by the Commission and may not exceed the scope of practice established by the Commission.
3. Restrict the scope of practice of licensed EMS personnel under his supervision and withdraw approval of licensed EMS personnel to provide services when such personnel fail to meet or maintain proficiencies established by the EMS medical director or the Idaho EMS Bureau.

- a. Such restriction or withdrawal of approval must be reported in writing within fifteen (15) days of the action to the Bureau in accordance with Section 39-1393, Idaho Code.

The EMS medical director is responsible for:

1. Approving the planned deployment of personnel resources.
2. Approving the manner in which licensed EMS personnel administer first aid or emergency medical attention as a “Good Samaritan” in accordance with Section 5-330 or 5-331, Idaho Code, without expectation of remuneration.
3. Documenting the review of the qualification, proficiencies, and all other EMS agency, hospital, and medical clinic affiliations of EMS personnel prior to credentialing the individual.
4. Documenting that the capabilities of licensed EMS personnel are maintained on an ongoing basis through education, skill proficiencies, and competency assessment.
5. Developing and implementing a program for continuous assessment and improvement of services by licensed EMS personnel under their supervision.
6. Reviewing and updating protocols, policies, and procedures at least every two (2) years.
7. Developing, implementing and overseeing a Medical Supervision Plan, as defined in this Standards Manual.
8. Collaborating with other EMS medical directors, hospital supervising physicians, and medical clinic supervising physicians to ensure EMS agencies and licensed EMS personnel have protocols, standards of care, and procedures that are consistent and compatible with one another.
9. Designating other physicians to supervise licensed EMS personnel in the temporary absence of the EMS medical director.
10. Designating Physician Assistants and Nurse Practitioners to serve as designated clinicians, as defined in this Standards Manual.

Direct Medical Supervision by Physician Assistants and Nurse Practitioners.

The EMS medical director can designate Physician Assistants (PA) and Nurse Practitioners for purposes of direct (on-line) medical supervision of licensed EMS personnel. Such designated clinicians may only provide direct medical supervision when a designated physician is not present in the anticipated receiving health care facility. The following conditions must also be satisfied:

1. A written agreement between the designated Nurse Practitioner and the EMS medical director which describes the role and responsibilities of the designated Nurse Practitioner is required.
2. A written agreement between the designated PA and the EMS medical director which describes the role and responsibilities of the designated PA related to supervision of EMS

personnel is required.

3. Designated clinicians must possess and be familiar with the Medical Supervision Plan, as defined in this Standards Manual, protocols, standing orders, and standard operating procedures authorized by the EMS medical director.
4. The physician supervising the PA, as defined in IDAPA 22.01.03, Idaho Department of Health and Welfare, “Rules for the Licensure of Physician Assistants,” must authorize the designated PA to provide direct (on-line) supervision.

Provisions for direct medical supervision by designated clinicians must be documented in the Medical Supervision Plan.

Medical Supervision Plan for the Out-Of-Hospital Setting.

The medical supervision of licensed EMS personnel must be provided in accordance with a documented Medical Supervision Plan (MSP) that includes direct, indirect, on-scene, educational, and proficiency standards components. The EMS medical director is responsible for developing, implementing, and overseeing the MSP. However, non-physicians can assist the EMS medical director with the indirect medical supervision of licensed EMS personnel. The EMS medical director will submit the MSP to the Bureau upon request by the Bureau or the Commission. Medical Supervision Plans must be submitted within thirty (30) days of request. The Bureau must be notified of any changes in the MSP, including changes in designated clinicians, within thirty (30) days of the change(s).

At a minimum, the MSP must consist of the following elements:

A. Credentialing of licensed EMS personnel.

Credentialing is an EMS agency process by which licensed EMS personnel are authorized by the EMS medical director to provide medical care in accordance with a scope of practice that is established by the EMS medical director. The process for credentialing licensed EMS personnel is an extension of the “affiliating” of personnel and is consistent with contemporary EMS system design.

The process for credentialing will include the following:

1. Verification of Bureau licensure;
2. Affiliation to the EMS agency;
3. Review of the qualifications and proficiencies of the EMS provider, and all other EMS agency, hospital, and medical clinic affiliations.
4. Completion of an EMS agency orientation, as prescribed by the EMS agency, that includes:
 - a. EMS agency policies;
 - b. EMS agency procedures;
 - c. Medical treatment protocols;

- d. Radio communications procedures;
- e. Hospital/facility destination policies;
- f. Other unique system features.

Upon successful completion of the credentialing process, the EMS medical director may issue the EMS provider with a card, certificate, or other document which indicates explicit approval to provide patient care and specifically authorizes a scope of practice for the EMS provider.

- This credential should include a specific expiration date which may be the same date of expiration as the Bureau license.
- This credential will be sufficient evidence of “affiliation” for his or her license or renewal by the Bureau, if the dates are inclusive of the licensure period and the credential has not been withdrawn by the EMS medical director.

B. Indirect (off-line) medical supervision.

Indirect (off-line) supervision will include all of the following:

1. Written standing orders and treatment protocols for both adult and pediatric patients including direct (on-line) supervision criteria and approved medication formulary list;
2. Description of authorized optional psychomotor skills and patient care interventions, as defined by the Commission;
3. Initial and continuing education in addition to those required by the Bureau;
4. Methods of assessment and improvement;
5. Periodic assessment of psychomotor skill proficiency;
6. Provisions for medical supervision of and defining the patient care provided by licensed EMS personnel who are present for a multiple or mass casualty incident, disaster response, or other significant event involving response of licensed EMS personnel;
7. Defining the response when licensed EMS personnel discover a need for EMS while not on duty;
8. The credentialing of licensed EMS personnel for emergency response;
9. The appropriate level of emergency response based upon dispatch information provided by the designated Public Safety Answering Point(s);
10. Triage, treatment, and transport guidelines;
11. Scene management for multiple EMS agencies anticipated to be on scene concurrently;
12. Criteria for determination of patient destination, including facility bypass criteria for Time Sensitive Emergencies;
13. Criteria for utilization of air medical services in accordance with IDAPA 16.01.03, Idaho Department of Health and Welfare, “Emergency Medical Services (EMS) – Agency Licensing Requirements,” Section 700-799;

14. Policies and protocols for patient refusal, “treat and release”, advanced directives by patients and physicians, determination of death, termination of resuscitation and other predictable patient non-transport scenarios;
15. Criteria for cancellation or modification of EMS response;
16. Equipment authorized for patient care;
17. Medical communications guidelines; and
18. Methods and elements of documentation of services provided by licensed EMS personnel.
19. Policies and protocols for the identification, treatment and transport of patients with ST-elevation myocardial infarction to ensure timely re-perfusion therapy.
20. Policy for recognition and utilization of bystander providers that are not credentialed by the local EMS system.
21. Patient Care Integration Agreement with other EMS agencies as appropriate as required by IDAPA 16.01.03.601 and IDAPA 16.01.03.602.

C. Direct (on-line) medical supervision.

Direct supervision may be accomplished by concurrent communication with the EMS medical director, other physicians designated by the EMS medical director, or designated clinicians, who must be available twenty-four (24) hours a day seven (7) days a week. Provisions for direct supervision, including on-scene supervision, will be documented in the MSP which shall identify designated clinicians.

The EMS medical director will develop and implement procedures in the event of on-scene supervision by:

1. The EMS medical director or other physician(s) designated by the EMS medical director;
2. A physician with a pre-existing relationship with the patient; and
3. A physician with no pre-existing relationship with the patient who may or may not be present for the duration of treatment on scene or transportation.

Direct supervision of licensed EMS personnel by other persons is prohibited except in the manner described in the MSP.

Designated on-line physicians and clinicians shall have appropriate training and/or expertise in adult and pediatric emergency care.

D. Standards of supervision and training for students of state-approved training programs.

The EMS medical director, in collaboration with the course medical director or course coordinator, will define standards of supervision and training for students of state-

approved training programs, who have been placed for clinical practice and training. These standards will be defined, identified, and documented in the MSP.

V. HOSPITAL AND MEDICAL CLINIC SUPERVISION

The hospital supervising physician and medical clinic supervising physician are authorized to:

1. Develop a scope of practice outlining duties and acts authorized by licensed EMS personnel.
2. Development and approval of education training and skills certification training.

VI. BUREAU RESPONSIBILITIES.

The Bureau will provide:

1. Technical assistance to medical directors, hospital supervising physicians, medical clinic supervising physicians, and their administrators to develop appropriate Medical Supervision Plans.
2. The Commission with EMS agency Medical Supervision Plans upon request.
3. The Commission with the identification of EMS medical directors and their designated clinicians annually and upon request.

VII. EMS PHYSICIAN COMMISSION RESPONSIBILITIES.

The Commission will provide interpretation of the Rules of the Commission.

VIII. IDAHO AUTHORIZED SCOPE OF PRACTICE.

The Commission has approved the Scope of Practice for licensed EMS personnel, which is articulated in Appendix A. Appendix A lists specific psychomotor skills and patient care interventions and indicates the level of EMS licensure that may perform each skill or intervention. The EMS Medical Director, Hospital Supervising Physician, or Medical Clinic Supervising Physician must oversee a process to verify competency in all credentialed skills and interventions. The effective date of this Scope of Practice will be July 1, 2020.

It must be noted that not everyone is currently operating at the levels indicated by Xs in Appendix A and that it is only upon completion of required education, competency assessment, and endorsement or permission by their medical director that a provider can perform the procedures.

Appendix A implicitly defines both a “floor” and “ceiling” for each level of EMS licensure. Licensed EMS personnel must receive training and demonstrate competency in each skill and intervention that lies within their “floor.” Training for skills and interventions within the “floor” is based on curricula or specialized training approved according to IDAPA 16.01.05, Idaho

Department of Health and Welfare, “Emergency Medical Services (EMS) – Education, Instructor, and Examination Requirements.” Training and competency in skills and interventions within the “floor” are verified by examination and state EMS licensure according to IDAPA 16.01.05, Idaho Department of Health and Welfare, “Emergency Medical Services (EMS) – Education, Instructor, and Examination Requirements” and IDAPA 16.01.07, Idaho Department of Health and Welfare, “Emergency Medical Services (EMS) – Personnel Licensing Requirements.” Skills and interventions designated by an “X” in Appendix A are included in the “floor” for the specified level of EMS licensure.

Skills and interventions designated by “OM” in Appendix A may be authorized by the EMS Medical Director, Hospital Supervising Physician and/or Medical Clinic Supervising Physician and are considered optional. These skills and interventions lie between the “floor” and “ceiling” of the specified level of EMS licensure. The EMS Medical Director, Hospital Supervising Physician and/or Medical Clinic Supervising Physician must ensure that licensed EMS personnel receive appropriate initial and continuing training for optional skills and interventions. In addition, the EMS Medical Director, Hospital Supervising Physician or Medical Clinic Supervising Physician must take an active role in verifying competency in optional skills and interventions since state EMS licensing will not address optional skills or interventions. Agencies must provide the minimum equipment required for their authorized OMs.

When an EMS Medical Director, Hospital Supervising Physician or Medical Clinic Supervising Physician desires to incorporate an OM, they must:

1. Report patient care response data to the Idaho Prehospital Electronic Record Collection System (PERCS) directly or by way of an Idaho validated export from a National EMS Information System (NEMESIS) compliant software application.
 - a. If an agency has not been able to obtain PERCS validation, they must report optional module usage on their annual agency renewal application. This method of reporting shall expire June 30, 2017.
2. Submit an addendum to their medical supervision plan to the Bureau that indicates which OM(s) they want to adopt.
3. Submit verification of credentialing to the Bureau prior to utilization of OM skills or interventions.

Psychomotor skills and patient care interventions that are not designated by either an “X” or “OM” in Appendix A fall outside the Commission’s established Scope of Practice for the specified level of EMS licensure and may not be performed by licensed EMS personnel at that level in the out-of-hospital setting. As such, Appendix A defines the “ceiling” for the specified level of EMS licensure.

Appendix A includes a CC Skills (Critical Care Skills) column that designates optional psychomotor skills and patient care interventions that may be performed by a Paramedic who receives additional critical care education and has successfully completed the Board for Critical Care Transport Paramedic Certification (BCCTPC) exam for Flight Paramedic (FP-C) or Critical Care Paramedic (CCP-C). A Paramedic must be appropriately credentialed by the EMS Medical

Director, Hospital Supervising Physician or Medical Clinic Supervising Physician before performing critical care skills. In addition, the EMS Medical Director, Hospital Supervising Physician and/or Medical Clinic Supervising Physician must ensure that licensed EMS personnel receive appropriate initial and continuing education of critical care skills and interventions, and must take an active role in verifying proficiency in those skills and interventions since state EMS personnel licensing will not address critical care or optional skills and interventions.

The Commission has created additional requirements for certain psychomotor skills and patient care interventions that, if done improperly, represent a significant hazard to the patient. Additional standards may include but are not limited to on-line medical direction prior to performance of the skill or intervention, completion of specified training prior to credentialing, required elements for Patient Care Report documentation, required elements for performance assessment and improvement and/or compliance with a state-wide protocol or guideline. See Appendices B through C. Skills and interventions with additional requirements are designated in Appendix A by a 1, 2, 3, 4, 5, etc. alongside the “X” or “OM”.

Emergency Medical Responder (EMR)

The primary focus of the Emergency Medical Responder, which prior to July 1, 2009 was known as a certified First Responder, is to initiate immediate lifesaving care to critical patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport. Emergency Medical Responders function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Responders perform basic interventions with minimal equipment.

Description of the Profession

The Emergency Medical Responder’s scope of practice includes simple skills focused on lifesaving interventions for critical patients. Typically, the Emergency Medical Responder renders on-scene emergency care while awaiting additional EMS response and may serve as part of the transporting crew, but not as the primary care giver.

In many communities, Emergency Medical Responders provide a mechanism to increase the likelihood that trained personnel and lifesaving equipment can be rapidly deployed to serious emergencies. In all cases, Emergency Medical Responders are part of a tiered response system. Emergency Medical Responders work alongside other EMS and health care professionals as an integral part of the emergency care team.

The Emergency Medical Responder’s scope of practice includes simple, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. Additionally, the Emergency Medical Responder provides care designed to minimize secondary injury and comfort the patient and family while awaiting additional EMS resources.

A major difference between the lay person and the Emergency Medical Responder is the “duty to act” as part of an organized EMS response.

In some systems, Emergency Medical Responders serve as a part of the crew on transporting EMS units; however, the Emergency Medical Responder is not intended to be the highest level caregiver in such situations. They must function with an EMT or higher level personnel during the transportation of emergency patients. The scope of practice model of an Emergency Medical Responder is limited to simple skills that are effective and can be performed safely in an out-of-hospital setting with medical oversight.

After initiating care, the Emergency Medical Responder transfers care to higher level personnel. The Emergency Medical Responder serves as part of an EMS response system that ensures a progressive increase in the level of assessment and care.

Emergency Medical Technician (EMT)

The primary focus of the Emergency Medical Technician is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Technicians perform interventions with the basic equipment typically found on an ambulance. The Emergency Medical Technician is a link from the scene to the emergency health care system.

Description of the Profession

The Emergency Medical Technician's scope of practice includes basic skills focused on the acute management and transportation of critical and emergent patients. This may occur at an emergency scene until transportation resources arrive, from an emergency scene to a health care facility, between health care facilities, or in other health care settings.

In many communities Emergency Medical Technicians provide a large portion of the prehospital care. In some jurisdictions, especially rural areas, Emergency Medical Technicians provide the highest level of prehospital care. Emergency Medical Technicians work alongside other EMS and health care professionals as an integral part of the emergency care team.

Emergency Medical Technicians' scope of practice includes basic, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. Additionally, Emergency Medical Technicians provide care to minimize secondary injury and provide comfort to the patient and family while transporting the patient to an emergency care facility.

An Emergency Medical Technician's knowledge, skills, and abilities are acquired through formal education and training. The Emergency Medical Technician has the knowledge of, and is expected to be competent in, all of the skills of the Emergency Medical Responder. A major difference between the Emergency Medical Responder and the Emergency Medical Technician is the knowledge and skills necessary to provide medical transportation of emergency patients.

The Emergency Medical Technician level is the minimum licensure level for personnel transporting patients in ambulances. The scope of practice is limited to basic skills that are effective and can be performed safely in an out-of-hospital setting with medical oversight and limited training.

The Emergency Medical Technician transports all emergency patients to an appropriate medical facility. The Emergency Medical Technician is not prepared to make decisions independently regarding the appropriate disposition of patients. The Emergency Medical Technician serves as part of an EMS response system, assuring a progressive increase in the level of assessment and care. The Emergency Medical Technician may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility.

In addition to emergency response, Emergency Medical Technicians often perform medical transport services of patients requiring care within their scope of practice.

Advanced Emergency Medical Technician (AEMT)

The primary focus of the Advanced Emergency Medical Technician is to provide basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Advanced Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Advanced Emergency Medical Technicians perform interventions with the basic and advanced equipment typically found on an ambulance. The Advanced Emergency Medical Technician is a link from the scene to the emergency health care system.

Description of the Profession

The Advanced Emergency Medical Technician's scope of practice includes basic and limited advanced skills focused on the acute management and transportation of critical and emergent patients. This may occur at an emergency scene until transportation resources arrive, from an emergency scene to a health care facility, between health care facilities, or in other health care settings.

For many communities, Advanced Emergency Medical Technicians provide an option to provide high benefit, lower risk advanced skills for systems that cannot support or justify Paramedic level care. This is frequently the case in rural and volunteer systems. In some jurisdictions, Advanced Emergency Medical Technicians are the highest level of prehospital care. In communities which utilize emergency medical dispatch systems, Advanced Emergency Medical Technicians may function as part of a tiered response system. In all cases, Advanced Emergency Medical Technicians work alongside other EMS and health care professionals as an integral part of the emergency care team.

The Advanced Emergency Medical Technician's scope of practice includes basic and limited advanced interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. Additionally, Advanced Emergency Medical Technicians provide care to minimize secondary

injury and provide comfort to the patient and family while transporting the patient to an emergency care facility.

The Advanced Emergency Medical Technician's knowledge, skills, and abilities are acquired through formal education and training. The Advanced Emergency Medical Technician has the knowledge associated with, and is expected to be competent in, all of the skills of the Emergency Medical Responder and Emergency Medical Technician. The major difference between the Advanced Emergency Medical Technician and the Emergency Medical Technician is the ability to perform limited advanced skills for emergency patients.

The Advanced Emergency Medical Technician is the minimum licensure level for patients requiring limited advanced care at the scene or during transportation. The scope of practice is limited to lower risk, high benefit advanced skills that are effective and can be performed safely in an out-of-hospital setting with medical oversight and limited training.

The Advanced Emergency Medical Technician transports all emergency patients to an appropriate medical facility. The Advanced Emergency Medical Technician is not prepared to independently make decisions regarding the disposition of patients. The Advanced Emergency Medical Technician serves as part of an EMS response system assuring a progressive increase in the level of assessment and care. The Advanced Emergency Medical Technician may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility.

In addition to emergency response, Advanced Emergency Medical Technicians often perform medical transport services of patients requiring care within their scope of practice.

Those AEMTs whose licensure is based on the Intermediate 85 curriculum and who have chosen not to complete either the EMT-2011 or the AEMT-2011 transition are expected to be competent in all the skills of the EMR and EMT with the exception of Pulse Oximetry, ATV non-intubated, aspirin, epi-auto injector, atropine sulfate & 2-Pralidoxime chloride auto-injector.

Paramedic

The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance. The Paramedic is a link from the scene into the health care system.

Description of the Profession

The Paramedic's scope of practice includes basic and advanced skills focused on the acute management and transportation of the broad range of patients who access the emergency medical system. This may occur at an emergency scene until transportation resources arrive, from an emergency scene to a health care facility, between health care facilities, or in other health care

settings.

In some communities, Paramedics provide a large portion of the prehospital care and represent the highest level of prehospital care. In communities that utilize emergency medical dispatch systems, Paramedics may be part of a tiered response system. In all cases, Paramedics work alongside other EMS and health care professionals as an integral part of the emergency care team.

The Paramedic's scope of practice includes invasive and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on an advanced assessment and the formulation of a field impression. The Paramedic provides care designed to minimize secondary injury and provide comfort to the patient and family while transporting the patient to an appropriate health care facility.

The Paramedic has knowledge, skills, and abilities developed by appropriate formal education and training. The Paramedic has the knowledge associated with, and is expected to be competent in, all of the skills of the Emergency Medical Responder, Emergency Medical Technician, and Advanced Emergency Medical Technician. The major difference between the Paramedic and the Advanced Emergency Medical Technician is the ability to perform a broader range of advanced skills. These skills carry a greater risk for the patient if improperly or inappropriately performed, are more difficult to attain and maintain competency in, and require significant background knowledge in basic and applied sciences.

The Paramedic is the minimum licensure level for patients requiring the full range of advanced out-of-hospital care. The scope of practice is limited to advanced skills that are effective and can be performed safely in an out-of-hospital setting with medical oversight.

The Paramedic transports all emergency patients to an appropriate medical facility. The Paramedic serves as part of an EMS response system, ensuring a progressive increase in the level of assessment and care. The Paramedic may make treat and release decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility.

In addition to emergency response, Paramedics often perform medical transport services of patients requiring care within their scope of practice.

IX. EMS Proficiency and Performance Assessment Requirement.

Additional performance assessment requirements exist for advanced airway management including all intubation attempts and placements by any personnel affiliated with the EMS agency. The responsibility of the EMS medical director includes implementation of these requirements and EMS personnel compliance pursuant to IDAPA 16.02.02.300.05 and .06. The required data elements to be supplied by every EMS provider who attempts advanced airway management will be defined by the EMS Physician Commission. EMS providers will electronically submit the required data elements directly to the EMS Physician Commission starting January 1, 2010, in a manner established by the EMS Physician Commission. EMS providers will submit the required data elements contemporaneously with the completion of their

patient care documentation. In the interest of evaluating aggregate performance, the EMS Physician Commission will compile and supply the EMS medical director with submitted data elements.

DRAFT

X. Idaho EMS Physician Commission Contact Information

EMSPhysiciancomm@dhw.idaho.gov

www.emspc.dhw.idaho.gov

Call Toll Free: 1-877-554-3367

Idaho EMS Physician Commission
2224 W. Old Penitentiary Road
PO Box 83720
Boise, Idaho 83720-0036
(208) 334-4000
Fax (208) 334-4015

XI. Idaho Bureau of EMS and Preparedness Contact Information

IdahoEMS@dhw.idaho.gov

www.idahoems.org

Call Toll Free: 1-877-554-3367

2224 W. Old Penitentiary Road
PO Box 83720
Boise, ID 83720-0036
(208) 334-4000
Fax (208) 334-4015