

MEMORANDUM

TO: Germane Joint Subcommittees - Senate Health & Welfare and
House Health & Welfare

FROM: Legislative Services Office - Paige Alan Parker

DATE: April 8, 2009

SUBJECT: 16.02.02 - Rules of the Idaho Emergency Medical Services (EMS)
Physician Commission (Docket #16-0202-0901)
Adoption of Temporary Rule - No Analysis Done

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This Notice of Rulemaking - Adoption of Temporary Rule was received from the Department of Health & Welfare. We are sending this to you for your information only; no analysis was done. Thank you.

Attachment

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.02.02 - RULES OF THE IDAHO EMERGENCY MEDICAL SERVICES
(EMS) PHYSICIAN COMMISSION

DOCKET NO. 16-0202-0901

NOTICE OF RULEMAKING - ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule is May 1, 2009.

AUTHORITY: In compliance with Section 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule. The action is authorized pursuant to Sections 56-1013A and 56-1017, Idaho Code.

DESCRIPTIVE SUMMARY: The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule:

To best protect the public's health and safety, the Emergency Medical Services (EMS) Physician Commission is amending their Standards Manual that is incorporated by reference in this chapter of rules. This Standards Manual is a "scope of practice" manual that governs the medications, devices, and clinical interventions that EMS personnel can use to treat patients at emergency scenes and in ambulances. The updated version of the manual adds several important clinical interventions that can be used by EMS personnel. For other clinical interventions, this update changes the level of EMS certification required to perform those clinical interventions.

The following changes are being made in this rulemaking:

1. The "Incorporation by Reference" section of these rules is being revised with the updated edition number (2009-1) of the EMS Physician Commission Standards Manual. This rule revision will ensure the updated manual has the force and effect of law. Copies of the 2009-1 edition of the EMS Physician Commission Standards Manual will be available to the public on the effective date of this rulemaking.
2. In addition, to keep the rule aligned with changes being made to the incorporated manual and eliminate duplication between the rule and the manual, the text of the rule is being amended. The list in rule of required elements for the EMS medical supervision plan is being deleted. This list of required elements is found in the Standards Manual. Any updates to the list will be made in the manual.

TEMPORARY RULE JUSTIFICATION: Pursuant to Section 67-5226(1)(a), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate since it is necessary for the protection of the public health, safety, and welfare of Idahoans.

FEE SUMMARY: There is no fee or charge being imposed or increased in this docket.

FISCAL IMPACT: The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: There is no impact to the state general fund as result of this rulemaking.

NOTE: The EMS Physician Commission is funded entirely by receipts from initial and renewal EMS certifications in accordance with Section 56-1013A(6), Idaho Code.

NEGOTIATED RULEMAKING: Pursuant to IDAPA 04.11.01.811, negotiated rulemaking was not conducted because the content of the proposed updates to the EMS Physician Commission Standards Manual already represents extensive input from stakeholders gathered during 2008.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the temporary rule, contact Dia Gainor at (208) 334-4000.

DATED this 5th day of March, 2009.

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THE FOLLOWING IS THE TEXT OF DOCKET NO. 16-0202-0901

004. INCORPORATION BY REFERENCE.

The Idaho Emergency Medical Services (EMS) Physician Commission has adopted the Idaho Emergency Medical Services (EMS) Physician Commission Standards Manual, edition 2008~~9~~-1~~0~~, and hereby incorporates this Standards Manual by reference. Copies of the manual may be obtained from the EMS Bureau located at 590 W. Washington Street, Boise, Idaho, 83702, whose mailing address is P.O. 83720, Boise, Idaho 83720-0036. ~~(9-12-08)~~(5-1-09)T

(BREAK IN CONTINUITY OF SECTIONS)

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

01. Medical Supervision Required. In accordance with Section 56-1011, Idaho Code, certified EMS personnel must provide emergency medical services under the supervision of a designated EMS medical director. (4-2-08)

02. Designation of EMS Medical Director. The EMS agency must designate a physician for the medical supervision of certified EMS personnel affiliated with the EMS agency. (4-2-08)

03. Delegated Medical Supervision of EMS Personnel. The EMS medical director can designate other physicians to supervise the certified EMS personnel in the temporary absence of the EMS medical director. (4-2-08)

04. 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 medical supervision of certified EMS personnel under the following conditions: (4-2-08)

a. A designated physician is not present in the anticipated receiving health care facility; and (4-2-08)

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 (4-2-08)

c. The physician supervising the PA, as defined in IDAPA 22.01.03, "Rules for the Licensure of Physician Assistants," authorizes the PA to provide direct (on-line) supervision; and (4-2-08)

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. (4-2-08)

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. (4-2-08)

05. Indirect Medical Supervision by Non-Physicians. Non-physicians can assist the EMS medical

director with indirect medical supervision of certified EMS personnel. (4-2-08)

06. Medical Supervision Plan. The medical supervision of certified EMS personnel must be provided in accordance with a documented medical supervision plan that includes direct, indirect, on-scene, educational, and proficiency standards components. ~~The EMS medical director is responsible for developing, implementing, and overseeing the medical supervision plan that must consist of the following elements:~~ The requirements for the medical supervision plan are found in the Idaho EMS Physician Commission Standards Manual incorporated by reference under Section 004 of these rules. (4-2-08)(5-1-09)T

- ~~a. Certified EMS personnel credentialing that includes all of the following: (4-2-08)~~
- ~~i. EMS Bureau certification; (4-2-08)~~
- ~~ii. Affiliation to the EMS agency; (4-2-08)~~
- ~~iii. An EMS agency orientation as prescribed by the EMS agency that includes: (4-2-08)~~
 - ~~(1) EMS agency policies; (4-2-08)~~
 - ~~(2) EMS agency procedures; (4-2-08)~~
 - ~~(3) Medical treatment protocols; (4-2-08)~~
 - ~~(4) Radio communications procedures; (4-2-08)~~
 - ~~(5) Hospital/facility destination policies; (4-2-08)~~
 - ~~(6) Other unique system features; and (4-2-08)~~
- ~~iv. Successful completion of an EMS agency evaluation. (4-2-08)~~
- ~~b. Indirect (off line) supervision that includes all of the following: (4-2-08)~~
- ~~i. Written standing orders and treatment protocols including direct (online) supervision criteria; (4-2-08)~~
- ~~ii. Initial and continuing education in addition to those required by the EMS Bureau; (4-2-08)~~
- ~~iii. Methods of assessment and improvement; (4-2-08)~~
- ~~iv. Periodic assessment of psychomotor skill proficiency; (4-2-08)~~
- ~~v. Provisions for medical supervision of and defining the patient care provided by certified EMS personnel who are present for a multiple or mass causality incident, disaster response, or other significant event involving response of certified EMS personnel; (4-2-08)~~
- ~~vi. Defining the response when certified EMS personnel discover a need for EMS while not on duty; (4-2-08)~~
- ~~vii. The credentialing of certified EMS personnel for emergency response; (4-2-08)~~
- ~~viii. The appropriate level of emergency response based upon dispatch information provided by the designated Public Safety Answering Point(s); (4-2-08)~~
- ~~ix. Triage, treatment, and transport guidelines; (4-2-08)~~
- ~~x. Scene management for multiple EMS agencies anticipated to be on scene concurrently; (4-2-08)~~

- ~~xi. Criteria for determination of patient destination; (4-2-08)~~
- ~~xii. Criteria for utilization of air medical services in accordance with IDAPA 16.02.03, "Rules Governing Emergency Medical Services," Section 415; (4-2-08)~~
- ~~xiii. Policies and protocols for patient refusal, "treat and release," Physician Orders for Scope of Treatment (POST) or other valid Do Not Resuscitate (DNR) orders, and determination of death and other predictable patient non-transport scenarios; (4-2-08)~~
- ~~xiv. Criteria for cancellation or modification of EMS response; (4-2-08)~~
- ~~xv. Equipment authorized for patient care; (4-2-08)~~
- ~~xvi. Medical communications guidelines; and (4-2-08)~~
- ~~xvii. Methods and elements of documentation of services provided by certified EMS personnel. (4-2-08)~~
- ~~e. Direct (on-line) supervision: (4-2-08)~~
 - ~~i. Is 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. (4-2-08)~~
 - ~~ii. 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; (4-2-08)
(2) A physician with a pre-existing relationship with the patient; and (4-2-08)
(3) A physician with no pre-existing relationship with the patient who is present for the duration of treatment on scene or transportation. (4-2-08)~~
 - ~~iii. Direct supervision of certified EMS personnel by other persons is prohibited except in the manner described in the medical supervision plan. (4-2-08)~~
 - ~~d. 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 placed for clinical practice and training. (4-2-08)~~

07. Out-of-Hospital Medical Supervision Plan Filed with EMS Bureau. The agency EMS medical director must file the medical supervision plan, including identification of the EMS medical director and any designated clinicians to the EMS Bureau in a form described in the standards manual. (4-2-08)

a. The agency EMS medical director must inform the EMS Bureau of any changes in designated clinicians or the medical supervision plan within thirty (30) days of the change(s). (4-2-08)

b. The EMS Bureau must provide the Commission with the medical supervision plans annually and upon request. (4-2-08)

c. The EMS Bureau must provide the Commission with the identification of EMS Medical directors and designated clinicians annually and upon request. (4-2-08)