

Testimony of the Hawaii Medical Board

Before the
House Committee on Finance
Wednesday, April 7, 2021
2:00 p.m.
Via Videoconference

LATE

**On the following measure:
S.B. 1340, S.D. 2, H.D. 2, RELATING TO EMERGENCY MEDICAL SERVICES**

Chair Luke and Members of the Committee:

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

The purposes of this bill are to: (1) enable the Board to license emergency ambulance service personnel and emergency medical responders; (2) require the Department of Commerce and Consumer Affairs to examine the creation of an additional licensure category for emergency medical technicians who are certified at a higher practice level than emergency medical responders, but do not provide ambulance services; and (3) appropriate funds from the Compliance Resolution Fund for positions.

The Board appreciates the intent of this bill to create a tiered system of licensure without compromising an enhanced level of emergency services provided by other emergency medical personnel certified by the Board.

The Board has been apprised that should this measure be enacted, 1,100+ firefighters would potentially qualify for licensure as emergency medical responders. This sheer number would place a considerable hardship on the one office assistant who is responsible for processing all new emergency medical personnel related applications. Accordingly, the Board requests an appropriation to the Compliance Resolution Fund that would be equivalent to the cost of two positions, operating costs, and the authority to assess a surcharge until these costs are recouped. At a minimum, the Board would request authority to recruit and employ two FTEs: (a) one OA-IV; and (b) one OA-V and a sufficient appropriation to start up the program¹.

Thank you for the opportunity to testify on this bill.

¹OA-IV salary + fringe = \$56,313.60
OA-V salary + fringe = \$60,806.40

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April 6, 2021

LATE

The Honorable Sylvia Luke Chair
Committee on Finance
House of Representatives
State Capitol, Room 306
Honolulu, Hawaii 96813

Dear Chair Luke:

Subject: Senate Bill (SB) 1340, Senate Draft (SD) 2, House Draft (HD) 2
Relating to Emergency Medical Services (EMS)

I am Steven Goble, Vice Chair of the State Fire Council (SFC). The SFC supports SB 1340, SD 2, HD 2, which requires the Department of Commerce and Consumer Affairs (DCCA) to examine the creation of an additional licensure category for emergency medical technicians (EMT) who are certified at a higher practice level than emergency medical responders (EMRs) but do not provide ambulance services.

Approximately 1,400 emergency medical technicians (EMT) in Hawaii are currently certified by the NREMT, which is the standard for educational requirements in most states. Over 400,000 individuals are certified by the NREMT.

State EMT licensure of fire fighters and lifeguards certified as National Registry Emergency Medical Technicians (NREMT) should more closely align to the appropriate level of certification to achieve consistency with national standards. Previous versions of SB 1340 that suggested NREMT-certified fire fighters and lifeguards be licensed by the State as EMRs was inconsistent with NREMT certification level and did not match the education standards or the scope of practice models for EMRs and EMTs as defined by the NREMT.

The Honorable Sylvia Luke, Chair
Page 2
April 6, 2021

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

This is a substantial, valuable service that results in no additional direct cost to the recipient and is transparent to the public. Without the passage of SB 1340, SD 2, HD 2, a significant downgrade in the level of care provided by county and state fire department EMTs would result and negatively impact the outcome of thousands of emergency medical services patients. The language in SB 1340, SD 2, HD 2 will not adversely affect the level of care or standard of practice provided by certified EMTs who work on an ambulance.

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

The SFC urges the committee's approval of SB 1340, SD 2, HD 2 to enable the DCCA to examine the creation of an additional licensure category for EMTs who are certified at a higher practice level than EMRs but do not provide ambulance services.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Goble', with a stylized flourish at the end.

STEVEN GOBLE
Vice Chair

SG/GL:st

LATE

SB-1340-HD-2

Submitted on: 4/7/2021 8:08:06 AM

Testimony for FIN on 4/7/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Jones	Honolulu Fire Department	Support	No

Comments:

Aloha,

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

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

Regarding the specific type of licensure afforded to Ocean Safety and Fire Department personnel, there has been discussion that they are "First Responders" or "Emergency Medical Responders" and should not be licensed as EMTs. Please consider, the State of Hawaii offers direct reciprocity for Paramedics and Advanced EMTs but not at the EMT level. This means that an NREMT certification at the more advanced levels of care which have the ability to perform invasive procedures, can obtain state licensure with no additional education or clinical requirements. This in contrast to the state curriculum for a Paramedic which far exceeds the NREMT certification requirements and yet there are no additional requirements to obtain licensure at this much more advanced level. Why then does an NREMT certified EMT require additional training in I.V. setup, manual Defibrillation and 96 additional hours of clinical experience to obtain a state license?

To recognize the skills required of current ambulance transport EMTs I support the creation of a non-transport EMT license that aligns with the NREMT education and certification standards. This would bring all levels of EMS licensure in line with the

National standards and curricula without impact the current provider and ambulance employer expectations.

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

I submit this testimony with immense respect for the EMS professionals currently practicing and those who came before. EMS is an underappreciated and undercompensated profession and those who have dedicated their lives to EMS are unsung heroes. I ask only that we recognize that EMS has evolved, as have other professions. The nature of emergencies Fire Departments respond to nationally is equal to or greater than 75% medical.

Please ensure that licensure regulations for all EMS professionals are ethical and in a logical in their makeup and application by passing Senate Bill 1340 SD2 HD2.

Mahalo

SB-1340-HD-2

Submitted on: 4/7/2021 10:29:12 AM

Testimony for FIN on 4/7/2021 2:00:00 PM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Speedy Bailey	AMR	Support	No

Comments:

Please support SB 1340 SD2 HD2 which licenses first responders as Emergency Medical Responders (EMR). Under existing law in Hawaii first responders are certified and not recognized or licensed in the essential role they play in our EMS System. This measure addresses this and is in alignment with the NREMT.

LATE

SB-1340-HD-2

Submitted on: 4/6/2021 8:51:31 PM

Testimony for FIN on 4/7/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Christopher Fortuno	Individual	Support	No

Comments:

LATE

SB-1340-HD-2

Submitted on: 4/7/2021 8:30:21 AM

Testimony for FIN on 4/7/2021 2:00:00 PM

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

Comments:

PLEASE SUPPORT. This Bill will finally license Emergency Medical Responders for their value and vital contributions they provide in the community for residents & visitors alike. Thank you.

SB-1340-HD-2

Submitted on: 4/7/2021 8:41:33 AM

Testimony for FIN on 4/7/2021 2:00:00 PM



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

Comments:

Committee members, leaders, legislators:

I thank the legislature for its hard work in this SD2 revision, and I do generally support it in this form. SD2 markedly improved the bill, recognizing Emergency Medical Responders (EMR) as key providers within our EMS system, but leaving undisturbed existing and appropriate state standards for education and practice at the subsequent levels of care (EMT, AEMT, Paramedic). With these improvements, I support this legislation. In the event there is concern from agencies about existing personnel who may have basic national but not state EMT certification, I believe very reasonable options would exist: either credential as a State of Hawaii EMR, or pursue additional and existing training pathways to qualify as a State of Hawaii EMT. From my perspective, this should not be prohibitive.

Thus, so long as we establish the appropriate (4) levels of practice in Hawai'i (EMR, EMT, AEMT, Paramedic) I do not see the necessity of creating two levels of EMT within the state. I am somewhat concerned at the confusion that this might create, including among patients and public in Hawai'i. That said, with the latest language only obliging the DCCA to "examine" the EMT issue, if further revision of SB1340 is not feasible I still do support the bill in the SD2 form and I would not wish to see any delay in its enactment or implementation.

The best way to protect the public in this case is to ensure that our resident and visitor population are served by the entire continuum of care in prehospital EMS, whose providers will be a tightly knit team guided by an appropriate blend of state and national standards for education and practice. Inclusion of Emergency Medical Responders (EMRs) in this paradigm is long overdue.

In regards to financial implications, I do not believe that this will create any major or detrimental financial impacts on the state. In fact, liabilities may be reduced by 'closing a loophole' in which the necessity of trained First Responders (now called Emergency Medical Responders) has long been recognized by HRS, while no provision for oversight, licensure, and support was provided.

Thank you for your consideration.

Sincerely,

David N. Kingdon, MPH, Paramedic