



ASK

Move FAP-related item to SB 665, and support that expanded bill.

Oppose the reduction of staffing on interfacility transports.

Oppose removing the requirement for services to fund supplies for their expanded service.

SB 667 addresses four distinct areas to “relieve the administrative burden placed on rural and urban EMS departments”.

1) Streamline the application process for the Funding Assistance Program (FAP)

POSITION: **IN FAVOR**

Without incurring any additional cost to the state budget, this step would help volunteer services by reducing their administrative burden, and ensure they have access to funding allocated to them by the legislature.

ASK

Move this issue to SB 665, as it addresses the same funding, and would pull this straightforward piece away from more contentious items below.

2) Reduce ambulance staffing requirements for interfacility transports

POSITION: **OPPOSED**

In a two-person crew required for the medical transport of a patient, the primary provider must be certified at a minimum to the Basic EMT level. The second provider can currently operate with an Emergency Medical Responder (EMR) license. This bill seeks to reduce that secondary role to an unspecified “Driver”, who must only be certified in CPR.

- In order to operate the equipment on an ambulance, both providers must be trained. For example, the standard two-person cot requires training to operate, as do various pieces of equipment in the ambulance that the person assisting the EMT would need to know to assist with their usage. That training, along with the CPR training required in this bill, means that this “driver” would need nearly as much training as an EMR (which is a minimum of 50 hours of training).
- Having an unlicensed person as an assistant to the EMT on an ambulance puts that service at risk of rejection for payment from insurance companies, Medicare, and Medicaid, and therefore closure. It further puts patients at risk, especially in rural areas where response and transport times are longer and the care provided on scene can be critical to saving a life. Ambulance staff are not Uber drivers, they are trained clinical providers who need to be prepared for life-or-death situations.

NOTE

This bill would modify Section 1. 256.15 (8) (bm) and Section 3. 256.15 (4) (a) 4.

3) Change flexible staffing changes approved under 2017 Act 97

POSITION: **OPPOSED**

Act 97 allows an ambulance service provider to upgrade the service level of an ambulance to the highest level of license of any EMS provider staffing that ambulance, if approved by the medical director. For example, a paramedic can work for a lower-level ambulance service, and while on a medical run, may practice to the full extent of their license.

SB 667 would prohibit DHS from requiring the ambulance service provider to stock an ambulance with equipment to perform all functions that the higher-level EMS provider needs to practice at their level of license.

- This bill would shift the expenses of medical equipment, supplies, and medications from the service to the provider. If a paramedic working for a Basic-level service would like to practice at his/her scope, they would need to purchase the supplies and equipment to make that possible, including medications, some of which are narcotics. Someone has to purchase these items for patients who need them, and by removing the requirement that services wanting to operate at that level purchase these supplies, the provider (often a volunteer in rural services) would need to spend the money on them. The only other option would be for that provider to take them home from another service or hospital where they work, which could be considered theft. There also are no standard processes or security measures in place for an individual to purchase certain supplies, equipment, or medication—especially if it is a narcotic.
- If an ambulance service would like to operate at a higher level when they have appropriate staffing, that service should provide the equipment, supplies, and medications needed, as they do with every other item on that ambulance.

NOTE

This bill would modify Section 1. 256.15 (4m) of current statutes.

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4) Prohibit exclusive staffing agreements

POSITION: NEUTRAL

In some ambulance services and municipalities, an employee is prohibited from volunteering or otherwise practicing for another service. Because these jobs are at higher risk of occupational injury, it is possible for an employee to injure themselves while volunteering or moonlighting, but make a Workers' Compensation claim on the primary service, driving up their costs. However, this also removes recruitment options from surrounding communities and their smaller services, even if a provider is willing to help out with the occasional shift.

Since our membership organizations represent both sides of this issue, we are taking a neutral stance on this item.

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