

Significant Legislative Rule Analysis (SA)
For Rules Concerning Prehospital Emergency Medical Services
WAC 246-976-001 Through 400 and Section 890, 920 and 950
February 18, 2010

Section 1. What is the scope of the rule?

The Department of Health (the department) proposes to update and revise Washington Administrative Code (WAC) relating to prehospital Emergency Medical Services (EMS). The rules being updated include WAC 246-976-001 through 400 and Sections 890, 920 and 950 and repealing 246-976-151. The intent of this revision is to make the department's rules about prehospital EMS reflect new national standards for EMS certification levels, education, training, reciprocity, and best practice. The proposed revisions make certain that regulations and standards are clear, concise, and reflect current standards of care and best practice for the benefit and safety of the public.

The Institute of Medicine's (IOM) 2006 "Emergency Medical Services at the Crossroads" report and its recommendations support many of the proposed changes. The proposed changes to the WAC allow the prehospital EMS and Trauma system to migrate to new national standards. These standards address EMS scope of practice and education of EMS personnel.

Trauma, defined as a major life-threatening injury, is a disease of epidemic proportions. Each year, over 140,000 people die from traumatic injuries in the United States. Thirty to forty percent of all trauma deaths occur within hours of the injury. Many deaths are avoided when an organized trauma system is in-place.

The State of Washington's EMS and Trauma Care (EMSTC) system has been in place since 1990. In order for the state's trauma system to be effective, it must make sure that severely injured people arrive at the right hospital in the right amount of time. Washington State's EMSTC system has an outstanding reputation for providing quality care to injured people. Part of that success is the presence of high quality, prehospital emergency medical services that operate under a consistent set of standards and guidelines.

Washington's EMSTC System continues to be a recognized leader in the provision of prehospital EMS care. The proposed changes allow Washington to incorporate the IOM report's recommendations for continued growth of the EMS profession.

The standards included in the proposed WAC changes include current best practice identified by experts in the field of prehospital care. The proposed changes reflect the input of the prehospital Licensing and Certification Committee, the Governor's Steering Committee for EMS and Trauma, Prehospital service providers, physicians and organizations from throughout the State.

Section 2. What are the general goals and specific objectives of the proposed rule's authorizing statute?

Authority for the adoption and revision of the Prehospital rules is established in chapter 18.71 RCW and chapter 18.73 RCW. The general goal of RCW 18.71 and 18.73.010 is to “assure minimum standards and training for first responders, emergency medical technicians, intermediate life support (ILS) technicians, and paramedics; and minimum standards for ambulance services, ambulances, aid vehicles, aid services, and emergency medical equipment”. The overarching goal of the trauma statute is to establish an efficient and well coordinated statewide emergency medical services and trauma care system to minimize the human suffering and costs associated with preventable morbidity and mortality RCW 70.168.010(3).

The objectives as identified in RCW 70.168.010(4) for the proposed rule changes include:

- Providing optimal care to injured and ill patients.
- Preventing unnecessary death and disability from trauma.
- Containing costs of prehospital trauma care.

Section 3. What is the justification for the proposed rule package?

Chapter 18.73 RCW requires the department to:

- Prescribe minimum requirements for ambulance, air ambulance and aid vehicles and equipment, prehospital services and emergency communication equipment.
- Adopt procedures for services that fail to meet minimum requirements.
- Prescribe minimum standards for first responder and emergency medical technician training.
- Prescribe minimum requirements for liability insurance to be carried by licensed services.
- Certify emergency medical program directors.

Chapter 18.71 RCW requires the department to:

- Establish practice parameters, training standards for, and levels of, physician trained emergency medical service intermediate life support technicians and paramedics;
- Identify minimum standards and performance requirements for the certification and recertification of physician's trained emergency medical service intermediate life support technicians and paramedics; and
- Develop procedures for certification, recertification, and decertification of physician's trained emergency medical service intermediate life support technicians and paramedics.

Chapter 246-976 WAC outlines how that is to be accomplished, clarifying the responsibilities of the department and each credentialed applicant. The proposed changes to existing WAC list the standards that must be met.

There are no alternatives available to allow for development of enforceable standards that meet the department's requirements outlined in RCW 18.73.081. The trauma system is a statewide multi-faceted program that provides for consistent care among all prehospital services. Without these rules, there would be no way to ensure that appropriate EMS and trauma care would be available where needed throughout the state.

**Section 4. What are the costs and benefits of each rule included in the rules package?
What is the total probable cost and total probable benefit of the rule package?**

A. Table: Non-Significant Rule Identification

#	WAC Section	Section Title	Reason
1	WAC 246-976-001	Purpose	Housekeeping (Updates name of DOH office)
2	WAC 246-976-010	Definitions	*Defines terms used throughout the rule. Changes in terms impact requirements as addressed below.
3	WAC 246-976-171	Recertification, reversion, reactivation, and reinstatement of certification.	Housekeeping – provide reference current reference for (c)
4	WAC 246-976-191	Disciplinary actions	Housekeeping-Clarifying existing terms
5	WAC 246-976-270	Denial, suspension and revocation	Housekeeping-clarifies consequences of non-compliance with WAC 246-976-390
6	WAC 246-976-310	Ground ambulance and aid vehicle	No changes made
7	WAC 246-976-320	Air Ambulance Services	Housekeeping-Addresses the use of EMS certified personnel; Clarifies requirements for the air medical service’s medical director.
8	WAC 246-976-340	Ambulance and aid services-Inspections and investigations	No changes made
9	WAC 246-976-400	Verification-Noncompliance with standards	Adds consequence of non-compliance with verification standards (clarifies that non-compliant services will not receive a participation grant).
10	WAC 246-976-890	Interhospital transfer guidelines and agreements	No changes made
11	WAC 246-976-950	Licensing and certification committee	Housekeeping

Impact from changes in “terms” that reflect the change to new national standards for EMS certification.

1) Advanced First Aid

The proposed rule redefines Advanced First Aid as referenced in RCW 18.73.150. The proposed change will now define advanced first aid as meaning “emergency medical responder”. There is no longer a certificate or curriculum for advanced first aid training. Current first aid training lacks information and topics that are essential to providing quality patient care in the emergency setting.

Probable Costs

There is minimal cost increase resulting from the proposed change. Only seven of the 500+ licensed EMS services utilize personnel with first aid training. The incremental increase in cost is associated with requiring people to complete additional training hours to meet the proposed change. A recent review of the department's records indicates there are approximately 70 people who are first aid trained only. The department estimates it will take an additional 20 hours of training for the personnel to take the emergency medical responder training at a cost of approximately \$200. New educational standards may reduce this number of hours as training is now competency based. The additional training hours provide education on trauma care, patient assessment, airway management, and immobilization.

Probable Benefits

The benefit to implementing the proposed changes is to assure that personnel responding to EMS and Trauma calls are adequately trained. Current first aid training courses do not include subjects that are critical in the prehospital EMS setting. Currently, people who complete first aid training must receive additional training in trauma related subjects. Requiring this additional training will promote patient safety and quality care by having people trained at a higher level and receive training in additional subjects that enhance patient care in a prehospital setting

(2) Emergency Medical Responder

The proposed rule adopts the new national certification level. Emergency medical responder (EMR) is considered equivalent to the current Washington State First Responder. The proposed change will not require additional training for the person completing EMR training. Currently certified First Responders will not have to complete additional training. The department will change the certification from First Responder to Emergency Medical Responder for these people.

Probable Costs

There are no additional costs associated with the proposed change.

Probable Benefits

The proposed change aligns Washington's certification level with recommendations found in the Institute of Medicine (IOM) report of 2006. The report's recommendation 4.1 states: "State governments should adopt a common scope of practice for EMS personnel, with state licensing reciprocity".¹ The proposed changes, along with those addressing Advanced Emergency Medical Technician (AEMT), create consistency between Washington State and other states in the U.S.

(3) Advanced Emergency Medical Technician

The proposed change adopts the new national certification level. Currently, Washington has five levels of 'intermediate' certification (level between EMT and Paramedic). The proposed change eliminates these multiple intermediate certification levels. The proposed change provides that those people who are currently credentialed at the IV, Airway and IV/Airway levels will be transitioned. These people will now be credentialed as Emergency Medical Technicians (EMT)

¹ "Future of Emergency Care, Emergency Medical Services at the Crossroads" Institute of Medicine Report; Committee on the Future of Emergency Care in the United States Health Care System; 2006; p. 112

with endorsements to continue using the IV and Airway skills upon recommendation of the County Medical Program Director (MPD). Those people who are currently credentialed at the ILS or ILS/Airway levels will become Advanced EMT. The Advanced Emergency Medical Technician is equivalent to Washington's current full EMT-Intermediate and EMT-Intermediate/Airway levels.

Probable Costs

There are no additional costs associated with the proposed change.

Probable Benefits

The proposed change aligns Washington's certification level with national scope of practice recommendations. The proposed change also eliminates the multiple layers of the intermediate level of certification. Currently, individuals who pursue each intermediate level must attend separate training programs and make application for each level of intermediate. The proposed change eliminates this and identifies a single set of training requirements for the Advanced EMT.

Significant Rule Analysis

The majority of proposed changes to the prehospital EMS rules document are the result of recent changes in the practice and administration of prehospital EMS services. The following sections include proposed changes of substance that may include financial or operational impact to trauma care stakeholders.

WAC 246-976-021 Training Programs

Proposed Significant Changes

Training Agency Requirements

The proposed change repeals existing language on training agency requirements and creates standards for initial EMS training programs. Currently there are several hundred EMS training agencies in the state. The proposed change will reduce this number to around 50. The proposed change does not limit the current number of educational opportunities for people pursuing an EMS credential. Current instructors will be allowed to associate with one of the proposed training programs. The intent of the proposed change is not to restrict access but rather consolidate existing training agencies under umbrella training programs. The proposed change creates standards for training programs, including:

- Standards for training equipment and supplies.
- Standards for training facilities.
- Standards that enhance the student learning environment including student rights and responsibilities.

The proposed language also revises language outlining the initial course curriculum to reflect the new national educational standards and instructional guidelines. The Department of Transportation curriculum required in current rules is no longer in effect. The curriculum has been replaced by educational standards and instructional guidelines.

Probable Costs

This change will improve the quality of training programs by creating training programs that can perform regular quality assurance/improvement activities that are currently difficult to conduct due to the high number of training agencies. The costs involved are minimal since many existing programs currently set course standards that meet or exceed the proposed changes. The consolidation of training agencies could result in cost-savings with the pooling of equipment, supplies, and facilities.

Probable Benefits

The proposed change establishes standards for all initial EMS training programs in the state. The proposed changes will result in an enhanced learning experience for EMS students. This is largely due to the benefits of economies of scale (e.g., more diverse list of available classes, instructors, equipment, etc.) and the ability to conduct more frequent quality improvement activities. Training programs are expected to have sufficient training equipment and supplies, facilities and student handbooks. Training programs will need to establish formal clinical experience agreements in order to provide students with the opportunity to meet clinical experience requirements identified in the rule. The proposed changes also establish clear accountability for training programs and their students. Establishing clearly defined standards will enhance the quality of education and care to patients.

By consolidating the many current EMS training agencies under training program “umbrellas”, quality improvement of educational programs is better coordinated. Providing more coordinated quality improvement activities enhances the student learning experience. Creating a better learning environment for students has a positive benefit on the quality of care delivered by EMS personnel. The IOM Report on the state of Emergency Medical Services in the U.S. maintains that greater standardization and higher quality standards are needed to improve EMS education. The proposed change allows Washington to create the necessary standards and require compliance by EMS educational programs. EMS personnel who attend educational programs with recognized standards will, ultimately, provide quality patient care. The proposed WAC changes are consistent with the recommendation of the National Registry of EMT’s relating to successful EMS training program characteristics.

WAC 246-976-031 Senior EMS Instructor

Proposed Significant Changes

(1) Educational Standards

The proposed rule eliminates reference to the National Department of Transportation (DOT) standard curriculum. DOT commissioned a revision of the EMS training curriculum to reflect current best practice. Upon completion of this revision, the DOT eliminated the curriculum. Elimination of the DOT curriculum resulted in a migration to national education standards and instructional guidelines. These education standards and instructional guidelines are now the standard for EMS education. Senior EMS Instructors (SEI) are expected to conduct training courses using the new standards.

(2) SEI Responsibilities

The proposed rule updates the role and responsibilities of SEI personnel. This includes:

- Administrative paperwork required.
- EMS student screening for compliance with provisions in WAC 246-976-041.
- Language on reinstatement and reciprocal instructor approval requirements.

Probable Costs

The probable costs of this proposed change are associated with the transition to new educational standards. It is anticipated that this cost, state-wide will be minimal. Text book publishers are revising text books to reflect the new educational standards. Each of the publishers is developing transition tools that instructors can use to make this transition.

Probable Benefits

The benefit of this proposed rule change is that instructors who are providing initial EMS training will meet the new standards. Removing reference to the National DOT curriculum is necessary to meet national education standards. Since there is no longer a DOT curriculum, the department would be required to develop an EMS training curriculum if the proposed change is not adopted. Developing such a curriculum is both expensive and labor intensive. Adopting the standards for educators and the national education standards and instructional guidelines promote patient safety and quality care.

WAC 246-976-041 To Apply for Training

Proposed Significant Changes

Minimum Age Required to Enter EMS Training Courses

The proposed rule reduces the age at which an individual may enter an EMS training course to 17 years. Currently, individuals must be 18 years of age to enter an initial training course.

Probable Costs

There are no incremental costs associated with the proposed rule change.

Probable Benefits

The benefit of this proposed rule change is that reducing the age to enter training will expand the EMS recruiting base in small rural communities. Many small volunteer EMS agencies are experiencing difficulty in recruiting potential EMS workers. Reducing the age requirement will allow these communities to recruit high school aged students who are interested in serving the EMS system. With an aging and diminishing work force, this proposed change will help mitigate workforce attrition in rural Washington.

WAC 246-976-141 To Apply for Certification

Proposed Significant Changes

(1) Minimum Age Required to Apply for Certification

The proposed rule clarifies that applicants must be at least 18 years of age to apply for an EMT credential. This was implied in the existing rule since an applicant had to be at least 18 years old to apply for training. The approved state certifying exam is the exam conducted by the National

Registry of EMT (NREMT). The NREMT requires individuals to be at least 18 years of age to take the certifying test.

Probable Costs

There are no costs associated with this proposed rule change.

Probable Benefits

The proposed change maintains the current stance that an individual must be at least 18 years of age to apply for an EMS credential. Issues about maturity, legal authority, and ability to work for certain EMS agencies are addressed with this requirement.

(2) Length of time Exam Results are Valid

The proposed change reduces the time period that certification test results are valid from 18 months to 12 months. This brings the state requirement in line with the NREMT. An individual may apply for an EMS credential up to 12 months following successful completion of the certifying test.

Probable Costs

There are no costs associated with this proposed rule change.

Probable Benefits

The proposed change aligns the state requirements with the organization administering the certification test. This avoids confusion on the part of the person seeking the EMS credential.

WAC 246-976-151 Reciprocity, Challenges, Reinstatement, and Other Actions

Proposed Significant Changes

WAC 246-976-151 will be repealed in its entirety. The standards and requirements found in WAC 246-976-151 are all now included in WAC 246-976-141 and WAC 246-976-171. Because the actions discussed in WAC 246-976-151 are related to the certification of EMS personnel, this change will provide clarity to stakeholders. The proposed change will prevent our stakeholders from having to refer to multiple rule sections to determine what they must do for a given certification activity.

Probable Costs

There are no costs associated with the proposed rule change.

Probable Benefits

Because the actions discussed in WAC 246-976-151 are related to the certification of EMS personnel, this change will provide clarity to stakeholders. The proposed change will prevent our stakeholders from having to refer to multiple rule sections to determine what they must do for a given certification activity.

WAC 246-976-161 Educational Requirements for Re-certification
Proposed Significant Changes

(1) Pediatric-Specific Educational Requirements

The proposed rule revision identifies educational requirements that span the age continuum. This includes pediatric, young adult, adult and geriatric components.

Probable Costs

There are no costs associated with this proposed change.

Probable Benefits

This addresses the issue of age-specific injuries and illnesses across the age continuum. There is a growing segment of geriatric patients in Washington. Proposing education requirements that span the age continuum ensures that EMS personnel have the knowledge and skill to manage a broad spectrum of age-related illnesses and injuries. By including language that spans the age continuum, EMS personnel will have the knowledge and skills to care for all patients they encounter. Ongoing education will continue to include a pediatric component along with those for adults and the aged.

(2) Other Methods of Obtaining Continuing Medical Education

The proposed revision recognizes the emergence of on-line continuing education as a means of fulfilling education requirements for recertification.

Probable Costs

There are no costs associated with this proposed revision.

Probable Benefits

The proposed revision allows people in rural communities to meet educational requirements using today’s technology. There are several educational programs offered on-line and via interactive video teleconferencing that ease the travel and expense burdens associated with ongoing education.

(3) Skills and Knowledge Requirement Tables

The department proposes to revise tables in the existing WAC to reflect current best practice and new certification levels. Current Cardiopulmonary Resuscitation (CPR) and Airway requirements are proposed to read as “Cardiovascular”. Cardiovascular includes CPR, airway management, cardiovascular and stroke content. This change is in response to the evolving cardiac and stroke system of care that is occurring in Washington State.

Probable Costs

Incremental increases in costs associated with this proposed change are minimal and related to the cost of on-line continuing education. Each program may charge the individual for taking the on-line course. The most frequently used on-line education program charges individuals \$50 per year. This is optional and EMS providers may continue to attend continuing education classes that cost nothing. Many of the EMS and Trauma Care (EMSTC) Regions provide monetary support for volunteer, rural providers. The cost of taking these on-line courses is partially deferred through the monetary support provided by some EMSTC Regions. On-line resources are available through the American Heart Association in order to meet the revised requirements.

Probable Benefits

The proposed change recognizes the emerging on-line continuing medical education programs and the use of technology. Revising the skills and knowledge tables to reflect current practice and proposed certification levels provides consistency with the rest of the prehospital WAC changes. Revising CPR and Airway to be more inclusive of cardiovascular and stroke content aligns the prehospital EMS WAC with the emerging cardiac and stroke systems of care. Prehospital personnel are very often the first contact with the health care system and must have the knowledge and skills to effectively treat patients with cardiovascular disease.

WAC 246-976-182 Authorized Care

Proposed Significant Changes

The proposed changes include use of the phrase “Scope of Practice” to clarify the intent of the rule. The proposed changes clarify that the care provided by prehospital EMS personnel is in the out of hospital/out of clinic setting. The proposed changes also define “specialty care services” to address the increasing number of acutely ill patients being transferred between hospitals. This change allows for the use of specially trained paramedics in addition to registered nurses as a method of staffing ambulances transporting acutely ill patients.

Probable Costs

The incremental increase in cost associated with this proposed change is related to the cost of training specialty care service paramedics. The number of hours required for training varies from as few as 50 hours to a high of 100 hours. Ambulance services that choose to provide this training and level of care will bear the costs. The proposed rule is not a mandate but rather permits ambulance services to train and utilize specially trained paramedics. It is estimated that the cost per paramedic will be about \$2,000 for those who complete a 100 hour course.

Probable Benefits

The proposed changes will clarify the role of the EMS provider in Washington State. A number of rural hospitals inquire about using paramedics and EMTs in the hospital setting to augment limited staff. While this has never been allowed, clarification in the WAC will avoid potential problems in the future with hospitals hiring EMS personnel to augment the hospital’s health care work force.

Recognizing specialty care transport services and specially trained paramedics to staff these resources is important. There are an increasing number of acutely ill or injured patients that require transfer from one hospital to another with a higher level of clinical expertise. Many of these patients require skills and knowledge that exceed that of a paramedic. Registered nurses have typically staffed ambulances transporting these patients. The available pool of registered nurses is limited and recognizing specially trained paramedics who can care for these patients will increase the accessibility to these important services. Because transporting these patients requires additional skill and knowledge, the proposed changes identify minimum requirements for paramedics that may provide care during these specialized transports. This is intended to promote patient safety while increasing the number of resources available to perform the transport of acutely ill patients.

WAC 246-976-260 Licenses Required

Proposed Significant Changes

Proposed changes include broadening current language about liability insurance. The current rule states an agency must include “(d) evidence of liability insurance coverage”. The proposed change now states “Evidence of the following insurance coverage: (i) Motor vehicle liability coverage required in RCW 46.30.20 (ii) professional and general liability coverage. This change is proposed in order to clearly outline the types of liability insurance expected of an agency applying for licensure.

RCW 18.73.081 (4) requires the Secretary of Health to “prescribe minimum requirements for liability insurance to be carried by licensed services”. Current language is vague and the proposed change clarifies the expectation in meeting the statutory requirement.

Probable Costs

The department assumes that licensed EMS agencies already maintain both motor vehicle and professional and general liability insurance. Therefore, the department assumes there are no costs associated with the proposed rule change.

Probable Benefits

The proposed change clarifies the intent of the statute requiring proof of liability insurance. To date, the language is confusing for agencies seeking licensure with the department. The change will avoid this confusion and provide clarity to RCW 18.73.081.

WAC 246-976-300 Ground Ambulance and Aid Vehicles-Equipment

Proposed Significant Changes

Proposed changes include revisions to reflect current best practice for equipment and supplies. The Pediatric Technical Advisory Committee provided assistance in addressing pediatric-specific equipment requirements. The proposed change removes extrication equipment (e.g., hammers, screw drivers, tire irons, etc.) as these items are not considered to be the standard for extrication equipment. Ambulances are not configured to carry the large pieces of extrication equipment that are now carried on fire engines. Because of this, ambulance services regularly request, and receive, variances from the requirement to carry extrication equipment. Services will no longer need to request these variances. The proposed changes also reflect the need to maintain pharmaceuticals in accordance with manufacturer guidelines. How this is accomplished is left to the discretion of the licensed service.

Probable Costs

The incremental increase in costs is associated with the requirements to maintain pharmaceuticals in accordance with manufacturer guidelines. In some cases, agencies may opt to purchase temperature controlled cabinetry or devices that maintain a constant temperature. This is not mandated but rather one option to use. The options available span from the expensive, climate controlled cabinetry to simply moving medication boxes inside and away from the extremes of temperature. If an agency does choose to install climate controlled cabinetry in the response vehicle, the cost of the equipment ranges from \$1200 to \$2000 per ambulance.

Probable Benefits

Revising the equipment requirements aligns the EMS WAC with current best practice and standards. This is particularly true in the case of requiring ambulances to carry small tools to accomplish complex extrication. All EMS systems incorporate heavy extrication response to automobile accidents to ensure safe and effective extrication of patients from damaged vehicles. Requiring that pharmaceuticals be stored in accordance with manufacturer recommendations promotes patient safety and positive patient outcomes.

WAC 246-976-330 Ambulance and Aid Services-Record Requirements

Proposed Significant Changes

Language in section (2) will require EMS personnel to submit a complete written or electronic report to the receiving facility within 24 hours. Existing language allows a 10-day period between delivery of the patient at the receiving facility and receipt of the complete patient care report.

Probable Costs

There are no costs associated with the proposed rule change. EMS personnel must complete a patient care report as soon after encountering the patient as possible. Large EMS agencies that encounter higher number of patients already require their EMS staff to complete patient care reports prior to the end of shift. The department assumes that smaller EMS agencies will incorporate this function into a daily activity.

Probable Benefits

The proposed change improves communication of essential patient care information from the EMS provider to hospital staff. In many cases, the care and observations of the EMS provider prior to arrival impacts patient care provided by the receiving facility. Without this information, physicians are left without information that may affect the care and outcome of the patient. The EMS stakeholders feel a ten day time period to obtain this information is too long. Submitting a complete report within 24 hours of delivery of the patient allows physicians to make informed decisions about the care provided to patients.

WAC 246-976-390 Verification of Trauma Care Services

Proposed Significant Changes

The primary change is repealing the current language and moving it to a new section of WAC. Language that remains in this WAC is solely clarifying in nature. This makes understanding the rule easier for the EMS stakeholders.

Probable Costs

There are no costs associated with this proposed rule revision.

Probable Benefits

The benefit to this proposed change is primarily making the rule easier to understand for the EMS stakeholder.

WAC 246-976-395 To Apply for Initial Verification or to Change Verification Status as a Prehospital EMS Service

Proposed Significant Changes

This new section includes the language that is repealed in WAC 246-976-390. Changes are primarily intended to clarify existing rule language. The most significant proposed change includes outlining the process the department uses to evaluate agency applications for trauma verification. This is new language that details how verification applications will be managed by the department.

Proposed language also provides detail on the role of the Regional EMS and Trauma Care (EMSTC) Council in the verification process. In the verification application evaluation process, Regional EMSTC Councils provide comment to the department. The proposed change provides detail on what information the Regional Council may provide to the department during the evaluation process.

Probable Costs

Incremental increase in cost associated with this proposed change centers around the role of the Regional EMSTC Council in providing the department with comments on the agency application for trauma verification. Regional EMSTC Council staff will compile the information from the Council and forward it to the department. This will involve two to three hours of staff work for each application. The department receives about 10 applications per year. At approximately \$30 per hour, the anticipated annual cost to Regional EMSTC Councils ranges from \$600 to \$900, annually. This considers the Regional EMSTC Council staff time to review applications and coordinate Regional Council discussions.

Probable Benefits

There are multiple benefits to the proposed changes. They include:

- The department's process for evaluating applications for trauma verification will be included in rule.
- Applicants will clearly understand the process by which a trauma verification application will be evaluated.
- The proposed rule clarifies the role of the Regional EMSTC Council in providing comment on trauma verification applications. Historically, Regional EMSTC Councils have not had clear understanding of their role or the information needed to augment the department's evaluation process. The language permits Regional EMSTC Councils to comment on the application in an objective manner.

The proposed changes will improve the department's process for evaluating applications for trauma verification.

WAC 246-976-920 Medical Program Directors

Proposed Significant Changes

Proposed changes to this rule include two items. They are:

- The proposed changes define the expected qualifications of the MPD, and

- Specifying the department's process in appointing the MPD.

Probable Costs

The proposed change results in no additional expense for our MPDs or stakeholders.

Probable Benefits

The proposed change outlines the qualifications of the MPD as well as defines the process used by the department to appoint MPDs. The proposed change will clarify the department's expectations for physicians who seek the position as well as for EMS councils with whom the department works in appointing MPDs.

Cost Benefit Summary

The department believes that the proposed rules mirror the national trends and best practices for prehospital EMS systems. Based on input received from stakeholders during meetings, through emails and phone calls, the department's assumption is that a majority of licensed EMS services already meet the requirements of the proposed changes. The proposed changes are largely associated with the national change in EMS provider education and scope of practice. Many of the proposed changes are intended to provide clarity of current rules for EMS stakeholders. The proposed changes that do impose costs result from changes that are intended to protect the health and safety of citizens who use the EMS system in Washington State. Therefore, the probable benefits of this proposed rule exceed the probable costs.

Section 5. What alternative versions of the rule did we consider? Is the proposed rule the least burdensome approach?

Department staff worked closely with stakeholder committees and prehospital EMS representatives to review and propose revised rules to meet the overall goals of the system. Careful consideration was given to the economic impact of the proposed changes. Several meetings, teleconferences, and an iLink workshop were conducted over a 14-month period to involve stakeholders around the state in this rules revision process. Many ideas were proposed, vetted, and then accepted or rejected throughout the lengthy review process. Rule changes that were proposed, but ultimately rejected because the probable costs exceeded the probable benefit include:

- (1) A proposal to create limited EMS training programs (WAC 246-976-021). Initially, it was proposed to limit the ability to become an EMS training program to the following:
 - A Regional EMS and Trauma Care Council
 - A Local EMS and Trauma Care Council
 - A facility of higher learning (Community College or University)
 - A licensed Technical or Vocational Education Program

Restricting the ability to conduct EMS Education to these four focus areas would create an economic hardship on some of the more grass roots EMS training programs in the State. These small organizations would be required to expend upwards of \$2,000 each to become licensed Vocational Education Programs. The expense would result in a net loss of EMS education programs particularly in small, rural communities. By expanding the list of entities that can

become training programs and revising the standards, the expense and potential loss of education is avoided.

(2) A proposal to revise WAC 246-976-182 “Authorized Care” to include a specific Specialty Care Paramedic Training Program was not supported by the EMS stakeholders. The cost of this specific program averages \$3,000 per paramedic. For an agency with 20 paramedics, the cost is estimated to exceed \$60,000. By proposing language that allows the Medical Program Director to develop specific training and education standards as well as the initial curriculum, these costs were avoided.

(3) A proposal to require temperature controlled storage of medications in ambulances and aid vehicles was rejected. Initially, it was proposed that these vehicles would need to purchase and install specially designed containers that are thermostatically controlled. Each of these units costs, on average, \$1,500. For an agency operating 20 ambulances, the cost of compliance would be approximately \$30,000. For smaller agencies, the cost of the proposed language would be prohibitive. Through a series of discussions, final proposed language leaves how to maintain optimum temperature control of medications to the discretion of the agency. However, medications must be stored consistent with manufacturer recommendations.

(4) A proposal to require cardiovascular and stroke training in education requirements for recertification is a revised version of the initial stroke proposal. In addition to EMS-related education, many EMS providers are expected to meet requirements for fire suppression, disaster management, and vehicle operations. It was felt adding additional hours for cardiac and stroke training would be prohibitive both in terms of time and expense. Therefore, combining cardiac and stroke training with existing annual CPR and airway management training minimizes the time and expense related to this important training. In essence, EMS personnel will not need to meet additional training hours as this is now combined into a single annual requirement.

(5) WAC 246-976-320 “Air Ambulance Service”. There was a proposal to remove the requirement that an air ambulance service provider be accredited by the Commission on the Accreditation of Medical Transport Services (CAMTS). This requirement has been a long-standing requirement in the prehospital rules. Removing this requirement would require a great deal of work in developing clinical standards for air ambulance services. The proposal was ultimately rejected and the requirement for CAMTS accreditation remains in the final version.

(6) WAC 246-976-920 “Medical Program Directors”. There was an effort to incorporate MPD oversight of emergency medical dispatch protocols. Legal review of this proposed change recommends removing the language. The statute relating to MPDs does not include oversight of dispatch center protocols in the role of the MPD.

Section 6. Did you determine that the rule does not require anyone to take an action that violates another federal or state law?

The rule does not require those to whom it applies to take an action that violates requirements of federal or state law.

Section 7. Did we determine that the rule does not impose more stringent performance requirements on private entities than on public entities unless the difference is required in federal or state law?

The Department of Health determined that the rule does not impose more stringent performance requirements on private entities than on public entities.

Section 8. Did you determine if the rule differs from any federal regulation or statute applicable to the same activity or subject matter and, if so, did we determine that the difference is justified by an explicit state statute or by substantial evidence that the difference is necessary?

The rule does not differ from any applicable federal regulation or statute.

Section 9. Did we demonstrate that the rule has been coordinated, to the maximum extent possible, with other federal, state, and local laws applicable to the same activity or subject matter?

There are no other applicable laws.