



Oregon Fire Medical Administrators Association
Written Testimony for **OAR 333- Division 250, 255, and 265**
For
Oregon DHS/EMS
February 25, 2010

After reviewing the proposed DHS language to **OAR 333-Division 265**, the OFMAA Board offers the following input for DHS/EMS consideration.

1. OFMAA supports the movement of Oregon toward the National Education Agenda and National Scope of Practice.
 - a. Much of the draft language incorporates a bridging of current EMT levels to the newly defined levels of the future. This appears to help agencies make a seamless transition while maintaining level of service.
 - b. During state wide stakeholder meetings, fire service input focused heavily around the Advanced EMT (AEMT) and EMT-Intermediate levels. Many fire agencies desired to retain the Oregon Intermediate certification with its current scope of practice. On the other hand, many agencies expressed preference to drop to the National AEMT level as they did not use nearly all the skills. This proposal retains the current Intermediate level as-is for those who wish to provide this level of service to their citizens. Adding the AEMT level not only meets the needs of some of our member agencies, but provides greater portability for those AEMTs wishing to enter the Oregon work force.
 - c. Aligning with National Registry will improve portability at all levels.
 - d. Scope of practice for the other levels (EMT-B & Paramedic) remains unchanged.
 - e. We need to monitor upcoming corresponding OMB language to OAR Chapter 847 etc. to ensure consistency in scope of practice at all levels.
2. Emergency Medical Responder (currently First Responder) is an issue for many fire agencies. The proposed language helps set the stage to assist our members who wish to provide this level of care.
 - a. Retains an agency's ability to conduct the course.
 - b. Adds back ground checks (performed by DHS) to help protect our citizens and agencies.
 - c. Adds portability for EMRs entering the Oregon work force.
 - d. Adds Medical supervision for consistency with other levels.

3. Regarding changes to the Education Standards we work closely with the Oregon EMS Educators Consortium group who has more expertise in this area.
 - a. The OFMAA supports the Community College/higher education model currently in place and is retained in the proposed language.
 - b. Several Oregon paramedic programs are already accredited. These are assisting other programs to meet the new standards. This should maintain the number of paramedics trained within state boundaries.
 - c. The OFMAA reiterates our support for the Associate Degree as a minimum requirement for Oregon-trained Paramedics. (The Oregon Fire Chief's Association also supported this requirement during the SB162 deliberations). We believe graduates with this credential hit the street with verified skills in math, writing, problem-solving, etc.

4. Regarding certification by Indorsement/Reciprocity:
 - a. OFMAA supports the draft language of National Registry I-99 being indorsed at the EMT-Intermediate level and; National Registry I-85 being indorsed at the EMT/EMT-Basic level. This should assist in portability of EMS workers into the state.
 - b. Regarding Reciprocity- The "3 years" of experience in lieu of an Associate's Degree language (result of HB3097) is felt to be too short of time. Both the OFMAA and OFCA support increasing this to a minimum of 4 years.

5. Regarding Recertification matters:
 - a. OFMAA supports the extension of recertification time for returning military personnel with > 6 months without access to continuing education.
 - b. Skills verification at each level adds consistency. The time spent can be counted as recertification c.e.
 - c. The number of required c.e. hours are: EMR- 12 hrs; EMT- 24 hrs; AEMT- 36 hours; Intermediate- 36 hrs plus specific Intermediate skills demonstrated; Paramedic- 48 hrs. This is essentially no change and is balanced between levels.
 - d. In the past some fire agencies have expressed concern over cost of providing c.e., especially where cost is borne by the agency. This language continues to allow 50% of c.e. counted through video, exam evaluator, reading journals, and teaching. The fire service can also easily count training time spent in topics such as rescue, emergency driving, communication, hazardous materials, etc. which greatly reduces training costs.
 - e. National Registry recertification automatically counts to recertify Oregon corresponding levels for those choosing to continue with NREMT.

Regarding the proposed increase in EMS fees:

Increase of any fee causes apprehension among OFCA/OFMAA membership. During past discussions on the topic, members expressed concern over unfunded mandates and not having preparation time to meet internal budget timelines.

OFMAA members recognize that Oregon's DHS/EMS office relies on application and licensing fees to fund regulatory functions. As EMS agencies we rely heavily upon DHS back ground checks, verification of competency, and professional standards activities. Without DHS/EMS participation, few individual agencies could afford to do this risk management function alone. Other programs, such as the Mobile Training Unit are funded through DHS and provide cost effective training for fire providers throughout the state.

Fees for EMS agencies are set in statute. Where many other states have a tax subsidy, Oregon must rely on fees alone to provide the service. The last increase occurred in 1997. OFMAA recognizes the majority of DHS office efforts are concerned with first time applicants which has low impact on the Oregon fire service. We focused our review on EMT recertification fees which directly affect most of our membership.

To address timeliness, the increase is proposed in two stages. The first increment would not affect budgets until the spring 2013 recertification process. The second incremental increase would impact fees in spring 2015. This adequately meets the concern OFMAA expressed during previous deliberations regarding planning time for budgets.

When viewed in the context of 18 years between fee increases, this proposed request is palatable.

Is it possible to build in statute an incremental increase with a maximum? This would assist with budget planning as an infusion over time versus getting hit with a perceived bolus request every 18 years.

An electronic work sheet has been established at www.ofmaa.org to assist in calculating the impact fees will have on their specific agency.

After reviewing the proposed DHS language to **OAR 333-Division 250 and 255**, the OFMAA Board offers the following input for DHS/EMS consideration.

333-250-0041 (2)(b)

This language should be consistent with what is written in 250-0043 (c) (C). The DPSST Hazardous Materials courses used by the fire service exceed this minimum requirement and the language should be clear that these classes meet the intent.

333-255-0000 (23)

Disability is spelled incorrectly.

333-255-0000 (25) and (26)

“Board of Medical Examiners” should be replaced with “Oregon Medical Board”.

333-255-0070 (I)

Requiring purchase of an oxygen saturation monitor for every BLS ambulance will create a financial hardship for some agencies. The clinical intent is clear (having an oxygen saturation device when using a pharyngeal airway) but the decision is best left up to the EMS Medical Director.

333-255-0071 (1) (b)

The term “EMT-Advanced” should be changed to “Advanced Emergency Medical Technician (AEMT)” to be consistent with the definition listed in 333-255-0000 (1).

333-255-0071 (2) (A)

If an ambulance is staffed with an AEMT as the highest level, does their training include use of the manual monitor defibrillator?

333-255-0071 (2) (d)

Same “EMT-Advanced” terminology change to reflect 333-255-0000 (1)

Submitted by Mark Stevens, Vice President, on behalf of the OFMAA Board of Directors.