Regulation of EMS Agencies

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This presentation will discuss:

- The history of EMS agency regulation
- Regulatory Frameworks
- Areas of agency regulation around the Nation
- Trends in EMS Regulation
History of EMS Regulation

• In 1960’s, most US ambulances operated by funeral homes
• Hearse converted to Ambulances as necessary
• City ordinances were often the only regulations
• 1966 White Paper established need for standards
EMS Systems Act of 1973

- Authorized National grant program to establish and improve EMS
- $1 Billion (2014 dollars) distributed
- State EMS offices created mostly to administer grants
- State licensure rules required for funding
- State regulations defined (and continue to define) minimum standards only.
The Regulatory Framework

- Legislatures pass legislation granting broad powers to license and develop EMS
- EMS boards develop detailed rules based on those powers
- Legislatures and Governors generally approve draft rules, but may decline them
- Wide variation in state processes for rule development
Rules

• Rulemaking vs. Statute Changes
  – More Transparent
  – Collaborative
  – Consensus-driven

• Rules often more easily changed than statutes

• Enforcement options are generally based in statutes, defined in rules
  – Fines
  – License Actions
Areas of EMS Agency Regulation around the Nation:

- Ambulance Service
  - Ground Ambulance Service Licensure
  - Specialty Care Transport
  - Air Ambulance services
- Non-transport EMS Agency Licensure
- “System” Licensure
  - Trauma Systems
  - Stroke Systems
  - STEMI Systems
Agency Licensure Processes and Requirements Vary by State

- Personnel and Agency licensure Periods
- Application requirements
- Documentation requirements
- Inspections
  - Personnel
  - Equipment
  - Protocols
  - Training Records
Agency Licensure Processes & Requirements Vary by State (con’t.)

- 24/7 response availability
- Communications Capabilities
- Medical Direction
- Notice to the state when personnel are sanctioned
- Reporting EMS vehicle-involved crashes
Agency Licensure Processes & Requirements Vary by State-Con’t.

• Submission of Patient Care Reports
  – National EMS Information System (NEMSIS) Compliant data
  – Paper vs. electronic submission

• Reporting Line of Duty Deaths (LODD)

• Maintenance of Insurance/Bonds
  – Workers Comp
  – Vehicle / Professional Liability Insurance
  – Bonding of personnel
Agency regulation aimed at protecting public

- Minimum standards defined
- Compliance process established
  - Self-reporting
  - Verification inspections
- Consequences for violations proscribed
  - Administrative actions
    - Citations
    - License suspension
    - Fines
    - License revocation
Deemed Status

• Certifications by specialty organizations attest to competence of providers

• May be “deemed” as substantively meeting state requirements
  – Commission on Accreditation of Medical Transportation Systems (CAMTS) for Air Ambulance Providers
  – Commission on Accreditation of Ambulance Services (CAAS) for Ground Ambulance Providers
Trends in Regulation

• Focus is moving away from punitive systems to “Quality Improvement” systems:
  – Areas for improvement are identified
  – Provider plans interventions
  – Interventions are implemented
  – Results are evaluated
  – Cycle repeats!
Trends in Regulation (Con’t.)

• Most states require EMS agencies to have internal QI
  – may require participation in regional QI
  – Usually Physician-driven, “care-centric”

• Regulatory QI is the next logical step:
  – Enlists licensee as collaborators rather than adversaries
  – Encourages a “quality-centric” ethic
  – Avoids focus on “Check-mark” standards.
Summary

- EMS regulation at the state level is around 40 years old
- Began with new federal standards
- Much variation among states
- Central theme is protecting the public
  - Define minimum standards
  - Process-driven
  - Consequences for violations
- Non-punitive alternatives such as QI models hold promise for the future