

A7503
Assembly member Gottfried

S5481
Senator Hannon

**An act to amend the public health law, in relation to
community paramedicine services provided by emergency medical providers**

Memorandum in Opposition

The proposed legislation would authorize emergency medical technicians to engage in the practice of community para-medicine, defined as evaluating, preventing or improving the health condition of patients, within the EMT or advanced EMT scope of practice, education and training, in settings other than direct emergency care and transporting of patients.

The legislation specifically amends current provisions of the Public Health Law to expand the area of practice of EMTs to include, in addition to the currently permitted provision of emergency care and transportation services to patients, the provision of care to individuals in community settings.

The legislation does not change or expand the current scope of practice of EMTs and advanced EMTs, and specifically limits their new role to providing services that are within their existing scope of practice, training and education. The bill further provides that any community para-medicine services provided by EMTs must continue to be under the direct supervision and control of a medical doctor.

Finally, the legislation authorizes the DOH to formulate regulations regarding the specific types of “community para-medicine” services and their oversight in consultation with relevant stakeholders.

1. NYSNA is supportive of efforts to improve community health and access to health services

Improving the quality of care, access and community health outcomes are laudable goals that NYSNA fully supports. We are also supportive of better coordination across the spectrum of care and enhanced integration of providers and direct care givers to achieve these goals.

We are concerned, however, that certain segments of the healthcare industry will seek to manipulate efforts to improve the healthcare delivery system as a means to further the private interests of providers who are more concerned with increasing revenues and profits than providing quality care for patients and local community communities.

2. The bill does not clearly or adequately define the concept of “para-medicine”

The legal scope of practice of the professional nurse is defined by Article 139 of the Education Law (the Nurse Practice Act) as “diagnosing and treating human responses to actual or potential health problems through such services as case-finding, health teaching, health counseling and provision of care supportive to or restorative of life and well-being.”

Within this defined scope of nursing practice, the RN is responsible for assessing the condition of the patient, developing a care plan consistent with the diagnosis and orders of the physician, administering care and educating the patient. The RN “shall plan, supervise, and evaluate” the care of each patient and may, under appropriate circumstance and with proper supervision, “assign the care of each patient to other nursing personnel in accordance with the patient’s needs and the preparation and competence of such other nursing personnel” (10 NYCRR 405.5(b)(2)(ii)).

EMTs and paramedics, on the other hand, are trained and authorized, under direct medical supervision, to provide emergency, on-scene assistance to patients and to expeditiously transport them to the appropriate hospital or other care setting for further medical treatment and care. Unlike registered nurses, however, they are not trained to assess the ongoing condition and needs of patients and are not trained or educated to create and implement treatment plans or to educate patients about their ongoing health status and needs.

Though the proposed legislation clearly indicates that the current scope of practice of EMTs and paramedics will remain unchanged, it fails to clearly define the concept of “para-medicine” and thus raises serious concerns about the standards that will apply to this expansion of their area of practice to the community, non-emergency setting.

We are further concerned that hospitals and other operators of emergency services will attempt to expand the practice of EMTs and paramedics in ways that will require them to exercise the assessment, care planning and patient education functions that are exclusively within the scope of practice of RNs and which they are not by education, experience or licensure qualified or competent to provide.

The lack of specific definitions as to the types of services that may be included in the concept of “community para-medicine” leaves open the possibility that EMTs and paramedics will be used inappropriately to provide services that require the knowledge and expertise of a licensed RN. This lack of clarity poses a possible threat to patient safety and the health of the broader community.

3. The proposed legislation does not limit the settings and tasks that may be assumed by EMTs

The proposed legislation does not set specific parameters in the regulations that are to be drafted by the DOH, nor does it direct the DOH to make such regulations consistent with the existing Nurse

Practice Act and related regulations regarding the definition and scope of practice of nursing to ensure that EMTs are not permitted to improperly assume nursing roles or duties.

The legislation, accordingly, should include the following specific criteria to limit the practice of “para-medicine” and prevent any erosion of safe standards of nursing care:

- Clarify that registered nurses and licensed nursing practitioners exclusively bear the responsibility for nursing practice in all healthcare settings;
- Delineate the specific parameters of “para-medicine” and set forth the limits on EMT and paramedic roles in providing health services in the community;
- Prohibit EMTs and paramedics from engaging in nursing practice functions such as assessment of health needs, exercise of nursing judgment, and the development, implementation and evaluation patient care plans;
- Require that persons engaged in “community para-medicine” report to and be under the supervision of the registered professional nurse to the extent that their roles might overlap with that of registered nurses or involve health related tasks and duties currently within the scope of nursing practice.

4. NYSNA and other nursing organizations must be included in the drafting of regulations

As currently drafted, the proposed legislation requires only that the DOH “consult with appropriate stakeholders.”

Given the possibility that the “para-medicine” concept will be inappropriately expanded or abused by employers to dilute the quality of patient care and to allow nursing functions to be assumed by non-nurses, it is imperative that the bill be modified to specifically include NYSNA and other nursing organizations on the body that will draft specific regulations.

NYSNA nurses must be specifically involved in process of defining the specific roles and community settings in which “para-medicine” personnel will be permitted to operate, in the identification and measurement of core competencies of community para-medicine personnel, and in developing standardized training for community para-medicine personnel.

The legislation should be modified to create a more robust and concrete role for NYSNA and other stakeholders in the drafting of any regulations.

5. Conclusion

Based on the foregoing, NYSNA opposes the proposed legislation in its current form and urges amendment of the legislation to address these concerns.