

EXHIBIT NO. 15Testimony of Kim A. Powell, APRN, CEN
In OPPOSITION to Senate Bill No. 448DATE 2-18-05BILL NO. SB 448

Chairman Cromley,
Distinguished Legislators

My name is Kim Powell. I have been an RN for 30 years and spent 20 of those years working in Emergency Departments as a Certified Emergency Nurse. I served as manager of Emergency Services at Community Medical Center for 18 years. For ten of those years I provided advanced life support on an ambulance service. In addition to my clinical roles, I have been a member of the Montana State Board of Nursing for the past 8 years, serving as Chairperson for 4 of those years.

Based on my experience I feel that I am qualified to speak on the bill offered by Senator Black which proposes to drastically change the scope of practice of Emergency Medical Technicians. In an effort to be succinct, I offer the following points for consideration:

1. The EMT scope of practice and the basis of their education are specific to providing care for a patient at the scene and subsequent transport to a health care facility where a higher standard of care is available and provided by health care professionals. As recently as January of 2005, the National Highway Traffic Safety Administration released a document called "National EMS Scope of Practice Model" - continuing to specify each EMS category as restricted to practicing "outside-the-hospital" only. A copy is provided for you.
2. The standard of care for hospital emergency departments is separate, distinct and markedly advanced from the standard of care required outside the hospital.
3. EMS education is purposely narrow to meet objectives for their current scope. Their training is specifically designed as technical functioning - thus their title. EMTs receive NO TRAINING in Primary Care and for over 80% of cases seen in an Emergency Department.
4. The proposed change would allow EMT's a wider scope of practice than a Licensed Practical Nurse and perhaps of a Registered Nurse, without the benefit of an educational foundation to support the needs of ED patients. Emergency Department patients require professional nursing and physician care. This proposed change in practice would allow EMTs to practice nursing - assume duties for which they are not educated or certified for competence.
5. From a regulatory standpoint, this proposal would negate the definition of nursing. How would the state provide for the health, safety and welfare of patients in a hospital setting when someone can perform nursing roles without meeting the requirements known to provide safety for patients? Can any group

of technicians or health care assistants by simply changing the title, place it under the control of the medical board and pretend it is not the practice of nursing? There are over 15,000 licensed nurses in the State of Montana, nurses who paid a great deal of money and devoted many years of study to become licensed nurses - many of whom have voiced their concern to you.

6. While my comments focus on the science of nursing and the educational requirements for the nursing care of patients, the Committee should also consider that many communities have limited numbers of EMT personnel. A shift of these individuals into hospitals, where they would be more highly compensated, could deplete the community of individuals available to perform the work their role was specifically designed for: emergency assistance outside of the hospital.

In all health care related professions education, certification and practice must be congruent. For those unfamiliar with standards of practice differentiation in health care, you could liken this bill to one which would propose that a Paralegal be allowed to practice Law - to represent clients, develop legal strategy, and appear in court. Few would argue that the Paralegal does not have some legal knowledge. This does not negate the fact, however, that the paralegal has not met the educational requirements, nor verified competence by passing the Bar exam. They are an integral part of the legal team, but they are not lawyers and cannot practice as attorneys.

Nursing is not blind to economic issues and a need to provide safe levels of assistive personnel in various health care settings. For the past year, the BON has worked with a 17 member panel to review the rules of delegation. This panel has reviewed scientific literature, other state practices, and the needs of Montana healthcare facilities. The BON has published the Rules and today opened deliberations on these expanded rules. It is especially disconcerting that this piece of legislation has been introduced in an effort to trump the careful work on this broad-based panel.

In closing, I ask the Committee to carefully consider the gravity of this proposal. This is not about ED nursing shortages: there are none. This is not about rural facilities: most do not staff their EDs with physicians but rather with Physician Assistants or Nurse Practitioners. Most rural communities utilize volunteer EMTs - they are not "hanging around the ED". This is not about a lack of appreciation or respect for the EMS system - their role and work in the field is vital and appreciated - it simply does not prepare them to practice nursing.

This is a substantial public safety and liability issue. National standards speak against this practice - and Montana should as well. During the past two legislative sessions, the practice of nursing has been under attack. Please recognize nursing practice, regulated for the past 90 years in this state, as one based in the rigors of science to deliver safe care to our citizens in their last safety net - the hospital setting.

Thank you for your work on behalf of those you serve.

the National EMS Scope of Practice Model:

Emergency Medical Responder

The emergency medical responder provides immediate lifesaving care for critical patients who become suddenly ill or injured outside the hospital.

Educational Requirements: Eligibility for licensure requires completion of an approved emergency medical responder training program.

Scope of Practice: The emergency medical responder's scope of practice is limited to a simple skill set focused on lifesaving interventions for critical patients. Permitted skill set includes bag-valve-mask ventilation; unit dose auto-injectors for self or peer administration; and automated external defibrillation. Prohibited skills include any procedure specifically identified as "permitted skills" at a higher level.

Emergency Medical Technician

The emergency medical technician provides basic and limited advanced emergency medical care and transportation for critical and emergent patients who become suddenly ill or injured outside of the hospital.

Educational Requirements: Eligibility for licensure requires completion of an approved emergency medical technician course.

Scope of Practice: The emergency medical technician's scope of practice includes lower risk advanced skills that are effective and can be performed safely in out-of-hospital setting with medical direction and limited training. The emergency medical technician transports patients to an appropriate medical facility. Permitted skill set includes administering nitro-

glycerin for ischemic chest pain; maintaining a non-medicated intravenous infusion; and spinal immobilization. Prohibited skills include IV medications and any procedure specifically identified as "permitted skills" at a higher level.

The draft notes that in many rural communities, the emergency medical technician provides the highest level of prehospital care.

Paramedic

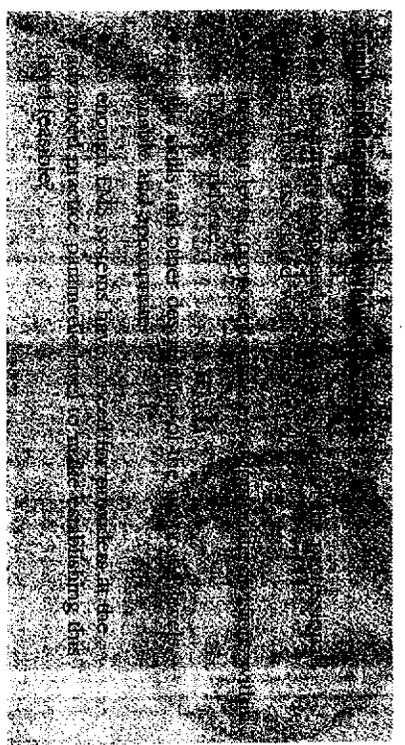
The paramedic is an allied health professional who provides emergency medical care, including the use of invasive techniques and pharmacological interventions, for critical and emergent patients who suddenly become ill outside of the hospital.

Educational Requirements: Eligibility for licensure requires completion of an accredited paramedic program at the certificate or associate's degree level.

Scope of Practice: The paramedic's scope of practice includes a fundamental skill set focused on the acute management and transportation of critical and emergent patients. The major difference from the emergency medical technician is the paramedic's ability to perform advanced care that has greater potential risk to the patient if improperly or inappropriately performed; is more difficult to attain and maintain; and requires significant background knowledge in basic and applied sciences. Permitted skill set includes endotracheal intubation; IV fluid infusion; and transcutaneous pacing. Prohibited skills include anything identified as "skills permitted" at a higher level.

Advanced Practice Paramedic

The advanced practice paramedic provides a broad spectrum of out-of-



hospital care, referral, and disposition for patients who contact the EMS system. The advanced practice paramedic performs a comprehensive assessment of the patient and the environment, and refers the patient to appropriate health care and community resources for effective, efficient, and safe disposition of the case. The advanced practice paramedic treats the patient independently. These providers would be working under protocols and guidelines that would allow them to treat and release, without transporting or redirecting patients to an emergency department.

Educational Requirements:

NHTSA suggest a move towards licensure; eligibility for licensure requires completion of an accredited advanced practice paramedic program at the bachelor's degree level or higher.

Scope of Practice: The advanced practice paramedic's scope of practice includes interventions to reduce the morbidity and mortality associated with critical, emergent, and lower acuity medical and traumatic conditions; in addition to being competent in all of the skills and knowledge of the paramedic, a major focus of the

advanced practice paramedic's care is the assessment and disposition of patients who access the emergency medical system, but may not need to be transported to an ED. The advanced practice paramedic, with medical supervision, can release or redirect patients without transportation to an ED. Permitted skill set includes central venous access; wound closure; blood product administration; dislocation reduction; and urinary catheterization. Prohibited skills include surgical procedures; independent practice; and prescribing medications.

Full descriptions of each level of EMS provider and its scope of practice are available at www.emsscope.org.

The draft is scheduled to be revised and submitted for review and refinement by a national review team in spring 2005. The final version of the *National Scope of Practice Model* is due to NHTSA by fall 2005. ENA's organizational comment to NHTSA will appear in an upcoming issue of *ENA Connector*. Individual members are also encouraged to share their opinions by submitting comments to NHTSA.

DYNAMIC NEW SEMINAR IS BACK BY DEMAND... GAIN THE ADVANTAGE TO CUTTING-EDGE ED MANAGEMENT!

Key Concepts in Emergency Department Management