

FINAL REPORT

RURAL AMBULANCE AND EMERGENCY MEDICAL CARE STUDY COMMITTEE

January 1991

AUTHORIZATION AND APPOINTMENT

The Rural Ambulance and Emergency Medical Care Study Committee was established by the Legislative Council. The charge to the Committee was to "study the delivery of ambulance and emergency medical care statewide and report recommendations to ensure greater consistency in service and quality of care provided by both private and public systems."

Members serving on the Study Committee were:

Senator William Dieleman, Co-chairperson
Representative Mark Shearer, Co-chairperson
Senator Larry Murphy
Senator Jack Nystrom
Representative Steward Iverson
Representative Dennis Renaud

COMMITTEE PROCEEDINGS

The Study Committee was authorized one meeting day which was held on August 17, 1990.

At the meeting the Study Committee heard from Mr. Don Kerns, Program Manager of the Emergency Medical Services Section, Iowa Department of Public Health. Mr. Kerns described state regulation of emergency medical services (EMS), stating that the Iowa Department of Public Health is the lead agency for EMS programs, with some responsibility divided among the section and the Board of Medical Examiners. The EMS section of the Department is charged with the training and certification of "basic" EMS providers and, by agreement, administers advanced care training and certification programs under the direction of the Board of Medical Examiners, according to Mr. Kerns. He added that the EMS section is also responsible for the authorization of services operating at an advanced care level

which must meet certain minimum standards. Mr. Kerns pointed out that basic care services are not required to meet minimum standards but can submit to a voluntary inspection program administered by the EMS section. Mr. Kerns added that the EMS section is responsible for the administration of EMS training and equipment grants, with approximately \$1,500,000 available for distribution for FY 1991.

Mr. Kerns discussed three main issues facing rural EMS services: (1) volunteerism, (2) funding, and (3) lack of standards. Mr. Kerns stated that over 70% of Iowa's services are currently staffed by volunteers but that the number of volunteers has decreased over the past 10 years. Mr. Kerns attributed the decrease to the high number of calls made for volunteers, difficulty in recruitment, and few opportunities for volunteers to turn their skills into a paid profession.

Mr. Kerns stated that funding for rural EMS services at the local level has been inconsistent and stated that due to a lack of standards there is a lack of central control and there is no minimum reporting requirements to collect data in order to evaluate system needs and effectiveness.

Mr. Kerns discussed possible future trends in EMS, predicting that centrally based services are likely to develop, that EMS opportunities in nonhospital/nonambulance environments may increase, that increased federal OSHA requirements will have an impact on services, and that First Response Services will continue to be important.

In addition to Mr. Kerns, individuals who spoke before the Study Committee relating to the status and role of ambulance services and emergency medical services in their area were:

Mr. Danny Carroll, Poweshiek County Supervisor
Ms. Helen Kopsa, Grundy County Supervisor
Mr. Marvin Shultz, Chairperson of the Central Iowa EMS Council
Mr. Jim Huff, Oskaloosa City Manager
Mr. Steve Story, EMT-I for the West Union Area Advanced Care Ambulance Service and High School Principal
Mr. Jim Pooch, EMS Council of Northeast Iowa, Inc.
Mr. Jeff Gautier, University of Iowa Hospitals
Mr. Doug Polking, Pella Community Ambulance

During the course of the presentations, a number of recommendations and suggestions were provided to the Study Committee. The recommendations included evaluating current funding; providing future or increased funding for EMS regional councils, EMS advisory council, first responders, and ambulance services, including training and equipment; mandating emergency medical service similar to fire service to avoid irregular service; and setting standards for basic care. It was recommended that the state should exercise care in setting standards to avoid

adopting standards which are too stringent that would result in eliminating volunteers.

The suggestions included authorizing or increasing existing tax levies for emergency medical services; establishing a certificate of need program for emergency medical services; enacting a comprehensive EMS law; and enacting a franchise law that allows a county to designate a sole emergency medical services provider.

RECOMMENDATIONS

The Study Committee discussed the remarks of the presenters, including their recommendations and suggestions. Although the Study Committee did not vote on specific recommendations, the members did reach a consensus on a number of items. It was also suggested that the Study Committee members could meet informally during the 1991 Session of the General Assembly with the Iowa Department of Public Health, representatives of the EMS Regional Councils, and the EMS Advisory Council for further discussion with the possibility of a bill being sponsored by the individual members.

The concensus reached by the members is as follows:

1. A standard for a basic level of care is needed to be developed from input from interested groups.
2. A study on possible funding mechanisms and an assessment of current funding is needed.
3. Counties should be allowed to levy an increased amount for funding of services.
4. State funding for services should be increased.
5. Volunteer participation should not be discouraged through excessive education and training requirements.

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