

HAWAII MEDICAL BOARD
Emergency Medical Personnel Advisory Committee
Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii

MINUTES OF MEETING

Date: October 20, 2021

Time: 1:00 p.m.

Place: Virtual Videoconference Meeting – Zoom Webinar
<https://dcca-hawaii-gov.zoom.us/j/92877675350>

Present: Dennis Ma`ele, Paramedic, Chairperson
Ronald Kuroda, M.D.
Jeffrey S. Zuckernick, Paramedic
Chris Honda, Paramedic
Ahlani K. Quiogue, Executive Officer
Phyllis O'Donoghue, Secretary
Kellie Teraoka, Division Secretary
Chelsea Fukunaga (Technical Support)
Kellie Suzuka, Deputy Attorney General

Excused: Libby Char, M.D., Vice-Chairperson

Guests: None

Agenda: The agenda for this meeting was posted on the State electronic calendar as required by HRS section 92-7(b).

A short video was played to explain the meeting procedures and how members of the public could participate in the virtual meeting.

Chair Ma`ele welcomed everyone to the meeting, and proceeded with a roll call of the Committee members. All Committee members confirmed that they were present, with the exception of Vice-Chair Char and Mr. Honda who were excused from the meeting.

Call to Order: The meeting was called to order at 1:07 p.m., at which time quorum was established.

Approval of the April 21, 2021 Minutes: It was moved by Dr. Kuroda, seconded by Mr. Zuckernick, and unanimously carried to approve the minutes of the April 21, 2021, open session.

Legislation: a. Act 119, Session Laws of Hawaii 2021, Relating to Emergency Medical Services

Mr. Honda entered the Zoom meeting at 1:10 p.m.

Chair Ma`ele informed the Committee that the purposes of Act 119 are to: (1) authorize the Hawaii Medical Board (“Board”) to license emergency ambulance personnel; (2) create an additional licensure category for emergency medical technicians 1 (“EMT-1”) who are certified at a practice level higher than emergency medical technicians but do not provide ambulance services¹; and (3) appropriate funds from the Compliance Resolution Fund for hiring 0.5 FTE.

Ms. Quiogue informed the members that Act 119 was signed into law by Governor Ige on June 28, 2021. She went on to say that beginning July 1, 2022, the Board will begin to license EMT-1s. This law limits the practice of EMT-1’s to populations of 500,000 or greater. Based upon the 2019 U.S. Census, the following counties populations were: Honolulu County 974,563; Maui County 167,417; Kauai County 72,293; and Hawaii County 201,513.

Mr. Zuckernick queried whether the Board’s administrative rules need to be amended based on this new law.

Ms. Quiogue clarified that Act 119 sets forth the scope of practice and license requirements for EMT-1s; however, the Committee may consider amending the rules to clarify or expand on some of the things addressed in the bill itself. Further, the Committee should consider amending its rules to clarify the scope of practice of the current license types (EMT, AEMT, and Paramedic).

Ms. Quiogue informed the Committee members that there is a specific process that must be adhered to when amending rules. For example, the Committee will make recommendations to the Board regarding its proposed rule amendments, the Board will either agree or disagree with the proposed amendments, public hearings must be held, etc.

Mr. Zuckernick asked whether the Committee must complete its review and possible amendments by July 1, 2022.

Ms. Quiogue stated that the Committee does not have to complete its review and recommendations by July 1, 2022.

Chair Ma`ele referred to the bill, and stated that the Committee may consider amending its rules based on the language provided in the bill.

Ms. Quiogue referred to the bill, and stated:

- Page 3, lines 7 to 21, continued to page 4, lines 1 to 7, set forth the requirements for licensure;
- Page 4, lines 8 to 19, set forth the scope of practice; and

¹ It was noted that the EMT-1s are not certified at a higher level than emergency medical technicians.

- To renew their license, an EMT-1 must maintain their NREMT certification.

Mr. Zuckernick asked why the practice for this license type is limited to populations of 500,000 or greater.

Ms. Quiogue advised that when the parties met during conference, a legislator preferred that the pilot program be for 5 years and limited to Oahu. At the end of the pilot program, the Legislature will determine whether the practice of EMT-1s be expanded to populations with less than 500,000.

Chair Ma`ele asked whether all Hawaii-licensed EMTs received their training from a Hawaii-approved program.

Mr. Zuckernick stated that not all Hawaii-licensed EMTs receive their training in Hawaii. There are licensees who received their training out-of-state. In most instances, not all, an out-of-state EMT must resolve deficiencies in IV-access and cardiac defibrillation didactic training and clinical hours. He went on to say that to be eligible for certification by the National Registry of Emergency Technicians (“NREMT”), one must have successfully completed a state-approved training program; not necessarily a Hawaii-approved training program.

Mr. Zuckernick referred to page 4, lines 8 to 12, and asked if there was a specific purpose for the following language:

Any emergency medical technician 1 licensed under this part shall document care in a pre-hospital emergency medical records system compatible with the emergency medical services system’s pre-hospital medical records system.

Chair Ma`ele and Ms. Quiogue also wanted to seek clarification from the members if they knew what this language was in reference to.

Ms. Quiogue informed members that in other iterations of similar bills, this same language was included. She stated further that with the previous draft of the bill, it is her understanding that Dr. Bronstein had worked on the draft with Senator Baker.

Mr. Zuckernick stated that the intent of this measure is to allow for transport and non-transport EMTs to hold a license in the State. It could be implied that non-transport EMTs be trained on the transport aspect of the prehospital care documentation.

Chair Ma`ele’s understanding is that ocean safety, fire, and the State crash unit, do not have a medical record charting system; however, fire documents call into their records management system.

Mr. Honda stated that the referenced language is consistent with the Emergency Medical Services Prehospital Medical Records System. His assumption is that the State EMS would like to see everyone use it, whether attached to an ambulance service or not.

Ms. Quiogue asked the members whether there is any continuing education, courses, etc. that an individual can take to meet this requirement.

Chair Ma`ele stated that the State EMS has a pre-hospital ambulance medical records system, to make a direct connection between this bill and the requirement to ensure appropriate quality and safety management by collecting data. The intent is good, but there may be some inconsistencies.

Ms. Quiogue asked if there is an alternative that can be met by continuing education to meet the requirement.

Mr. Zuckernick responded that there are various continuing education programs that can be offered, but there are specific requirements that should be met.

Mr. Honda referred to page 4, line 8, which states that “any emergency medical technician licensed...”, and stated that this phrase is in the past tense, meaning they have already been licensed and must comply with this scope of practice.

Ms. Quiogue thanked Mr. Honda for pointing this out, and that she had been reading it incorrectly.

By way of background, Mr. Honda reminded members and staff that about a year ago, Dr. Bronstein indicated that he would move from paper forms to e-forms/tablet based that would tie in directly to the new ePCR system. This would produce quality EMS clinical documentation.

Discussion followed. Dr. Kuroda stated that this is a step in the right direction to provide safe patient care.

Chair Ma`ele stated that Dr. Kuroda made a good point, but it raises up a lot of other questions, which will open up a lot of other discussions. However, the language in this Act is extremely vague, and essentially a faxed sheet could possibly meet the standards of this law.

Chair Ma`ele references the term “compatible,” and indicated that this too is vague.

Ms. Quiogue asked whether the members know if this term is defined in HRS chapter 321, Part VXIII or the Department of Health’s rules.

Dr. Kuroda indicated that the term is used to give leeway to providers to arrange their own system.

Mr. Zuckernick reiterated his concerns that EMT-1s would only be able to practice in counties with populations of expresses concerned that counties with population of 500,000 or greater, and that this is inconsistent with other provisions of HRS chapter 453, which allows licensees to practice throughout the State, and not just one island/county.

Ms. Quiogue thanked Mr. Zuckernick for his comments, and stated that this is a pilot program. If, after 5 years, the Legislature determines it would be beneficial to the entire State, then it will be expanded to all counties.

Permitted
Interaction
Group ("PIG"):

The Committee will establish a PIG pursuant to HRS section 92-2.5(b), to amend its administrative rules in order to implement and comply with Act 119, SLH 2021. At this meeting, the Committee will address, among other things, the scope of the investigation and the scope of each member's authority.

Chair Ma`ele reminded members that at its last meeting, he and Mr. Zuckernick were voted as members of the PIG. It is now time for the Committee to address the scope of the investigation and the scope of each member's authority.

Ms. Quiogue stated that the Committee may consider amending its rules to further clarify the scope of practice for EMT-1, EMT, AEMT, and Paramedics. She pointed out that the rules appear to conflict with statute.

Chair Ma`ele and Mr. Zuckernick agreed with this recommendation, and stated that they will begin to research these items.

Discussion followed.

It was moved by Dr. Kuroda, seconded by Mr. Honda, and unanimously carried to have the two members of the PIG investigate and research the scopes of practice for the license types EMT-1, EMT, EMT-A (AEMT), and Paramedics (EMT-P).

Next Meeting:

To be determined.
Virtual Videoconference Meeting – Zoom Webinar

Adjournment:

There being no further business to discuss, the meeting adjourned at 1:57p.m.

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Reviewed and approved by:

Taken and recorded by:

/s/ Ahlani K. Quiogue

/s/ Phyllis O'Donoghue

(Ms.) Ahlani K. Quiogue
Executive Officer

(Ms.) Phyllis O'Donoghue
Secretary

AKQ:pod
10/26/2021

- (X) Minutes approved as is.
() Minutes approved with changes; see minutes of _____.