



PENNSYLVANIA EMERGENCY  
HEALTH SERVICES COUNCIL  
*Your Voice In EMS*

### RECOMMENDATION FOR CONSIDERATION

Board Meeting Date: December 9, 2015

Subject: EMT Blood Glucose Testing

VTR#: 1215-01

Committee/Task Force: Medical Advisory

Recommended Goal

Recommended Policy Change

Other:

#### **Recommendation:**

**The Pennsylvania Department of Health should amend the scope of practice for Emergency Medical Technicians (EMT) to include optional blood glucose testing using an electronic measurement device.**

#### **Rationale [Background]:**

The inability of Pennsylvania EMTs to determine a patient's blood glucose using an electronic measurement device is a reoccurring topic and has been expressed as an area of concern by Pennsylvania's basic life support (BLS) agencies. EMTs perceive the ability to obtain blood glucose data will enhance their care of patients with an altered level of consciousness by differentiating between hypoglycemia and other pathologies. Furthermore, blood glucose determination may be value-added when making receiving facility triage decisions, particularly for those patients displaying stroke symptoms.

As the committee is recommending optional testing, each BLS agency, in consultation with their agency medical director, will need to consider if it is needed in their area. Such consideration should include, but not be limited to, typical ALS availability and the frequency of ALS rendezvous vs. ALS unit arriving at the scene prior to BLS initiating transport.

Consistent with current requirements for ALS, a BLS agency that elects to perform field blood glucose testing is required to obtain/maintain a permit from the Pennsylvania Department of Health, Bureau of Laboratories and a Clinical Laboratory Improvement Act (CLIA) Wavier from the US Department of Health and Human Services. The BLS agency must also comply with any quality control procedures that ensure the accuracy of test results.

Blood glucose testing by EMTs is not unprecedented; a Google search revealed at least 20 other states that permit this optional skill, including the contiguous states of Ohio, New York and Maryland. An inquiry to the state medical directors from Ohio and Maryland revealed the decision to permit EMT blood glucose testing is consistent with reasons cited above.

To gauge the level of understanding and interest in blood glucose testing, a field survey was sent to Pennsylvania's 571 licensed basic life support services and yielded a 43% response rate. After providing the respondents with essential background information, they were asked, "Based on the information provided, if authorized, would your agency institute blood glucose testing?" The responses to this question are as followed:

Yes	75.1%
No	5.5 %
Unsure:	19.4%

### **Medical Review [Concerns]:**

This recommendation is offered by the medical advisory committee based on a request received by the Bureau of Emergency Medical Services. Although the actual clinical impact of the recommendation cannot be determined at this time, the potential benefit to patient assessment and/or receiving facility triage outweighs any risk that may be associated with the procedure.

### **Fiscal Concerns:**

During the vetting process, the committee considered the potential financial impact to agencies, both in terms of initial/recurring costs to perform the test and the ability of the BLS agency to recoup costs through reimbursement. In addition to staff education (estimated at 1-2 hours), there are costs associated with both the state (\$100/yr) and federal (\$150/biannual) laboratory permit/waiver process. The direct equipment costs are minimal, with most glucometers costing less than \$30/ea; the cost of disposables varies according to device and is generally considered to be the largest recurring expense.

Unfortunately, like many procedures performed by EMS, there is likely no direct reimbursement available for BLS blood glucose testing – it is generally viewed by insurers to be part of the "base rate." As such, the Department of Health should take any future opportunity to encourage payers to provide reimbursement for EMS care that is reflective of the costs to provide the service.

### **Educational Concerns:**

The agency medical director should be integrally involved in the selection of the glucometer and is responsible to ensure all providers who will perform the test are familiar with the testing procedure, safety considerations related to sharps, basic interpretation of test results and device quality control procedures. Because the education will be driven to a large extent by the device selected, a standardized statewide program is not recommended.

### **Plan of Implementation:**

The Department of Health should:

1. Serve notice in the Pennsylvania Bulletin amending the EMT scope of practice to include blood glucose testing using an electronic device.
2. Issue an EMS Information Bulletin announcing the scope of practice amendment and provide essential information regarding education and other requirements.
3. Amend Statewide BLS Protocol #702 (Altered Level of Consciousness/Diabetic Emergency) to include optional blood glucose testing by qualified EMTs.

The PEHSC Committee/Task Force offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The PEHSC Committee/Task Force specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey committee/task force discussions.

**Board Meeting Comments/Concerns:**

None

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
President

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For PEHSC Use Only – PA Department of Health Response

Accept: \_\_\_\_\_ Table: \_\_\_\_\_ Modify: \_\_\_\_\_ Reject: \_\_\_\_\_

Comments:

Date of Department Response: \_\_\_\_\_