RECOMMENDATION FOR CONSIDERATION

Board Meeting Date: December 4, 2019
Subject: Dispatch and Utilization of Intermediate ALS Agencies
VTR#: 1219-01 Committee/Task Force: Medical Advisory Committee
☒ Recommended Goal ☐ Recommended Policy Change ☐ Other:

Recommendation:
The Pennsylvania Department of Health should develop a document containing frequently asked questions and best practice recommendations to assist local governments and public safety answering points related to intermediate advanced life support agencies.

Rationale [Background]:
As Pennsylvania trains more providers to the advanced EMT (AEMT) level and basic life support (BLS) agencies consider elevating their level of care to intermediate advanced life support (IALS), local governments and public safety answering points (PSAPs) will be confronted with integrating of this new resource into the existing EMS system.

To assist with this integration, local governments and PSAPs should be educated on the capabilities of IALS when compared to higher-level ALS care provided by a practitioner at or above the level of a paramedic. PEHSC recognizes the Department does not have regulatory authority over local governments regarding the selection of primary EMS response agencies, or over PSAPs relative to resource or response determination. However, the Council believes it is incumbent upon the Department to educate these entities about the scope of services provided by IALS.

Regional EMS Councils will also be served by having a standardized resource when responding to questions from local elected officials and PSAP directors regarding what is an AEMT; what is IALS; how does it compare to ALS; and how to integrate this new resource when [if] it becomes available in the community.

The document should include, but not be limited to:

1. A brief review on evolution of the advanced EMT as it relates to the NHTSA National Scope of Practice Model.
2. Compare and contrast the education standards of the AEMT vs. paramedic.
3. Compare and contrast the patient care capabilities of an IALS vs. ALS agency.

Medical Review [Concerns]:
The MAC understands the value that IALS can bring to communities that, due to a lack of local resources, are underserved by paramedic-level ALS care. However, it’s important for local governments and PSAPs to be provided with consistent, credible information with which they can make an informed response decisions.
Fiscal Concerns:
Introducing a new level of medical care into a community always come with some inherent risks. An EMS agency considering implementing an iALS program must consider both the capital/operating expenses and available reimbursement for this level of care; not to do so could threaten the future viability of the organization.

Educational Concerns:
n/a

Plan of Implementation:
The Department should consult with PEHSC and regional EMS councils on the development of the document. The document should be disseminated to local governments through the boroughs and townships associations; distributed to PSAPs directly or through the Pennsylvania Emergency Management Agency; and posted on the Bureau of EMS website.

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:
The Board discussed the need for any education/information disseminated to local governments and public safety answering points clearly designates AEMTs as a level of ALS provider and iALS agencies as an ALS-level service. This important distinction enables an iALS agency to pursue reimbursement at an ALS level when providing advanced care. iALS is considered an ALS-level agency in Pennsylvania and are licensed accordingly.

Signed: [Signature]
President

Date: 12-4-19

For PEHSC Use Only – PA Department of Health Response

Accept: __ Table: __ Modify: __ Reject: __

Comments: