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EMT Training, Recruitment & Retention Task Force Meeting Minutes

Thursday, September 12, 2024, via WebEx

1:00 p.m. – 2:30 p.m.

Call to Order- Bobby Van Bebber 1:05 p.m.

Tak Force Roll Call and approval of Minutes:

Members Present:

Representative Bill Hauter, Laura Daley, Charles Kelley, Jean Davis, Tim Egan, Brian Holcomb, Dr Ameera Hammid for Dr Tataris, Dr. Matthew Jackson, Kim Godden, Senator Kimberly Lightford, Michael Pieroni, KC Booth, Andrew Thornton

IDPH representatives:

Bobby Van Bebber, Leslee Stein-Spencer, Greg Willis, Allison Nickrent

Welcome:

This is the 5th meeting of the EMS Training, Recruitment and Retention Task Force

NEW BUSINESS:

- Kim asked to walk through the recommendations that have already been written. She would like to comment on those.
- Bobby mentioned our next meeting would be our 6th meeting. The group will need to decide if we're going to continue beyond that point.
- Laura commented for follow up from a previous meeting, EMT Ricardo Rosas did try to appeal and scheduled a meeting. He met the Program Director at Malcolm X College, along with the Dean and the Medical Director for Region 11. The outcome was not good news. He was told there was nothing he can do about it. He mentioned he had spoken with IDPH, they replied they were not sure why we would recommend appealing or meet with the Program Director or Dean. They would also not let him take the third semester over versus the entire course. They mentioned they are no longer doing that as they're enforcing, the whole course must be done. Bobby reviewed the student handbook for the program to see if there were any citations to practical exams being recorded. He did not find anything on that. Laura would like to discuss with Bobby after the meeting, the situation.
- Sara Van Dusseldorp (member of the public) mentioned that through the EMS Act that their EMS System has a peer review hearing and to see if that was something that would be in the employee or student handbook to ask for a system review board hearing. Laura will follow up on that.

- Bobby stated that EMS personnel can appeal on disciplinary matters, but it does not apply to education programs.
- Sara Van Dusseldorp (member of the public) stated they do have a policy in her system plan, and education is included.

Retention:

- Brian Holcomb had some questions about pay and benefits being a factor. He posted on Facebook asking if anybody lived in Illinois that worked in another state and why they work in the state that they're in. It all came down to protocols. Their inability to get protocols through at the state level to advance their service and they would want to do more clinically. When I was at the EMS World Expo, I was talking with people that worked in Iowa and Missouri, it was very much so the same thing. They wanted to be able to do more with their protocols and be able to do better patient care, be better clinicians. One thing that I thought was very interesting they went into talking about how rural communities tend to need different types of medications and equipment than what you're going to see at state level currently. That's what drove them to go to other places to find employment- that were a little bit more advanced than what we do.

Protocols:

- Brian is situated 1.1 miles away from the Indiana border currently living in Indiana and working in Illinois. The service he left did pericardiocentesis and had many more medications we carried. We carried ketamine and several other bigger drugs, where none of that is an option for us in Illinois because it will not get approved. Indiana and Texas everything is done by the EMS Medical Director. The state does not get involved clinically. They do oversee all the practitioners and services, but they don't have any say in what each service does.
- Sara (member of the public) holds a Wisconsin license and an Iowa license. There's a great variety of difference. In Iowa, we had state protocols that didn't matter where we went. And I believe it should be left up to local EMS Medical Directors to make decisions.
- Charles mentioned he had a waiver rejected from EMS Region 4 about transporting trauma patients that are hemodynamically stable directly to the trauma center, and we were given feedback that there is no supported evidence that taking a trauma patient directly to a trauma center has been documented as best care for the patient.
- Bobby asked if the waiver was with the EMS System, because the state office did not receive a waiver request.
- Dr Hammid had mentioned while working with the Chicago Fire Department they get feedback that they would like to do more, and they've heard about other systems doing more. Paramedics that come and visit mentioned looking at our protocols and seeing we don't allow this or that and why is that the case? Why is it so restricted? One of the limitations from the medical direction standpoint is how do you train and educate 4000 members to make sure you're providing appropriate medical oversight for some of the invasive procedures.
 - Depending on the size of the EMS agency and the number you must educate it is a daunting task to pull the Medical Director away from the ER.
- Brian feels that if Medical Directors had the choice for clinical decision-making abilities and letting them set forth the training and education requirements for them to do the protocols, it would go a long way.

- Sara Van Dusseldorp (member of the public) mentioned one of the other big issues is when you have 5 or 6 systems within a region, one would like to be a little bit more aggressive, the other holds back. We should be able to allow EMS Systems under that EMS Medical Director to add into those protocols.
- Bobby asked if anyone knew of any national recommendations or evidence-based guidance regarding this issue or knows of anything out there?
- Charles mentioned as he has five licenses. It is all clinical practice space where your medical director is comfortable with individual paramedics in their system.
- Bobby stated Medical Directors can provide us with data or support anything needed. People cannot just go out there and do things that aren't supported without evidence. There's rarely anything ever denied by IDPH. We may ask for more because if they're going to implement something new in the system, we want to know how it is working. There have been many things I've asked for more information on, and I've never heard anything else on it. A request for information or clarification is not a denial.

Waivers:

- Kim brought up discussion about waivers and where the bottleneck is or lack of communication if they are not getting approved. Do we need to provide clarification on waivers or direction to make it, so we are avoiding the blame game? Waivers are used a lot. Kim stated there is not a lot of guidance on what waivers are approved or what's out there.
- Bobby stated the processes is outlined in your system EMS policies and it's outlined in the Administrative Code and the Act.
- Kim said the process is there, but the clarification is just blanket. Do we need to put guidelines on what's approved and what's not?
- Bobby reminded the group that waivers demonstrate no reduction in quality of medical care.
- Sara Van Dusseldorp (member of the public) asked if we write something into her system plan and follow the legislation of the law, why do we have to continue to do waivers on it?
- Bobby stated when you consider waivers, it is a hardship waiver, and the requestor needs to demonstrate that there is no reduction in care. That process is consistently followed. You must understand that a trauma waiver versus a staffing waiver versus an equipment waiver are all going to mean different things.
- Kim mentioned we maybe need to formalize the process so there's not much back and forth or something. because it sounds like the waiver process is a mess.
- Senator Lightford stated there is a lot of gridlocks. and a lot of systems taking advantage when it comes to insurance companies, etcetera. Streamlining to clearly identify who's doing what, how, and if a waiver process is necessary to create streamlining. So, everyone's clear there's an opportunity to close out a loophole because it's clearly defined as a loophole based on what I've been hearing. There is an identifiable challenge and there's an opportunity to draft a solution. If the goal of this task force is to come up with suggestions on how to improve, I think this is where we could put a process in place.

Plans for Future Meetings:

- Brian mentioned the EMS Commission Chairman appointed from Indiana would be more than happy to speak with anybody regarding information for this group.

- Kim will also reach out to the American Ambulance Association of other States and ask for any recommendations.
- Bobby mentioned the NCSL spoke to the state of New Jersey and what your opinion would be of having them present to us at the next meeting on legislative things that are going on in other states surrounding this topic? Bobby will work on that and extend an invite not hearing objection.

Recommendations:

- Pushing to a hybrid path to EMS personnel licensure.
- Kim asked for feedback on an apprenticeship program, a pathway to licensure without an exam or a different exam, not just the National Registry.
- Bobby mentioned we must have it done fairly through the individual nuances of each tester and ensure that all people are seeking an EMS license in Illinois are equal. There would also need to be consistency. Further, we must consider equity in establishing minimum competency, for which the National Registry does. A hybrid path really is noting the combination of virtual and in person learning.
- Sara Van Dusseldorp (member of the public) mentioned that the National Register exam questions are validated. It really is a good exam. It promotes good critical thinking.
- Brian asked if there is a way, we could require institutions to add the cost of the test perhaps build them into their tuition?
- Bobby said, we would do that since we don't control tuition or regulate it. It would come down to a local decision, but this is a great idea.
- Senator Lightford mentioned bringing that idea of earning your EMS or EMT certification or credit hours to the Education Committee for discussion.
- Charles would like to bring the education directly into the high school level. Some high schools already do it for EMR's or EMT level depending on their age bracket to give them a pathway, so the minute they step out of high school they can get a job. They could run it as a dual credit program. EMS led instructor should be given that right to go into the school and teach alongside other teachers credentialed by the school for the EMS program and then we could start helping more people where we needed the most.
- Senator Lightford voiced her opinion or concern on the younger population and the skill set and maturity that goes along with it.

EMS Reimbursement Rates:

- Kim discussed being able to start EMT at a competitive rate and be able to show them career progression. Not just a job, but that you can be an EMT, paramedic, nursing school, and move your way up the ladder for a real career.
 - We should look at Medicaid to reimburse for treatment in place. Other states are reimbursing for treatment in place. Other states are also paying for wait time.
 - Fuel tax credits also be another item to look at. Also, if you're a volunteer, you get a tax credit. If you're paid person, you do not.
- Kim mentioned other ways other than tax credits. Maybe provide credits to agencies or incentives to agencies eradicate student loans.
- Charles mentioned stabilization, that we were getting paid adequately for the service we provide. Could easily be done for the General Assembly standpoint.

- Representative Hauter had a very simple solution but very difficult to implement, which would be increasing Medicare and Medicaid rates for EMS reimbursement. And that is obviously the responsibility of the General Assembly. When you look at Medicaid rates, and it's a responsibility of the US Congress and when you look at Medicare rates, it is constant lobbying and collaborative lobbying with many different EMS groups. Ambulance groups contacting their representatives and their state senators and telling them the problem and what needs to be done and what it can be turned into to increase the medical reimbursement rates.
- Barbara (member of the public), who was a paramedic in Chicago and has been an EMT since 2008 remembers when EMT's were a steppingstone between paramedics, nursing, doctors etc. Emergency calls by private providers has gone away and reimbursement for calls went down. A lot of times the private ambulance companies would take the person's information for emergency calls, and they wouldn't tell you our estimated time of arrival is 2 hours for an ambulance. The Fire dept would be called, since they were not going to make money on that, they can go ahead and call the fire department. Which is best for the Patient?
- A lot of reimbursement issues are nursing homes or prior authorizations from the VA, and we are constantly chasing money.
- Sara Van Dusseldorp (member of the public) mentioned making EMS an essential service would also help with the federal reimbursement rates.
- Charles asked in GL Suites if Bobby had any information about electronic licenses.
- Bobby is unsure. It is a huge goal of his and looking for an opportunity for to make electronic license real for Illinois.

Old Business:

No old business

PUBLIC COMMENT:

No additional public comment. See above public comment from Sara and Barbara marked as members of the public.

FUTURE MEETINGS: 2024:

via WEBEX-

September 26

Motion to adjourn -approved.

Adjourned:

Motion to adjourn made by Rep. Bill Hauter

Meeting adjourned at 1:27pm