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SENATE BILL 825

43RD LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 1997

INTRODUCED BY

CARLOS R. CISNEROS

FOR THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

AN ACT

RELATING TO HEALTH; PROVIDING AUTHORITY FOR OVERSIGHT AND
QUALITY ASSURANCE OF EXPANDED EMERGENCY MEDICAL SERVICES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. Section 24-10B-3 NMSA 1978 (being Laws 1993,
Chapter 161, Section 2) is amended to read:

"24-10B-3. DEFINITIONS. --As used in the Emergency Medical
Services Act:

A. "academy" means a separately funded emergency
medical services training program administered through the
department of emergency medicine of the university of New Mexico
school of medicine;

B. "advance directive" means a written instruction,
such as a living will or durable power of attorney for health
care, recognizable under state law and relating to the provision

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1 of health care when an individual is incapacitated;

2 C. "advanced life support" means advanced pre-
3 hospital and interfacility care and treatment, including basic
4 and intermediate life support, as prescribed by regulation,
5 which may be performed only by an individual licensed as a
6 paramedic by the bureau and operating under medical direction;

7 D. "air ambulance service" means any governmental or
8 private service that provides air transportation specifically
9 designed to accommodate the medical needs of a person who is
10 ill, injured or otherwise mentally or physically incapacitated
11 and who requires in-flight medical supervision;

12 E. "approved emergency medical services training
13 program" means an emergency medical services training program
14 that is sponsored by a post-secondary educational institution,
15 is accredited by the joint review committee on educational
16 programs or active in the accreditation process, as verified by
17 the chair of the joint review committee on educational programs,
18 or is approved by the joint organization on education and
19 participates in the joint organization on education;

20 F. "basic life support" means pre-hospital and
21 interfacility care and treatment, as prescribed by regulation,
22 which can be performed by all licensed emergency medical
23 technicians;

24 G. "bureau" means the primary care and emergency
25 medical services bureau of the public health division of the

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1 department of health;

2 H. "certified emergency medical services first
3 responder" means a person who is certified by the bureau and who
4 functions within the emergency medical services system to
5 provide initial emergency aid, but not basic, intermediate or
6 advanced life support, to a person in need of medical
7 assistance;

8 I. "critical incident stress debriefing program"
9 means a program of preventive education and crisis intervention
10 intended to reduce the negative effects of critical stress on
11 emergency responders;

12 J. "curricula" means programs of study, the minimum
13 content of which has been developed by the joint organization on
14 education, for the initial and mandatory refresher training of
15 emergency medical technicians and certified emergency medical
16 services first responders;

17 K. "department" means the department of health;

18 L. "emergency medical dispatcher" means a person who
19 is trained and certified pursuant to Subsection [F] G of Section
20 24-10B-4 NMSA 1978 to receive calls for emergency medical
21 assistance, provide pre-arrival medical instructions, dispatch
22 emergency medical assistance and coordinate its response;

23 M. "emergency medical services" means the services
24 rendered by emergency medical technicians, certified emergency
25 medical services first responders or emergency medical

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1 dispatchers in response to an individual's need for immediate
2 medical care to prevent loss of life or aggravation of physical
3 or psychological illness or injury;

4 N. "emergency medical services system" means a
5 coordinated system of health care delivery that includes
6 community education and prevention programs, centralized access
7 and emergency medical dispatch, trained first responders,
8 medical-rescue services, ambulance services, hospital emergency
9 departments and specialty care hospitals that respond to the
10 needs of the acutely sick and injured;

11 O. "emergency medical technician" means a health
12 care provider who has been licensed to practice by the bureau;

13 P. "expanded emergency medical services" means those
14 specifically approved special skills, including preventive,
15 public health and primary care outreach and triage services,
16 employed only under close medical direction by specially trained
17 and licensed emergency medical technicians, in order to enhance
18 access to the health care system in rural and medically
19 underserved areas;

20 [P.-] Q. "intermediate life support" means certain
21 advanced pre-hospital and interfacility care and treatment,
22 including basic life support, as prescribed by regulation, which
23 may be performed only by an individual licensed by the bureau
24 and operating under medical direction;

25 [Q.-] R. "joint review committee" means the joint

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1 review committee on educational programs for the emergency
2 medical technician-paramedic, a nonprofit organization
3 incorporated in the state of Massachusetts;

4 [R-] S. "medical control" means supervision provided
5 by or under the direction of physicians to providers by written
6 protocol or direct communications;

7 [S-] T. "medical direction" means guidance or
8 supervision provided by a physician to a provider or emergency
9 medical services system and which includes authority over and
10 responsibility for emergency medical dispatch, direct patient
11 care and transport of patients, arrangements for medical control
12 and all other aspects of patient care delivered by a provider;

13 [F-] U. "medical-rescue service" means a provider
14 that is part of the emergency medical services system, but not
15 subject to the authority of the state corporation commission
16 under the Ambulance Standards Act, and ~~which~~ that may be
17 dispatched to the scene of an emergency to provide rescue or
18 medical care;

19 [U-] V. "physician" means a doctor of medicine or
20 doctor of osteopathy who is licensed or otherwise authorized to
21 practice medicine or osteopathic medicine in New Mexico;

22 [V-] W. "protocol" means a predetermined, written
23 medical care plan and includes standing orders;

24 [W-] X. "provider" means a person or entity
25 delivering emergency medical services;

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1 [X-] Y. "regional office" means a regional emergency
2 medical services planning and development agency formally
3 recognized and supported by the bureau;

4 [Y-] Z. "secretary" means the secretary of health;

5 [Z-] AA. "special skills" means a set of procedures
6 or therapies that are beyond the usual scope of practice of a
7 given level of life support and that have been approved by the
8 medical direction committee for use by a specified provider; and

9 [AA-] BB. "state emergency medical services medical
10 director" means a physician employed by the bureau to provide
11 overall medical direction to the statewide emergency medical
12 services program, whose duties include serving as a liaison to
13 the medical community and chairing the medical direction
14 committee. "

15 Section 2. Section 24-10B-4 NMSA 1978 (being Laws 1983,
16 Chapter 190, Section 4, as amended) is amended to read:

17 "24-10B-4. BUREAU--DUTIES.--The bureau is designated as
18 the lead agency for the emergency medical services system and
19 shall establish and maintain a program for regional planning and
20 development, improvement, expansion, [and] direction, review,
21 oversight and quality assurance of emergency medical services,
22 including expanded emergency medical services, throughout the
23 state, including:

24 A. design, development, implementation and
25 coordination of ~~communications systems~~ to join the personnel,

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1 facilities and equipment of a given region or system that will
2 allow for medical control of pre-hospital or interfacility care;

3 B. provision of technical assistance to the state
4 corporation commission for further development and
5 implementation of standards for certification of ambulance
6 services, vehicles and equipment;

7 C. development of requirements for the collection of
8 data and statistics to evaluate the availability, operation and
9 quality of providers in the state;

10 D. adoption of regulations for medical direction of
11 a provider or emergency medical services system upon the
12 recommendation of the medical direction committee, including:

13 (1) development of model guidelines for medical
14 direction of all components of an emergency medical services
15 system, including expanded emergency medical services;

16 (2) a process for notifying the bureau of the
17 withdrawal of medical control by a physician from a provider;
18 and

19 (3) specific requirements for medical direction
20 of intermediate and advanced life support personnel and basic
21 life support personnel with special skills approval;

22 E. maintenance of a list of approved emergency
23 medical services training programs, the graduates of which shall
24 be the only New Mexico emergency medical services students
25 eligible to apply for emergency medical technician licensure or

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1 certified emergency medical services first responder
2 certification;

3 F. approval of continuing education programs for
4 emergency medical services personnel;

5 G. adoption of regulations pertaining to the
6 training and certification of emergency medical dispatchers and
7 their instructors;

8 H. adoption of regulations, based upon the
9 recommendations of the trauma advisory committee, for
10 implementation and monitoring of a statewide, comprehensive
11 trauma care system, including:

12 (1) minimum standards for designation or
13 retention of designation as a trauma center or a participating
14 trauma facility;

15 (2) pre-hospital care management guidelines for
16 the triage and transportation of traumatized persons;

17 (3) establishment ~~[for]~~ of interfacility
18 transfer criteria and transfer agreements;

19 (4) standards for collection of data relating
20 to trauma system operation, patient outcome and trauma
21 prevention; and

22 (5) creation of a state trauma care plan;

23 I. adoption of regulations, based upon the
24 recommendations of the air transport advisory committee, for the
25 certification of air ambulance services;

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1 J. adoption of regulations pertaining to
2 authorization of providers to honor advance directives to
3 withhold or terminate care in certain pre-hospital or
4 interfacility circumstances, as guided by local medical
5 protocols;

6 K. development of guidelines, with consultation from
7 the state fire marshal, pertaining to the operation of medical-
8 rescue services within the emergency medical services system;
9 and

10 L. operation of a critical incident stress
11 debriefing program for emergency responders utilizing
12 specifically trained volunteers who shall be considered public
13 employees for the purposes of the Tort Claims Act when called
14 upon to perform a debriefing. "

15 Section 3. Section 24-10B-7 NMSA 1978 (being Laws 1983,
16 Chapter 190, Section 7, as amended) is amended to read:

17 "24-10B-7. COMMITTEES ESTABLISHED. --

18 A. The secretary shall appoint a statewide emergency
19 medical services advisory committee to advise the bureau in
20 carrying out the provisions of the Emergency Medical Services
21 Act. The advisory committee shall include representatives from
22 the state medical society, the state emergency medical
23 technicians' association, the state firefighters' association,
24 emergency medical service regional offices and other interested
25 provider and consumer groups. The advisory committee shall

1 establish appropriate subcommittees, including a trauma advisory
2 committee and an air transport advisory committee.

3 B. The joint organization on education in emergency
4 medical services shall be composed of the directors and medical
5 directors of the academy and each approved emergency medical
6 services training program, the state emergency medical services
7 medical director and the bureau chief or his designee, who shall
8 serve without vote, and three persons who instruct emergency
9 medical technicians, one at each level of life support, who are
10 appointed by the secretary from a list proposed by the statewide
11 emergency medical services advisory committee. The duties of
12 the joint organization on education include:

13 (1) developing minimum curricula content for
14 approved emergency medical services training programs;

15 (2) establishing minimum standards for approved
16 emergency medical services training programs;

17 (3) reviewing and approving the applications of
18 organizations seeking to become approved emergency medical
19 services training programs; and

20 (4) developing minimum qualifications for and
21 maintaining a list of instructors for each of the approved
22 emergency medical services training programs.

23 C. The secretary shall appoint a medical direction
24 committee to advise the bureau on matters relating to medical
25 control and medical direction. The state emergency medical

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1 services medical director shall be a member of the committee and
2 shall act as its chairman. The medical direction committee
3 shall include a physician representative experienced in pre-
4 hospital medical care selected from a list proposed by the New
5 Mexico chapter of the American college of emergency physicians,
6 a physician representative from the academy, one physician from
7 each of the emergency medical services geographic regions and
8 one emergency medical technician at each level of life support.
9 Members shall be selected to represent both public and private
10 interests. The duties of the medical direction committee
11 include:

12 (1) reviewing the medical appropriateness of
13 all regulations proposed by the bureau;

14 (2) reviewing and approving the applications of
15 providers for special skills authorizations, including those
16 related to expanded emergency medical services;

17 (3) assisting in the development of regulations
18 pertaining to medical direction; and

19 (4) updating at least annually a list of
20 skills, techniques and medications approved for use at each
21 level of life support that ~~[will]~~ shall be approved by the
22 secretary and ~~[that will be]~~ issued by the bureau.

23 D. The committees created in this section ~~[shall be]~~
24 are subject to the provisions of the Per Diem and Mileage Act,
25 to the extent that funds are available for that purpose.

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E. Any decision that the bureau proposes to make
contrary to the recommendation of any committee created in this
section shall be communicated in writing to that committee.
Upon the request of that committee, the decision shall be
submitted for reconsideration to the director of the public
health division of the department and subsequently to the
secretary. Any decision made pursuant to a request for
reconsideration shall be communicated in writing by the
department to the appropriate committee."

1 FORTY-THIRD LEGISLATURE
2 FIRST SESSION, 1997
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5 March 16, 1997
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7 Mr. President:
8

9 Your PUBLIC AFFAIRS COMMITTEE, to whom has been
10 referred

11
12 SENATE BILL 825
13

14 has had it under consideration and reports same with
15 recommendation that it DO PASS.
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17 Respectfully submitted,
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22 Shannon Robinson, Chairman
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25 Adopted _____ Not Adopted _____

(Chief Clerk)

(Chief Clerk)

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Date _____

The roll call vote was 5 For 0 Against

Yes: 5

No: 0

Excused: Adair, Boitano, Vernon, Smith

Absent: None

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1 FORTY-THIRD LEGISLATURE
2 FIRST SESSION, 1997
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