



## Position Statement

## Medical Control Practice Committee

Adopted February 9, 2006 by the

### **Emergency Medical Services Association of Colorado, Inc.**

The Emergency Medical Services Association of Colorado (EMSAC) represents over 3000 Emergency Medical Services (EMS) professionals and organizations throughout Colorado. The Association is a strong proponent of greater involvement of Emergency Medical Technicians (EMTs) in their own regulation. Along with multiple other professionals throughout our state, we believe strongly in the creation of a statutory regulatory board comprising EMTs, physicians and members of the public we serve. We further believe that this board should be involved in all aspects of EMT scope of practice, educational standards, certification, reciprocity, investigations and disciplinary action. While we support the interim creation of a Medical Control Practice Committee (MCPC), we accept, and will continue to pursue, our duty to protect the citizens of Colorado through self-regulation as a profession.

In order to more effectively manage EMS clinical practice we support well-prepared, involved, responsible and accountable local Medical Directors. We believe both the Board of Medical Examiners (BME) and the Colorado Department of Public Health and Environment (CDPHE) must take seriously the requirements in Section 3 of BME Rule 500 and must work collectively to ensure our Colorado EMS system maintains the highest level of local clinical oversight.

In terms of state level regulation, we support the formation of a MCPC, with the membership proposed, to replace the current Medical Advisory Group (MAG). We would further support the selection of this group by application to the CDPHE and confirmation by the SEMTAC. We would also support the addition of an EMT-Paramedic and specialty physician representing the interests of critical care inter-facility transportation.

In addition to the duties proposed for the MCPC, EMSAC strongly encourages the BME and CDPHE to give the MCPC an active role in complaint investigation and resolution. The committee should be given the further authority to admonish inappropriate care and make recommendations to the CDPHE and BME for disciplinary action. We believe this additional role will be instrumental in resolving complaints at their source, eliminating the need for frequent, and global, rule changes to address clinical concerns.

In regard to scope of practice, the association supports an inclusive approach to procedures and medications allowed. Standard practice should not require waivers, and the restriction of scope statewide should require substantial clinical evidence. Restriction of scope locally or individually, however, must remain the prerogative of local medical directors. Waivers should remain as an instrumental tool to facilitate research and validate innovative clinical care.

Finally, the Association believes the statewide approach of requiring direct verbal order, to prescribe what procedures and medications must be administered, has been a disservice to the patients we serve. In most cases this approach hinders the delivery of care in rural areas of the state and fails to recognize appropriate training and medical control at the local level. EMSAC therefore recommends elimination of all references to direct verbal order in the statewide scope of practice.

*The Emergency Medical Services Association of Colorado is a non-partisan, not-for-profit society of emergency medical service professionals, founded in 1973. EMSAC is involved in many facets of EMS, with three primary missions, to:*

- Advocate,
- Communicate and
- Educate.

*Membership of nearly 3,000 comprises paramedic-, intermediate- and basic-level EMTs, EMS first responders, physicians and nurses; and emergency dispatchers, medical educators, researchers and EMS training institutions.*

*Members are both paid and volunteer professionals, from the urban centers of the state as well as our wide open rural and frontier regions. Our members serve with ambulance services, fire departments, search and rescue teams and ski patrols; and in hospitals, industrial plants, dispatch centers and the military.*

