



## **Position Statement**

## **Proposed Changes to Colorado EMT Formulary in Board of Medical Examiners' Rule 500**

*Adopted January 21, 2006 by the*

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

**The EMS Association of Colorado opposes the changes currently proposed to the EMT Formulary in Board of Medical Examiners Rule 500 for the following reasons:**

- EMSAC does not believe the reasoning and rationale for changing this regulation, originally enacted in 2003, was clearly communicated to the greater EMS community. In particular we are concerned this decision to apply additional regulation was made by the Colorado Department of Public Health and Environment in conjunction with its agent, the Medical Advisory Group, based on anecdotal and/or complaint-based evidence that is not scientifically-based, or reflective of the majority of EMS care delivered within the State. We are additionally concerned that the Medical Advisory Group continues to operate outside of the purview of the SEMTAC and is essentially unaccountable to the greater EMS community in any meaningful fashion.
- We believe this rule change represents the application of additional regulation without giving due regard to the enforcement and quality assurance provisions currently contained in BME Rule 500 that make the local Medical Director the appropriate and accountable authority for the regulation of EMS clinical practice.
- Our association feels strongly that the adjustments to the EMT-Basic/IV formulary in regard to direct verbal order to administer 50% Dextrose ignores well over a decade of safe administration of this medication by EMT-Basic/IV providers by standing order.
- EMSAC is also strongly opposed to the additional specificity proposed in the EMT-Paramedic Formulary. We believe these changes represent a giant step backwards for EMS care in the state that will impede the advancement of EMS clinical practice. We are concerned that this proposed regulation will serve only to create a cumbersome rule making, or waiver, process that will hinder both minor and major advancements in clinical care and also impose an unreasonable burden on EMS agencies, Medical Directors and the Board of Medical Examiners.

By contrast, EMSAC is pleased with the changes contained in the EMT-Intermediate Formulary as we believe the new medications contained therein are representative of advancements in safe and effective clinical practice by EMT-Intermediates. We further propose that EMT-Intermediates be given additional latitude to administer medications by standing order where appropriate.

We urge that the recently proposed changes to the EMT formulary be discarded. While we believe there is opportunity to improve the formulary, we agree that the existing BME Rule 500 should be maintained until an empirically based revision can be developed in conjunction with the broader EMS stakeholder community.

*The Emergency Medical Services Association of Colorado is a 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 EMS agencies; paramedic, intermediate and basic-level EMTs and EMS first responders; physicians and nurses; and emergency dispatchers, medical educators and 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.*

