



October 21, 2013

TO: Temporary Co-chairpersons Senator Mary Jo Wilhelm and Representative Ralph C. Watts, and Members of the Emergency Medical Services Study Committee

FROM: Nicole Hoffman, Legal Services Division, Legislative Services Agency

RE: Background Information

Emergency Medical Services Study Committee

The purpose of this background information is to provide some basic information to assist you as a member of the Emergency Medical Services Study Committee. This information relates to the following emergency medical services issues:

- I. What Are Emergency Medical Services and How Are They Regulated?
- II. Who Provides Emergency Medical Services and How Are They Funded?
- III. State and Other Funding
- IV. What Are Other States Doing?
- V. List of Attachments and Additional Resources.

I. What Are Emergency Medical Services and How Are They Regulated? Emergency medical services (EMS) means “an integrated medical care delivery system to provide emergency and nonemergency medical care at the scene or during out-of-hospital patient transportation in an ambulance.” (See *Iowa Code §147A.1(5)*) Pursuant to Iowa Code §147A.1A, the Iowa Department of Public Health (IDPH) “is designated as the lead agency for coordinating and implementing the provision of emergency medical services in this state.”

The department adopts rules under Iowa Code chapter 147A relating to the authorization and operation of emergency medical care service programs, the examination and certification of emergency medical care providers, and the operation of training programs. The Bureau of Emergency Medical Services (EMS Bureau) of the department is responsible for the performance of such duties. Pursuant to Iowa Code §147A.2, the Director of Public Health is to appoint an EMS Advisory Council to advise the director and develop policy recommendations concerning the regulation, administration, and coordination of emergency medical services in the state.

A. Authorization of Service Programs. Iowa Code chapter 147A and 641 Iowa Administrative Code chapter 132 require an agency that desires to provide out-of-hospital emergency medical care to apply to IDPH for authorization of its service program. Authorization is required to establish a service program using certified emergency medical care providers for the delivery of care at the scene of an emergency or nonemergency, during transportation to a hospital, during transfer from one medical care facility to another or to a private home, or while in the hospital emergency department and until care is directly assumed by a physician or by authorized hospital personnel. The agency shall submit an application and documentation that it has the required physician medical direction, medical protocols, continuous quality improvement and pharmacy policies and procedures, contingency plans and transportation agreements, and appropriate equipment and supplies consistent with the level of authorization. (See Iowa Code §147A.5 and 641 IAC 132.7)

Currently, there are approximately 780 authorized service programs across the state. (See Attachment A at <https://www.legis.iowa.gov/DOCS/LSA/IntComHand/2014/IHNRH000.PDF>, for a map showing the locations of the programs and Attachment B at <https://www.legis.iowa.gov/DOCS/LSA/IntComHand/2014/IHNRH001.PDF>, for a list of all Iowa EMS agencies authorized by the EMS Bureau, identified by county, city, and type) (See also <http://bit.ly/18T2q8m> for an interactive map developed by the Legislative Services Agency, Fiscal Services Division, which displays specific information for each service program)

B. Examination and Certification of Emergency Medical Care Providers. Iowa Code chapter 147A and 641 Iowa Administrative Code chapter 131 require a person who desires to become a certified emergency medical care provider to successfully complete an EMS training program, successfully complete the applicable National Registry of Emergency Medical Technicians (NREMT) practical and cognitive examinations, and apply to the department for certification.

1. Levels of Certification. In 2010, the General Assembly revised the levels of certification for emergency medical care providers to align with national standards. (See 2010 Iowa Acts, chapter 1149) Previously, providers were certified as first responders (FR), emergency medical technicians--basic (EMT-B), emergency medical technicians--intermediate (EMT-I), Iowa emergency medical technicians--paramedic (EMT-P), and paramedic specialists (PS), in addition to providers certified under older certification provisions (79FR, FR-D, EMT-A, and EMT-D). As of August 1, 2011, the emergency medical care provider certification levels are emergency medical responder (EMR), emergency medical technician (EMT), advanced emergency medical technician (AEMT), and paramedic, with an endorsement for critical care paramedics (CCP). The department was directed to adopt rules for the transitioning of previously certified providers to the new levels. (See Attachment C at <https://www.legis.iowa.gov/DOCS/LSA/IntComHand/2014/IHNRH002.PDF>, for descriptions of past and present levels of certification and the periods for transition to the new levels in the Iowa

Emergency Medical Care Provider Scope of Practice (April 2012), published by the EMS Bureau)

2. Changes in Numbers of Certified EMS Providers. The following chart shows the changes in the number of certified EMS providers, by level of certification, since January 2002. (See Attachment C at <https://www.legis.iowa.gov/DOCS/LSA/IntComHand/2014/IHNRH002.PDF>, for abbreviations for levels of certification)

Month/Year	79FR	FR-D	FR	EMR	EMT-A	EMT-D	EMT-B	EMT	EMT-I	AEMT	EMT-P	PS	Para	Total
Jan 2013	22	7	901	458	4	9	4831	2057	811	51	421	1878	597	12047
Jan 2002		184	2504		146	220	6135		1203		652	1153		12197

*Prior to 2012, "79FR" numbers were reported within the total FR numbers; certification at the EMR, EMT, AEMT, and Para levels did not begin until August 1, 2011

**Information provided by the Iowa Department of Public Health, EMS Bureau

3. Additional Level of Certification for Peace Officers. In addition to the levels of certification authorized for persons who complete EMS training programs, the department also allows certification at the Iowa law enforcement emergency care provider (ILEECP) level for peace officers who complete the Iowa law enforcement training program pursuant to 641 Iowa Administrative Code chapter 139.

C. Initial Training and Continuing Education.

1. Authorization and Regulation of Training Programs. Iowa Code §147A.17 requires an Iowa college approved by the North Central Association of Colleges and Schools or an Iowa hospital that desires to provide emergency medical care services training leading to certification as an emergency medical care provider to apply to the department for authorization to establish a training program. The training program is required to use the applicable United States Department of Transportation Education Standards (January 2009) for courses leading to certification. The training program must also meet certain requirements regarding facilities, staff, student selection and records, financing, and administration of the program. (See 641 IAC 131.5) As of July 2013, there were 17 EMS training programs in the state authorized by the department (See Attachment D at <https://www.legis.iowa.gov/DOCS/LSA/IntComHand/2014/IHNRH003.PDF>, for a list of training programs) The length, frequency of class offerings, and costs associated with a training program for a particular certification level are determined by the entity offering the program as long as the program meets the education requirements determined by the department.

2. Continuing Education. The continuing education requirements for biennial renewal of a provider's certification vary based on the level of certification, ranging from 12 hours for emergency medical responders (EMRs) and first responders (FRs) to 60 hours for paramedics and paramedic specialists (PS). However, at least 50 percent of the required continuing education hours for each level must be formal continuing education (live interaction with an

instructor or an approved Internet-delivered course based on the appropriate department curricula), up to 50 percent of the required hours may be made up of a wide variety of activities including nationally recognized EMS-related courses, clinical rounds with a medical team, community public information education projects, and disaster preparedness, among others, and recognition of additional hours may be allowed for CPR training, a disaster drill, or other training. (See 641 IAC 131.4(5) and 131.4(6))

II. Who Provides Emergency Medical Services and How Are They Funded? The provision of emergency medical services is not required under Iowa law. While townships are required to provide fire protection service, emergency medical service is optional. (See *Iowa Code §359.42*)

Emergency medical services are provided, and funded, throughout the state in a variety of ways. Often, EMS is combined with the fire protection service provided by a township, city, or county. In addition, there are rural first responder and EMS service programs, hospital-based EMS service programs, not-for-profit EMS service programs, and private, for-profit service programs. Some provide transport and some do not. The majority of the state's EMS service programs are dependent on local persons who volunteer to serve their communities. The department reports that 57 percent of EMS providers are associated with fire departments, 16 percent are privately operated, 13 percent are hospital-based, and 14 percent are associated with public services. Of the estimated 8,815 emergency medical care providers actively participating in EMS in 2013, an estimated 5,684 are volunteers (64.5 percent).

A. Townships. Townships must provide fire service protection and may also provide emergency medical services. A township may levy an annual tax not exceeding 40.5 cents per \$1,000 of assessed value of the taxable property in the township, excluding property within a benefited fire district or within city limits. (See *Iowa Code §359.43*) If the levy is insufficient, the trustees may levy an additional annual tax not exceeding 20.25 cents per \$1,000 of assessed value of the taxable property. Higher taxes may be levied if the trustees have an agreement with a special charter city having a paid fire department, or if the township is located within a county having a population of 300,000 or more. (See *Attachment E at <https://www.legis.iowa.gov/DOCS/LSA/IntComHand/2014/IHNRH004.PDF>, for a map of the FY 2013-2014 township tax levies by county*)

B. Counties. A county may assume the powers and duties of a township relating to fire protection services and EMS for townships located in the unincorporated area of the county. (See *Iowa Code §331.385(1)*) If a county provides fire protection service or EMS to a township, the county may certify taxes for levy in the township not to exceed the amounts authorized for the township. (See *Iowa Code §331.424C*) Also, Iowa Code chapter 422D allows a county, with voter approval, to generate EMS funds through a local income surtax or local property tax, or both, for a maximum of five years. The maximum income surtax rate for EMS cannot exceed

1 percent. Currently, only Appanoose County has approved the use of an income surtax to fund EMS.

A county may also establish an emergency medical services district within the county after a hearing upon the petition of 25 percent of the resident property owners in a proposed district if the assessed valuation of the property owned by the petitioners represents at least 25 percent of the total assessed value of the proposed district. *(See Division II(E) of this memorandum for more discussion of such districts)*

C. Cities. Each city must provide fire protection service and “may establish, house, equip, staff, uniform, and maintain a fire department” *(See Iowa Code §364.16)* A city is not required to provide emergency medical services. However, a city may levy taxes on the taxable property within the city limits for all city government purposes, including EMS. A city’s tax levy for the general fund shall not exceed \$8.10 per \$1,000 of taxable value in any tax year for all city government purposes. *(See Iowa Code §384.1)*

A city may also establish an emergency medical services district within the city after a hearing upon the petition of 25 percent of the resident property owners in a proposed district if the assessed valuation of the property owned by the petitioners represents at least 25 percent of the total assessed value of the proposed district. *(See Division II(E) of this memorandum for more discussion of such districts)*

D. Mutual Aid Agreements. A city, county, township, benefited fire district, or other authorized agency may agree to provide fire protection service or EMS for one another pursuant to what is commonly referred to as a “mutual aid agreement” *(See Iowa Code §§28E.31 and 28E.32)*

E. Emergency Medical Services Districts. In 1992, the General Assembly authorized a county to establish a special district known as an "emergency medical services district." Subject to voter approval, the governing board of an emergency medical services district may levy a tax of not more than \$1.00 per \$1,000 of assessed value on all the taxable property within the district for EMS. *(See Iowa Code §357F.8)* An emergency medical services district is limited to specified property in the unincorporated areas of the county. Then, in 1994, a special district known as the “city emergency medical services district” was authorized. Subject to voter approval, a city council may levy a tax of not more than \$1.00 per \$1,000 of assessed value on all taxable property within the district. *(See Iowa Code §357G.8)* An additional tax may be levied to fund the district pursuant to Iowa Code §384.12(18). A city emergency medical services district must include all of the incorporated areas of a city except property assessed as agricultural property and centrally assessed property. Currently, only Sheffield and Riceville have established such a district.

F. Emergency Response Districts. In 2008, the General Assembly authorized a pilot project for the establishment of an emergency response district in a county with a population of at least 16,925 but not more than 16,950 (Crawford County), to allow a new governance structure to facilitate the delivery and funding of fire protection service and emergency medical service to the county. (See *Iowa Code chapter 357J*) The district was to be governed by a commission made up of a member of the board of supervisors, the sheriff, and the mayor from each city in the district. After a public hearing on the matter, the commission could levy a tax of not more than \$1.6375 per \$1,000 of assessed value on all the taxable property within the district for EMS. No such district has been established.

III. State and Other Funding. The EMS Bureau is funded through federal funding, a State General Fund appropriation, fees collected for certification and renewal of certification of EMS providers, “Love Our Kids” and EMS license plate fees, and commemorative birth and marriage certificate fees. Much of this funding is passed on through grants to counties and EMS service programs.

FY 2014 EMS Funding Sources	FTE's	Salary/Fringe Costs	Admin/IT Costs	Contracts	Total Awards
General Fund	4.55	\$437,101	\$166,184	0	\$603,285
PHHS Block Grant-Federal	3.1	\$282,723	\$28,700	0	\$311,423
System Development-General Funds	0	0	0	\$454,700	\$454,700
Love Our Kids (license plate fees)	0	0	0	\$115,600	\$115,600
EMS for Children-Federal	0.6	\$64,334	\$45,666	0	\$110,000
GTSB-Federal	0.4	\$50,000	\$12,000	0	\$62,000
Totals	8.65	\$834,158	\$252,550	\$570,300	\$1,657,008

* Information provided by the Iowa Department of Public Health, EMS Bureau

A. Emergency Medical Services System Development Grants. Iowa Code §135.25 creates the Emergency Medical Services Fund consisting of moneys appropriated by the General Assembly and other moneys available from federal or private sources. Moneys in the fund are under the control of the department and are to be used to match, on a dollar-for-dollar basis, moneys spent by a county for the acquisition of equipment for the provision of EMS and by providing grants to counties for education and training in the delivery of EMS. Moneys allocated by the department to a county for EMS purposes may be used for equipment or training and education as determined by the board of supervisors. (See Attachment F at <https://www.legis.iowa.gov/DOCS/LSA/IntComHand/2014/IHNRH005.PDF>, for the amounts of EMS System Development Grants received by each county for FY 2011-2012 through FY 2013-2014)

B. “Love Our Kids” and EMS License Plate Fees. Moneys collected from the sale of “Love Our Kids” license plates pursuant to Iowa Code §321.34(11A) are transferred to the department and used for injury prevention. Moneys collected from the sale of EMS license plates pursuant to Iowa Code §321.34(10A) are deposited in the Emergency Medical Services Fund established in Iowa Code §135.25 for EMS System Development Grants.

C. Commemorative Birth and Marriage Certificate Fees. Pursuant to Iowa Code §144.45A, fees collected by the department for the issuance of commemorative copies of birth or marriage certificates are deposited in the Emergency Medical Services Fund established in Iowa Code §135.25 to support the development and enhancement of EMS systems and EMS for children.

D. Miscellaneous Sources. In addition to the funding options described in Division II and this division, EMS may be funded through city or county budgets, fees for service, fundraisers, and donations.

IV. What Are Other States Doing? Iowa is similar to most states in that EMS is not a mandatory service and is usually left to local discretion, with volunteers composing a significant portion of the EMS service providers, particularly in rural areas.

A. “Mandatory” Service. A few states have made EMS service “mandatory” in one way or another. Hawaii has a state-operated EMS system in which the state EMS office is responsible for establishing emergency medical services throughout the state. The state can contract with a county or a private entity to provide the service. (See Haw. Rev. Stat. §321-221 through 321-235 (2012)) North Carolina, on the other hand, requires counties to establish EMS systems and requires a single level of care throughout the county. A city may only serve as an EMS provider if permitted by the county. (See 10A N.C. Admin. Code 13P .0201 (2012)) In Pennsylvania, townships must make provisions for fire protection and EMS, but the level of service and means of providing the service is up to the township. (See 2008 Pa. Laws 7, 8, 9)

B. Supplemental Funding. Like Iowa, many states provide supplemental funding to EMS service providers in one form or another.

1. Wisconsin. In Wisconsin, the Emergency Medical Services - Funding Assistance Program (EMS-FAP) allocates funds for distribution to ambulance service providers that are public agencies, volunteer fire departments, and nonprofit corporations, under a funding formula consisting of an identical base amount for each ambulance service provider plus a factor based on run volume, service area, population, and EMT roster size. The funds are intended to supplement existing budgeted funds and may not be used to replace, decrease, or release for alternative purposes the existing budgeted funds. (See Wis. Stat. §256.12(4) (2012)) Wisconsin also distributes funds to such ambulance service providers to purchase the training required for licensure and renewal of licensure as an emergency medical technician – basic,

and to pay for administration of the examination required for licensure or renewal of licensure as an emergency medical technician — basic. (See Wis. Stat. §256.12(5) (2012))

2. Minnesota. In Minnesota, the Emergency Medical Services Regulatory Board biennially issues a request for proposals for the operation of EMS systems in each of the state's eight EMS regions, awarding grants to regional programs to promote the systematic and cost-effective delivery of emergency medical care throughout the state; identify and address common local, regional, and state EMS system needs; provide public education and promote the exchange of information about emergency medical care; and establish and maintain training standards to ensure consistent quality of EMS throughout the state. The state also provides reimbursement to licensed ambulance services for the necessary expenses of training volunteer ambulance attendants at the emergency medical technician – basic (EMT-B) level. In addition, the state's Cooper/Sams Volunteer Ambulance Award and Incentive Program recognizes and rewards volunteer ambulance service personnel and provides incentives for volunteers to enter emergency medical services. Applicants who are at least 50 years of age, have accrued at least five service credits, and have resigned from active volunteer service on the ambulance may receive a cash award. Each credit is currently worth \$447.19. (See Minnesota Emergency Medical Services Regulatory Board/Grants Internet Site, available at <http://www.emsrb.state.mn.us/grants.asp>)

V. List of Attachments and Additional Resources. The following materials, unless otherwise noted, may be accessed from the "Committee Documents" link on the committee's Internet site: <https://www.legis.iowa.gov/Schedules/committeeDocs.aspx?GA=85&CID=929>

A. Attachment A--Authorized EMS Agencies (2013) Map – developed by the Legislative Services Agency, Fiscal Division, and also see the interactive map, available at <http://bit.ly/18T2q8m>

B. Attachment B--Authorized EMS Agencies List – generated by the Iowa Department of Public Health

C. Attachment C--Iowa Emergency Medical Care Provider Scope of Practice (April 2012) – published by the Iowa Department of Public Health, Bureau of Emergency Medical Services

D. Attachment D--Authorized Iowa EMS Training Programs (July 2013) – published by the Iowa Department of Public Health, Bureau of Emergency Medical Services

E. Attachment E--Property Tax Rates for Fire and Emergency Medical Services (FY 2014) – developed by the Legislative Services Agency, Fiscal Division

F. Attachment F--Emergency Medical Services System Development Grants FY 2012 thru FY 2014 – information provided by the Iowa Department of Public Health

G. Attachment G--EMS Response Times by County, EMS Bureau Data

H. Attachment H--EMS Service Level Response Times, EMS Bureau Data

I. Additional Resources:

1. Iowa General Assembly, Emergency Services Study Committee (2006), documents distributed to committee, available at <https://www.legis.iowa.gov/Schedules/committeeDocs.aspx?GA=81&CID=152>
2. Iowa Department of Public Health, Bureau of EMS Status Report 2012, available at http://www.idph.state.ia.us/ems/common/pdf/ems_status_report_2012.pdf
3. 2011 National EMS Assessment, published by the Federal Interagency Committee on Emergency Medical Services, and prepared by Greg Mears, M.D., et al. (2011), available at http://ems.gov/pdf/2011/National_EMS_Assessment_Final_Draft_12202011.pdf (560 pages)
4. Iowa Department of Public Health, Bureau of EMS Internet Site, available at <http://www.idph.state.ia.us/ems/>
5. Iowa EMS Association Internet Site, available at <http://www.iemsa.net/>
6. National Association of State EMS Officials (NASEMSO) Internet Site, available at <http://www.nasemso.org/>
 - a. See especially the NASEMSO Special Report (December 2006), The Status of State EMS Funding, available at <http://www.nasemso.org/NewsAndPublications/News/documents/EMSFundingSpecialReport12-2006.pdf>
 - b. Also see the State EMS Rural Needs Study 2004, by Kevin K. McGinnis, MPS, EMT-P, available at <http://www.nasemso.org/Projects/RuralEMS/documents/RuralNeedsSurvey2004.pdf>