



Testimony for Community Paramedics

April 2016

Good morning Chairmen Barrar and Sainato and members of the Veterans Affairs and Emergency Preparedness Committee. My name is Betsy Snook and I have been a registered nurse for more than 30 years. I am the CEO of the Pennsylvania State Nurses Association (PSNA), the State's leading professional nursing organization representing more than 219,000 RNs in our Commonwealth, as well as the associated health interests of the patients we serve. Today I am joined by Dr. Aislynn Moyer, PSNA Deputy CEO. Dr. Moyer will assist me in answering questions you may have.

Over the past decade, emergency medical services (EMS) have piloted a new role, often referred to as the community paramedic, which in itself may be confusing to the public as this role may not be filled by a person educated as a paramedic. This expanded role builds on the skills and preparation of emergency medical technicians (EMT) and paramedics, with the intention of fulfilling healthcare needs of populations with limited access to primary care services and/or those who frequently use services such as the emergency room. Cuts in public health and community services funding have decimated programs, leaving unmet health needs. In many cases, Community Paramedics are filling a gap in services that have been previously performed by public health nurses and visiting nurses. The challenge is that the role of the Community Paramedic is defined differently, even from one end of the state to the other.

All patients deserve access to safe, quality care from healthcare providers that are adequately educated. As the healthcare landscape

continues to undergo a significant transformation, PSNA supports initiatives allowing members of the healthcare team to cooperatively function consistent with their education and expertise. PSNA supports the role of the Community Paramedic in the healthcare team, but seeks to caution the legislature that apart from standardization, this role may confuse the public and limit the effectiveness of the healthcare team and its patient-centered outcomes.

Therefore, PSNA believes it is important to:

- Standardize the definition of the Community Paramedic. The title used should be consistent and clear, especially to the public. PSNA recommends the standardized definition used by the National Council of State Legislators
 - See <http://www.ncsl.org/research/health/expanding-the-primary-care-role-of-first-responder.aspx#ExpandedRoles>

- Establish minimum national standards for education and evaluation for Community Paramedic programs – beyond the emergency services education and training required of EMTs and paramedics – that prepares the Community Paramedic to competently perform the expanded functions.
- Reduce “role confusion” by clarifying the Community Paramedics’ role and responsibilities within the healthcare team
- Foster interdisciplinary collaboration through appropriate regulatory models

PSNA recognizes that, given existing differences in regulatory structure, regulatory models will vary from state to state. However, PSNA believes that the Pennsylvania model must incorporate basics for assuring patient safety. These **basics** should include:

- **Role competence:** The public has a right to expect Community Paramedics to demonstrate competence throughout their careers and in all healthcare settings and that the public will be protected from incompetent and unethical practitioners. Uniform education

and clinical training from an accredited program in a higher education setting, consistent with the functions of the Community Paramedic role, should be required by state statute, rules and regulations. These educational programs should include core components from social and behavioral sciences and social determinants of health such as cultural competency, community roles and resources, professional boundaries, etc. Evaluation tools should be implemented to retrieve both objective and subjective information about an individual's knowledge and performance.

- **Interdisciplinary teamwork**, reflected by cooperation, collaboration and communication. Community Paramedics must be considered part of an interdisciplinary team. Given the role of RNs as coordinators of patient care, it will be important that Community Paramedics communicate and cooperate with RNs. Presently, Community Paramedics work under the supervision of an emergency medical director who is a physician. However, in

some situations, the Community Paramedics may be part of an RN-led interdisciplinary team. Community Paramedics should be permitted to provide non-emergent health services delegated by any primary care provider, including the advanced practice RN. Additionally, regulatory models should not impose barriers to interdisciplinary communication and collaboration.

- **Accountability.** Community Paramedics should be accountable to self and to a Regulatory Agency. Efforts should be made to ensure that the agency with Community Paramedic oversight collaborates with the agency or agencies that have oversight for other professionals with whom they will be cooperating and communicating as part of the healthcare team. The public must also be assured that the regulated individual is competent to provide certain services in a safe and effective manner.
- **Evaluation.** This emerging role will require ongoing evaluation to determine the effectiveness of the providers and to inform other

healthcare providers and policymakers as to needed changes.

Thus far, the focus in Community Paramedic demonstration projects has been on reduced costs through decreased emergency room visits, reduced hospital admissions and readmissions.

Evaluation should extend to include monitoring for improved patient outcomes, patient satisfaction and a decrease in adverse outcomes.

As our healthcare systems transform, greater emphasis will be placed on primary and preventative care, utilizing technology, value-based models of care and improved patient experiences. This new landscape will require a more flexible workforce with new types of healthcare workers performing new functions.

PSNA respectfully urges the General Assembly of the Commonwealth to carefully consider the comments set forth. The proposed legislation, at present, is inadequate to achieve the purposes of this level of

healthcare provider. Rushing to implement a new provider role without the appropriate due diligence may actually lead to segregated healthcare teams and poorer patient outcomes.

Thank you for the opportunity to submit our testimony. We will take questions at this time.

Respectfully submitted,

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Pennsylvania State Nurses Association

PSNA