

May 5, 2021

Re: Opposition to 6282



Metropolitan Area EMS Authority
2900 Alta Mere Drive
Fort Worth, Texas 76116
(817) 632-0522
(817) 632-0530 (Fax)
www.medstar911.org
MZavadsky@medstar911.org

Dear Members of the Rhode Island House Health and Human Service Committee:

As a 41-year Emergency Medical Service (EMS) professional, a national consultant for numerous EMS consulting agencies, and a leader for several national EMS associations, I am concerned about potential impact of Rhode Island House Bill 6282, which seems remove Department of Health oversight of EMS.

EMS is healthcare. Oversight by the Department of Health (DOH) helps ensure the health and safety of the people of Rhode Island. The RI DOH regulates far-ranging health measures, from water quality to beauty salons to physician and nursing licensure. It ensures quality, training, safety, and professionalism. EMS is no exception. It relies on medical and public health oversight, with a foundation of evidence-based protocols and practices.

In most states, EMS is regulated by the Department of Health – a very logical oversight role for a department whose very mission is to assure the health of the state’s residents and visitors. You only need to look a few miles to your west to see one of the most respected systems in the county, Boston EMS. One of the reasons Boston’s EMS system provides such outstanding care is because it is a division of Boston’s Public Health Authority.

The recent pandemic created exceptional synergies that help mitigate the impact on the pandemic in states like Texas, California, New York, Massachusetts and Florida. A key to that synergy was the recognition and regulatory oversight by the state health officials in those states which facilitated enhancing the role of EMS agencies and providers to deliver essential public health functions, such as patient navigation from 911 calls, COVID testing, and COVID vaccines.

This bill appears to remove the Department of Health’s regulatory authority and oversight for EMS, and delegate regulatory authority to an Ambulance Service Coordinating Advisory Board, which would be renamed the Ambulance Service Coordinating Board (ASCB), reflecting their newly obtained authority.

If this legislation passes, this board will determine patient care protocols, licensing, training, patient care and safety standards. Most egregiously, this legislation allows the ASCB to self-discipline. According to the Rhode Island Chapter of the American College of Emergency Physicians, members of this board have a history of reluctance to adopt evidence-based practice standards or discipline its members: <https://www.propublica.org/series/a-911-emergency>

Passage of this legislation would likely create a conflict of interest by allowing EMS to be run by members of the ASCB, which appears will be composed predominantly of members who are not public health officials.

I encourage you to vote against it.

Sincerely,

A handwritten signature in blue ink that reads "Matt Z." followed by a stylized flourish.

Matt Zavadsky, MS-HSA, NREMT
Chief Transformation Officer

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