

FLORIDA EMERGENCY MEDICAL SERVICES (EMS) ADVISORY COUNCIL

Proceedings from the meeting of January 23, 2004

Sandestin Golf & Beach Resort
9300 Emerald Coast Parkway West
Destin, Florida 32550

Members Present

Linda Swisher, R.N., Ed.D., Chairperson
David V. Shatz, M.D., Vice-Chair
Chuck Kearns, M.B.A., Secretary
Michael Jacobs, Acting Chief, Bureau of EMS
Richard S. Slevinski, M.D., State EMS Medical Director
Jaime Caldwell, Commercial Ambulance Operator
Salvatore Silvestri, M.D., Physician
Nestor Berrios-Torres, EMT, Non-Fire
Ferne G. Moore, M.D., M.P.H., Lay Elderly
Phyllis L. Hendry, M.D., EMS-C Liaison
Amy Paratore, Emergency Nurse
John Scott, Air Ambulance Operator
Matthew Douglass, EMS Administrator, Non-Fire
Judy Conlin, Department of Education
Pat Pieratte, Department of Transportation
Randy Pierce, Department of Management Services
Craig Fugate, Department of Community Affairs

Members Absent

Davy Crocket, Hospital Administrator
Dan Azzariti, EMS Administrator, Fire
Jim Bomford, Lay Person
Ruben Almaguer, Paramedic, Fire
Greg Rubin, EMT, Fire
Keith Gaston, Department of Highway Safety and Motor Vehicles
Dave Casey, Department of Insurance

Note: A verbatim transcript of the entire meeting is available for review at the State Bureau of EMS.

CALL TO ORDER

Chairperson Linda Swisher called the meeting to order at 8:01 a.m. She opened the meeting with a moment of silence to prepare themselves, both mentally and emotionally, for the decisions they needed to make at the meeting. Following the moment of silence, Pat Pieratte directed the audience and council members in the Pledge of Allegiance.

ROLL CALL

At this time, Chairperson Swisher conducted the EMS Advisory Council's roll call.

APPROVAL OF MINUTES

Chairperson Swisher asked for approval of the minutes from the October meeting. Mr. John Scott made a motion to approve the minutes. Ms. Pat Pieratte seconded the motion. Mr. Kearns stated that two amendments needed to be made to the October minutes. The first amendment needed is to add Mr. John Scott as the person to second the motion to approve the July minutes. The second amendment is adding a motion made by Mr. Jim Bomford for the council to write a letter to Dr. Agwunobi suggesting that the chairmanship be a two-year term. The council approved the motion unanimously. Council members agreed with these changes and then voted unanimously to approve the minutes.

STATE EMS BUREAU REPORT

Michael Jacobs, Acting Bureau Chief, reported that Ray Runo, who was employed by the bureau, is now working for the Office of Emergency Operations. He has been diligently working to establish a database that contains an emergency contact list for all EMS providers. The current database does not contain emergency contact information. Mr. Runo and his staff will be contacting each provider to obtain the information. Periodically, within a six-month period, they will repeat the process to ensure the data is current and correct.

The bureau is currently in the process of procuring 21 mass casualty support trailers. These trailers will come equipped with a tow vehicle. The bureau is also in the process of procuring Personal Protection Equipment (PPE) using Office of Disaster Preparedness (ODP) and Health Resources and Services Administration (HRSA) money for all firefighters, fire, non-fire, private and non-private.

The State EMS Bureau report is attached to, and made a part of, these minutes.

STATE EMS MEDICAL DIRECTOR REPORT

Dr. Slevinski stated that there is an inadequate number of burn beds in Florida. Current, capacity allows for the care of 60 burn patients. A plan developed by the state working

group and a funding mechanism will enable the state to provide care for 800 burn patients. In the spring, there will be a one-hour training course sent to all EMS medical directors.

The medical directors will be writing a mass-casualty plan for the state. Anyone who might have an interest, please contact us. No one will be excluded. The plan will start with the development of a template of items to be considered. That template will be sent to regions. The regions will be asked to write the plan, and send it back to the committee for review and editing. The committee will send it back to the regions and then testing of the plan will occur.

A report was released by the Florida Senate called “A Review of Trauma Care Planning and Funding in Florida to the Committee on Appropriations.” In the report, on page six is a table that looks at possible sources of trauma funding. This is important because it’s been in discussion for 10 to 20 years. Take note that on the table, if one dollar is added to motor vehicle registrations in the state of Florida, it would total \$15.4 million per year. Dr. Slevinski stated that when it’s appropriate, he will ask the council to write a letter supporting the concept of raising motor vehicle registrations fees in Florida by \$3. This will raise \$45- to-\$60 million a year of recurrent funding for trauma programs.

COUNCIL MEMBERS REPORT

Pat Pieratte, Department of Transportation

Ms. Pieratte reported it’s time to submit concept papers for the traffic safety grants, which will begin in October. Concept papers will be accepted until the end of March. Forms are available on the website, www.dot.state.fl.us/safety. After reaching the website, click on “Highway Safety Grant Program” to get the information about the grant, the application process, grant cycle, and other various forms

Judy Conlin, Department of Education

Ms. Conlin announced her division has changed its name to Division of Community Colleges and Work Force Education. Another announcement made was the department has a new vice-chancellor, Bonnie Marmor. Ms. Conlin stated the 2004 curriculum is finished and will be effective July 1, 2004.

Jamie S. Caldwell, Commercial Ambulance Operator

No Report

John Scott, Air Ambulance Operator

Mr. Scott reported that the issues raised in the air transport meetings included the concerns identified with moving the licensure process over to MQA, new CE broker issues, and changes with the paramedic certification going to the National Registry.

Amy Paratore, Emergency Nurse

Ms. Paratore announced that the Emergency Nurses Association has a new president, Chris Ochinero. Ms. Paratore stated the new website is floridaena.org. She also announced the association's subcommittees have met and set their goals for 2004.

A delegation from the association will be sent to Tallahassee in March for Emergency Medicine Day. The association will also be working with the American College of Emergency Physicians at the Florida College of Emergency Physicians on legislative issues.

The association discussed the 500 state funded radios that are being dispatched into the emergency departments across the state and how that will be accomplished.

Salvatore Silvestri, M.D., Physician

Dr. Silvestri stated that one of the focuses for the Medical Directors' group is cardiac arrest and resuscitation. The focus will be on new techniques and how we can optimize resuscitation to improve outcomes.

Chuck Kearns, M.B.A, Paramedic, Non-Fire

Mr. Kearns informed the council of new software called "First Watch"; it monitors ambulance dispatch and patient conditions to allow for an early warning of a terrorist incident. It will automatically send faxes, e-mails, set off pagers, and will send text messages to cellular phones. Another feature is that it will indicate if there is an unusual clustering of calls in a certain location (such as a flu outbreak in a Skilled Nursing Facility).

Mr. Kearns also informed the council that the American Heart Association has a new award for heart-ready communities. The award is based on criteria with examples as: Do you have enhanced 911 in your community? Do you use some form of emergency medical dispatch? Do you register the location of Automated External Defibrillators (AEDs) and put that information into your dispatch computer so that dispatchers can direct 9-1-1 callers to an on-site AED?

David Shatz, M.D., Physician

Dr. Shatz opened with a comment that the more sparsely attended meetings tend to generate great work products. This meeting was no exception.

Dr. Shatz then informed the council that the Medical Directors have sponsored a lecture on "The Incapacitated Patient Act" which he believed to be an outstanding lecture.

He also informed them that The Heart Association continues to further its efforts toward stroke centers and the Florida Stroke Act. The Joint Commission for Accreditation of Health Care Organizations is approaching an accreditation process for its stroke centers.

Dr. Shatz stated that the interfacility-transfer guide is expected to be released to every acute care facility in the state around March 1st. The exceptions will be Hillsborough and Palm Beach Counties who already have their own guidelines.

Dr. Shatz reported that in 2002, the state had 250,000 traumas and 30 percent of all traumas are being transported by air. This shows the state has a significant dependence on air ambulances.

Ferne G. Moore, M.D., Lay Elderly

Dr. Moore announced that April will be Florida Injury Prevention for Seniors (FLIPS) Month. A number of spectacular programs and activities are planned along with educational materials to be sent throughout the state.

J. Matthew Douglass, EMS Administrator (Non-Fire)

No Report

Nestor Berrios-Torres, EMT (Non-Fire Service)

No Report

Phyllis L. Hendry, M.D., EMSC Liaison

Dr. Hendry announced that Wednesday, May 19th would be EMSC Day. The committee has decided to focus on the emergency care and disaster needs of children with special health care needs. EMSC will be collaborating with Department of Health / Children's Medical Services, Florida Institute for Family Involvement, EMS agencies, Healthy Start, and other community agencies. If your community is interested, please contact the EMSC program staff at (850) 245-4440. The focus will be on three or four communities in the state.

Discussion occurred concerning the portion of 64E-2 that the Medical Care committee is currently rewriting. EMSC would like to have representation on that committee considering many of the issues that are discussed have pediatric implications. A letter will be sent to the council chair and committee chair requesting that representation.

The color-coding and antidotes for chemical warfare project, which has been collaborated with Vital Signs and Dr. Robert Luten, is almost final. It has been named Chemical Warfare in Kids Response Project (CWIK). Several companies will provide 7,000 free posters and cards, hopefully, in time for the International Disaster Conference on February 6th. A lecture and a presentation are planned on this project.

For the state working group, a subcommittee of the EMSC committee has been looking at pediatric triage and treatment as it relates training and equipment. \$850,000 of HRSA funding has been set aside for pediatric equipment and the state of Florida is being seen as a model. Other states have called asking how to get this funding.

One of the grant goals is to determine the pediatric needs of first responders. In collaboration with the Florida Association of School Resource Officers, a focus group will meet on February 24th to look at various EMSC related training materials.

HRSA and the national EMSC program funded the national pediatric protocols available for children with special health care needs.

The newsletter will become bi-annual in order to have more substance. One of the future topics is the use of AEDs in children since it seems controversial. A new statement has been endorsed by the American Academy of Pediatrics, the American College of Emergency Physicians and other organizations. It specifically addresses AED use in schools, but there's also information that's applicable to hospitals as well.

Randy Pierce, Department of Management Services

Mr. Pierce stated the Federal Communications Commission (FCC) issued a report in Order, which is referred to as 03306. This report that was a response to public safety entities in reference to the narrow band push the FCC was mandating. This mandate created a lot of infrastructure difficulties and there was a question as to if it was an obtainable goal. In the report, they put a temporary stay on that mandate. The temporary stay gives an opportunity throughout the state to leave MED-8, the statewide medical coordinating channel, in a wide-band mode until everyone has had an opportunity to migrate to narrow band. We reviewed the report at an emergency meeting and discussed how that impacted the EMS plan. The plan is still on course to have everyone migrated to narrow band technology.

The state-wide law enforcement radio system is currently in its testing of Phase 5. The Weapons of Mass Destruction (WMD) radios are being reprogrammed and will be delivered to the Emergency Room (ER) as soon as possible.

An Air Secondary Workshop was conducted at this quarterly meeting and the workshops will continue until the October meeting. This will give the EMS providers an overview of that frequency and how it will be implemented statewide.

The Technical Advisory Panel (TAP) met and the consensus was to go ahead and push MED-9 and MED-10 over to narrow band. The next report will show MED-92 and MED-102 and how that will affect a number of users who are currently dispatching on those two frequencies.

Craig Fugate, Department of Community Affairs

Mr. Fugate reported that in Florida more people are killed in traffic accidents every weekend or by tornados than by a terrorist attack.

Mr. Fugate announced that the state is participating in an event in coordination with the National Weather Service, during Hazardous Weather Awareness Week on February 22nd through 28th.

On February 25th, there will be a state wide tornado drill. He then asked that EMS providers take this opportunity to review their severe weather plans and to participate in the drill.

He also reported that the 2004 budget for the Department of Homeland Security was approved by Congress. The state of Florida received \$92 million of which, \$20 million was designated for law enforcement, \$1.5 million for community emergency response teams and citizen corps activities, and \$70 million for the response community for consequence response.

Of the \$70 million, the department has met with the stakeholders and developed a draft strategy that will be presented to Governor Bush. This document must be sent back to the Department of Homeland Security at the end of the month. If the Department of Homeland Security approves the plan, then it must be sent to the Florida Legislature. Under the Florida constitution, the appropriation of funds can only be done by the legislature even though it's federally funded.

He then emphasized the importance of providers working with their county health department as part of the representation in the domestic security regional task force structure to identify community needs.

OLD BUSINESS

Status of the October '03 Motions

Chairperson Swisher reported that at the October '03 EMS Advisory Council meeting, the council unanimously passed a motion to request EMS licensure and certification sections remain in the Division of Emergency Medical Operations / Bureau of EMS. Mr. Kearns constructed a letter that was signed by Linda Swisher, and then sent to Dr. Agwunobi.

NEW BUSINESS

Discussion of Executive Staff

Chairperson Swisher stated that one of her responsibilities as chair was to appoint a vice-chair and a secretary. She then requested to appoint Dr. David Shatz as vice-chair, and Chief Dan Azzariti as secretary. Mr. Chuck Kearns made the motion. Dr. Silvestri seconded the motion. The council unanimously passed the motion.

Chairperson Swisher had asked Mr. Kearns to continue to serve as secretary and parliamentarian for this meeting in light of Chief Azzariti and Jim Bomford's absence. Mr. Kearns accepted the responsibilities.

She then stated her appointment as chairperson necessitated the need to appoint a new Education committee chair. Chairperson Swisher elected to appoint co-chairs, Dr. Silvestri, who's had enormous experience with this committee, and Mr. John Scott, who has extensive education background. Both Dr. Silvestri and Mr. John Scott accepted the appointments.

Chairperson Swisher also stated that she hopes that the organizational chart currently in use will remain to have continuity and efficiency. However, if anyone wishes to change their committee or become a chair of a committee, please contact Patricia Kenyon. Ms. Kenyon will ensure that Dr. Swisher receives the message in order to bring it before the council.

Dr. Swisher also emphasized that she expected all the committees to work cooperatively with each other and to use each other's resources. The council needs to come together to move forward. June is the deadline to assemble a legislative package for the following year. She then challenged the council members and audience to work hard over the next few weeks and bring one to three critical issues to move forward.

COMMITTEE REPORTS

Education, Salvatore Silvestri, M.D.

Dr. Silvestri stated the focus for the meeting was on the new Florida certification exam. John Gosford, Bureau of EMS, conducted a power-point presentation that reviewed the details associated with the training center, emergency medical technician (EMT), and paramedic student requirements associated with the new National Registry process. He reviewed the new method of certification requirements as they relate to the state and to the National Registry. This presentation sparked a tremendous amount of passion and energy. The committee is going to compose a series of recommendations and motions on behalf of the group represented.

To detail a couple of the issues raised by the group: the group felt that there should be a single application packet put together so that a single application packet could be returned to the state and the state can return a list of eligible students who could then participate in testing; the state should coordinate training with the National Registry along with the quarterly meetings; web-based training should be made available for the training sites; long-range plan for certification and testing be made available; and training sites felt that work load and financial support is needed to actually go forward with administering the new National Registry tests.

Medical Care, David Shatz, M.D.

Dr. Shatz stated the focus for the committee has been on the revision and rewrite of 64E-2. The committee has eliminated all the tables that specified the amount of equipment providers are required to carry, with the exception of neonatal. Because neonatal represent a very specialized area, they requested not to remove those tables. Current tables will be replaced with two tables addressing Basic Life Support (BLS) and Advanced Life Support (ALS) missions. The idea is providers should be able to accomplish their mission given those requirements.

Dr. Shatz also stated that it was his initial thought to have this document ready in time for this meeting. However, the committee removed the checklist for the inspections process

and did not substitute it with anything else. The goal is to change this from a checklist process to an outcomes focus. With that in mind, the committee is in the process of drafting a position paper that will outline when this shift should come into place, and give guidelines to the inspection process. The committee will continue to produce the paper with hopes to have it ready by the April meeting.

He then reported that the medical directors have voiced concerns about 64E-2 requirements relating to disciplinary action. The way the wording is now, if a paramedic is late to work twice, the medical director would have to report it to the state. That is not something the medical directors thought was within their realm of requirements. It should be more along the lines of significant medical departures from standards of care. Dr. Kathy Shrank, Miami, has attended the Medical Directors meetings and has drafted a three-page position paper. The committee will edit the paper and the hope is to have it ready for the April meeting.

The last position paper the committee is drafting is on the problem of airway mismanagement. There is literature from our own state outlining a 25-percent misintubation rate. Dr. Shatz believes part of the problem is that we have moved away from the availability of live intubation practice. The rookie paramedics have no skill sets with live intubation and the retiring paramedics are leaving the departments. Dr. Shatz informed the council that he believes simulators would be beneficial in training airway management. The committee will request vendors to show the simulators at the July meeting.

Injury Prevention & Public Safety, Ferne G. Moore, M.D.

Dr. Moore reported that Akisha Hudson conducted a presentation on Okaloosa County's injury prevention program. This is in keeping with the committee's policy to learn more about successful programs and activities in the specific geographic location where the EMS Advisory Council is meeting.

The committee reviewed the goals and objectives that had been set in January '03, especially to tailoring our goals to the revised curriculum, including providing statewide training, and training workshops for EMS providers. All committee members have been sent a copy of the new revised peer curriculum.

A grant proposal has been submitted for funds to create a 25-member peer panel to develop an eight-hour course and conduct it in conjunction with the EMS Advisory Council meetings. Pending notification of the award, a conference call will be on February 9th to make decisions as to the future direction in this matter. Dr. Moore acknowledged the work of Freida Travis, Department of Health consultant, in writing the grant request.

Management & Administration, J. Matthew Douglass

Mr. Douglass reported there was no meeting.

EMS Futures Forum, Chuck Kearns

Mr. Kearns stated a quorum was not present to conduct business. With the people present at the meeting, a discussion ensued about EMS such as where we have been and where we are going.

Dr. Slevinski added that the comments he made at the meeting were somewhat controversial. He then stated that for the past two years a majority of his time has been spent working on violent terrorist efforts and believes it to be a mismanagement of his time. He stated we have forgotten that 100 percent of what we do which is take care of cardiac patients, daily trauma patients, and pediatric patients. We have to prepare ourselves to do that well. That focus has been lost in his opinion.

Dr. Slevinski made another controversial statement by questioning the value of the council. He then stated, in the past, the council produced a lot of things and was listened to on the state level. He feels now the council has expanded to special interest groups, and even if you work and produce a document, when it gets to Tallahassee an individual from a special interest group counters it and there's no consensus. Leadership, both in the Department of Health and in the legislature, gets a mixed message. The council should develop a mechanism that if consensus comes out of the council, special interest groups should not be allowed to torpedo it. If that doesn't work, then the council has lost its ability to function well.

Chairperson Swisher reiterated that the council's goal this year is to work cooperatively and come to a consensus as a council.

Data, Greg Rubin

Chairperson Swisher announced the Data committee is still on hold waiting for national direction.

Inspections, John Scott, Vice-Chair

Mr. John Scott informed the committee that a motion was made at the council meeting to merge with the Medical Care committee. Mr. Scott asked for approval of this process and the committee unanimously agreed. Most committee members attended the Medical Care committee the following day.

PUBLIC COMMENTS

J.J. Morrison, Immediate Past President of Florida EMS Providers

Mr. Morrison stated that the association would like consideration to co-locate the annual January meeting with Fire Rescue East. He then pointed out that it was the Immediate Past President speaking because the rest of the board is in Jacksonville attending Fire Rescue East. The EMS providers represent both private and public models.

Mr. Morrison then stated that on the issue of background checks, the association would like to go on record and ask that it be limited to new applicants. It's a great program that should

be started from this point forward. The budget impact would be severe. It's something that we feel is unnecessary because as employers we already do our own background checks. There is too much redundancy.

He also reported concerns relating to the National Registry testing. Two meetings ago, we were assured in our meeting that the test would be Florida specific. Under no circumstances would there be a practical portion. Now, it has changed. We feel there has been a communication break down between our constituency group and the bureau.

Mr. Morrison also assured Chairperson Swisher that the EMS providers are going to work with the council in every way to get the work done.

Chairperson Swisher stated that several speaker cards were related to the same issues Mr. Morrison had just presented and asked if he would mind allowing the other speakers to comment before the council remarked. Mr. Morrison agreed with this process.

Brian Lynch, Florida Professional Firefighters

Mr. Lynch reported that most of their members were currently in Jacksonville attending Fire Rescue East. We are supporting and asking for consideration that the EMS Advisory Council meeting be co-located with Fire Rescue East, wherever it may be. The rationale behind this is: over 90 percent of the prehospital care in Florida is provided by fire systems; Fire Rescue East is the largest gathering of Florida-based EMS providers; and the same consideration is being afforded to the Florida College of Emergency Physicians for the July meeting.

Michael Hohl, Florida Fire Chiefs Association

Mr. Hohl requested the council consider co-locating the January meeting with Fire Rescue East. It's a model that has been shown successful with the July meeting being co-located with CLINCON. Fire Rescue East is the largest event in Florida. It would be an event that not only fire-based EMS systems would benefit from, but the private sector and third service systems would also benefit from the resources, vendors, and other discussions that would occur during the event.

Johnny Delgado, Florida Air Medical Association

Mr. Delgado informed the council he was also representing two other constituency groups, Air & Surface Transport Nurses and the Florida Neonatal & Pediatric Transport Network. He echoed the concerns that they feel it would be a much more productive location to co-locate with Fire Rescue East.

Dr. Shatz responded by stating that the council already has two of the four meetings locked in with locations, Orlando and Tallahassee. The other two meetings are supposed to be rotated throughout the state to accommodate participants.

Dr. Shatz also stated that the next January meeting is tentatively planned for Naples to co-locate with the National Association of EMS Physicians (NAEMSP) meeting. This group meets throughout the country, not just around the state, and we would lose the opportunity to co-locate this meeting with a national organization. This would be just the first example of locking in three out of four of the meetings.

Mr. Jacobs made a comment for clarification purposes. The majority of EMS services are fire-based, however, the bureau data reflects only 52 percent are fire-based, not 90 percent. He also commented that the meetings were in conflict due to the Super Bowl. Fire Rescue East had to move their meeting up a week from when it is normally held.

Mr. Kearns commented that to his knowledge this is the first time there has been a direct conflict between these two meetings, Fire Rescue East and EMS Advisory Council.

Mr. Kearns stated he would rather co-locate with NAEMSP because the one thing every EMS provider has in common is medical direction. He thinks to expose our field, management, and administrators to the intriguing clinical presentations would be enlightening to the EMS providers.

He also commented that the council should maintain an appearance of independence from any other special interest group.

Mr. Caldwell suggested the council consider co-locating with Fire Rescue East every two years.

Marcie Fisher, representing Geoffrey Miller, President of Florida Association EMS Educators

Ms. Fisher stated that the educators are concerned over the issue with the plans by the state to turn EMT and paramedic testing over to the testing centers, especially the practical portion. The test is labor and equipment intensive. It will cost considerably more than training centers are allowed to charge students including the fees that would go directly to the National Registry.

She also stated the educators intend to work closely with the Education committee and will stay apprised of their conference calls and on-site meetings so that educators may attend.

Mr. Kearns asked Ms. Fisher to clarify the difference between the fees that the state of Florida allows verses what the National Registry charges

Ms. Fisher replied that currently Chapter 401 allows for \$40 for EMT and paramedic exam fees. The National Registry charges \$20 for the EMT exam and \$50 for the paramedic exam. That fee only applies to the written exam, not the practical exam. The training centers would be responsible for the charge of the practical exam. St. Petersburg College currently has been offering the practical exam and has been charging \$250 per student. They

are losing money. She also stated that the National Registry requires that once an exam starts, students cannot leave. The training centers have to provide food and the equipment for those individuals taking the exam.

Mr. Kearns stated this is a good opportunity for providers to partner up with educational institutions. He then stated that through his EMS agency, equipment is supplied to St. Petersburg College.

Chairperson Swisher assured Ms. Fisher that the education committee is going to be working vigorously on this issue. She then thanked the educators for their support.

Mr. Scott asked Ms. Fisher to elaborate on the logistics of budgetary issues and conflicts between Chapter 401 and the National Registry.

Ms. Fisher answered that in Chapter 401, applications to the state have to be received 30 days in advance. Applications for the National Registry have to be received 21 days in advance. This causes confusion for the applicant. The educators would like there to be a single application process. The other issue is that one of the applications currently goes to the state. The other applications would go to the training site or the testing site if it was an EMT exam, but to the National Registry if it was a paramedic exam. Again, this causes confusion to the applicant.

The educators are also concerned that if the training centers become the testing sites, they would have to accept all EMT applications, process them, keep track of who is going to be at the test site, get assurances from the state that all applicants are approved to test. Most of the training centers have a single full-time faculty member that share support staff with other departments. The amount of clerical work involved would be financially overwhelming.

Mr. Jacobs asked Ms. Fisher if she was talking about other students coming in to sit for the exam or her own students. By statute, the school should provide the practical portion of the examination.

Ms. Fisher replied the school supports the cost for non-native students. Currently, the school has a six-to-one instructor student ratio, but the National Registry requires a four-to-one instructor student ratio. There would also be the cost of providing meals while students are testing.

Mr. Jacobs stated he understood that there are additional costs for students from other out of state programs. He then stated that out of state students are not required to take the practical exam. They have to take the written exam. He then questioned if the practicum the school is giving now is the same as the National Registry?

Ms. Fisher commented that they use the same practicum, but the instructor/student ratio is six-to-one, the National Registry's ratio is four-to-one. Instructional costs would increase by one-third.

Bryan Lynch, Florida Professional Firefighters Association

Mr. Lynch stated the Florida Professional Firefighters are opposed to initiating a practical exam for the paramedics in Florida. The rationale: the statute requires that the state issue a certificate upon the payment of the certification fee and completion of the written exam; physicians, nurses, and other medical practitioners do not impose a skills test for licensure certification; those skills that are taught, evaluated, and tested by the Florida approved colleges and training centers are already being done; and they are opposed to any increase in the certification fees, application fees, or test fees.

Chairperson Swisher encouraged the Florida Professional Firefighters to give their support and energy to the education committee.

Mr. Lynch also stated they are opposed to legislation requiring redundant background checks for current employees.

Mr. Kearns asked Mr. Lynch what the current process is for background checks.

Mr. Lynch commented that the minimum standards require fingerprint dusting that is sent to the Bureau of Standards. In his department, a Florida Department of Law Enforcement (FDLE) check and local police check is required. The cost per individual for background checks is \$100.

Mr. Jacobs responded by stating the proposed language does take into account firefighters who have had a background check in the past two years.

Dr. Shatz commented that he is opposed to another fee increase.

Dave Freeman, Florida Association of County EMS

Mr. Freeman stated that his association believes the department should develop the rule to have one standardize patch for both EMT and paramedic in the state rather than removing the language. The association is submitting letters to Dr. Agwunobi and to the sponsor of this proposed legislation.

Several council members made comments in agreement with Mr. Freeman on this issue.

COUNCIL DISCUSSION

Chairperson Swisher noted that Chief Almaguer was unable to attend the meeting due to a mandatory commitment and that he sends his regrets. The council had planned to honor him at this meeting for his past chair responsibilities and tenure. Now it will be done in

April. She also thanked Patricia Kenyon and the EMS staff for their efforts in making this meeting so successful.

Dr. Slevinski discussed the concept of trauma funding. In the state of Florida, we initially had money in every year's budget for the first 15 to 20 years, but it has been stream-lined out. Trauma centers have to look for their own sources for funding, some tax-based and some not. A number of studies have shown that the cost of operating a trauma center is approximately \$3 million a year. It's time to look at long-term sources for trauma funding. Studies have also shown 43 percent of all traumas are from motor vehicle accidents; 25 percent is from accidents in general. With that in mind, Dr. Slevinski would like the council to sponsor a resolution to the Department of Health stating it supports the development of a recurrent funding mechanism for EMS and trauma.

It can be accomplished by adding a \$3 per year for the fees collected for motor vehicle registrations, driver licenses, and motor vehicle titles. This will generate \$65 million per year in recurrent funding. Florida has the lowest fees in the country for these issues.

This issue ensued discussion among council members. Members agreed with Dr. Slevinski and commended him on his thoughts.

Dr. Shatz made a motion that the EMS Advisory Council support the development of a recurrent funding mechanism for EMS and trauma. This can be accomplished by adding \$3 per year to the fees collected for motor vehicle registrations, driver licenses, and motor vehicle titles. That would generate \$65 million per year that can be used for EMS and trauma funding. Mr. Kearns seconded the motion. The council approved the motion unanimously.

Ms. Pat Pieratte made a motion that the EMS Advisory Council attempt to co-locate their January meeting with the Fire Rescue East conference, wherever it may be, every other year, beginning in January 2006. Mr. Jamie Caldwell seconded the motion. The council approved the motion unanimously.

Mr. Kearns made a motion that the EMS Advisory Council request the department take whatever measures necessary to ensure the current Florida EMT and Florida paramedic patches are the only officially recognized patches identifying EMTs and paramedics in Florida. Dr. Shatz seconded the motion.

Mr. Jacobs stated that currently this is in statute. He then suggested the motion should be to rescind or withdraw the current language. This brought discussion among the council members. Mr. Kearns amended his motion to state the EMS Advisory Council requests to take whatever measures necessary to establish the current Florida EMT and Florida paramedic patches are the only officially recognized patches identifying EMTs and paramedics in Florida. The council approved the motion unanimously.

Chairperson Swisher requested Mr. Kearns develop a letter for her signature to Dr. Agwunobi outlining the history of the patches and stating that the council voted unanimously to have the current patches recognized as the standardized patches.

Mr. Kearns stated that at this meeting, five motions were made and all were passed unanimously.

After calling for any further business, and there being none, Chairperson Swisher called for a motion to adjourn. The motion was made and the meeting was adjourned at 10:10 a.m.

PATRICIA KENYON

Attachment
State Bureau Report