LEGISLATIVE INTENT SEARCH RECORD

(HB) or SB 124 YEAR 1973 SESSION LAW NO. 73-126

SUB/SIM/COMP/IDEN SB127 FL. STATUTE NO. _____

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BILL FILES (COMMITTEE)	Series/Carton	Number of Pages
H. HRS	19/137	8
H. F&T (5-3-73)	19/932	0
S. HRS (SB127)	18/233	8
		16

MEETING FILES (DATE)	Series/Carton	Number of Pages

TAPES (DATE)	Series/Carton	Number of Tapes
H. HRS ?	414/121	1 (?)
H. F&T 5-2-73	414/345	1 (T)
S. HRS 4-5-73	625/65	2 (T)
		4

MISCELLANEOUS FILES

(C3-73: File with Secretary of Senate)

(H) (S)
BILL NO. SB 127

BILL REPORT - COMMITTEE ON Health and Rehabilitative Services

Time/date 2:00 p.m., 4-5-73

Place Room A, Senate Office Bldg.

Other Committee References:
(in order shown)

None

FINAL ACTION: Date April 5, 1973

____Favorably with _____amendments

____Favorably with Committee Substitute

____Unfavorably

OTHER: ____Temporarily Pass X Reconsider
(as Committee Substitute)

THE VOTE WAS:

BILL		Motion											
Aye	Nay	SENATORS	Aye	Nay	Aye	Nay	Aye	Nay	Aye	Nay	Aye	Nay
		GLISSON, Jim										
		GORDON, Jack										
		GRUBER, Don										
		LANE, David										
		SIMS, Walter										
		VOGT, John										
		MYERS, Kenneth										
		TOTAL										
Aye	Nay		Aye	Nay	Aye	Nay	Aye	Nay	Aye	Nay	Aye	Nay

(Attach additional page if necessary)

(do not detach)

*MUST COMPLETE!!

(H) (S)
BILL NO. _____

The key sponsor appeared ☐
A Senator appeared ☐
Sponsor's aide appeared ☐
Other appearance

Committee determines:
1. Bill is of major state concern ☐
2. Bill is significant ☐
3. Bill should be considered as time available ☐
4. Bill is noncontroversial ☐

FLORIDA HOUSE OF REPRESENTATIVES

TALLAHASSEE

COMMITTEE ON HEALTH AND REHABILITATIVE SERVICES

The Capitol Tallahassee, Florida 32304 Telephone: 224-1277

April 2, 1972

Staff Analysis - CS/HB 124 Emergency Medical Care

By Representatives Hodes, Fortune, and Thomas

PROBLEM

If the nation had an adequate system of emergency medical care 90,000 lives could be saved; over 2,000,000 hospital bed days would not be needed; 8,000 man-years of medical care would not be necessary and over 3 billion dollars in costs to accident victims could be saved! These statements represent the major findings of a Blue Ribbon committee report on emergency medical care by the U.S. Surgeon General's office, issued in 1970.

On the state level, the Florida Heart Association estimates that 12,000 lives could have been saved last year had adequate emergency medical care been available. Furthermore, over 2,200 people died on Florida's highways last year representing in addition to the tremendous human suffering, a cost to our society of over $450,000,000.

In many instances lives could have been saved or further damage could have been prevented had emergency medical care been available at the scene of an accident or during transportation to a medical receiving facility. Many valid studies have pointed out that 20% of automobile fatalities could have been saved with adequate emergency care.

In addition to the benefits of a statewide emergency medical care system for Florida residents we can realistically foresee some results for the Florida tourist industry. With tourism on the increase, Florida can expect several thousand more auto accidents and correspondingly an increased number of deaths.

COMMITTEE FINDINGS

There are essentially four critical components in an emergency medical services system:

1. Personnel
2. Equipment
3. Vehicles
4. Communications

In order to assure an adequate emergency medical services system each of these components must be present. Without a sufficient number of trained personnel the system is worthless; similarly, if a two way communication system between ambulance, base of operation and medical receiving facility does not exist, little if any service can be provided other than on an ad hoc basis.

Personnel

Several needs are evident in an assessment of personnel requirements for an adequate emergency medical services system. Perhaps the initial issue to be dealt with relates to the number of attendants required for each ambulance. Current Florida law allows each ambulance to be operated with only one person. This appears to be counter to the purpose of an emergency medical services system, in that in aiding a multiple-victim accident one attendant would be seriously handicapped. Furthermore, for single victim accidents or a heart attack patient it would be extremely difficult to render any assistance or prevent a patient from dying during the transport phase of the emergency call, since the attendant would be driving the vehicle.

THEREFORE, it is suggested that Florida law be amended to require <u>two</u> attendants per vehicle.

A second issue related to personnel deals with minimum hours of medical training. Current law requires 7 1/2 hours of training for ambulance attendant licensure. This represents only the barest of minimum standards and realistically provides little in the way of life saving or stabilizing skills. By contrast the following chart shows the minimum hours of training required for other occupations:

Barber	1,500	Hours
Cosmetologist	1,200	Hours
Policeman	280	Hours
Fireman	200	Hours
Ambulance Personnel	7 1/2	Hours

There are several training courses available to an emergency medical technician, i.e., present 7 1/2 hour course, advanced first aid, first aid instructor, 80 hour emergency medical technician training or a 480 hour emergency medical technician course. Although it would appear worthwhile to require the most extensive training course available, the feasibility of this proposal is doubtful. However, the 80 hour emergency medical technician course is presently being taught in 33 locations around the state and at least one training site is accessible to every area of the state. This 80 hour course provides the emergency medical technician with the basic knowledge to perform satisfactorily at the scene of an emergency.

THEREFORE, it is suggested that Florida law be amended to require at least the 80 hour minimum training course.

Finally, it is suggested that ambulance attendants be certified as "emergency medical technicians" in order to more accurately reflect their increased training and responsibilities.

Equipment

Another item of great importance is the type of equipment carried by emergency vehicles. For several years well accepted standards for ambulance equipment have been promulgated by the Committee on Trauma of the American College of Surgeons. This list of essential equipment for ambulances requires few if any extremely expensive, sophisticated medical devices but does require equipment that is generally of great value in the course of an emergency. For example, current equipment requirements do not include items such as: portable suction; emergency childbirth kits; or, equipment for acute poisoning.

It is suggested that ambulances be required to meet the minimum requirements of the American College of Surgeons "Essential Equipment for Ambulances." In addition, the Division of Health should have the authority to periodically revise these standards.

Vehicles

Several components in combination make a good vehicle design for ambulances. The vehicles must, of course, have space for patient transportation, but in addition they must be safe vehicles. Moreover, they must have space for equipment storage; they should be relatively comfortable; they should have a communications capability; and finally, they must have been designed to allow for patient treatment both at the scene and during transportation to a hospital.

As with the equipment there are generally accepted minimum standards for vehicle design, only in this case they are promulgated by the National Highway Traffic Safety Administration. These standards do represent in some cases a significant departure from vehicles in use throughout the state. Many of our ambulances are, in fact, nothing more than hearses that are used for transporting dead bodies. While these vehicles are perfectly adequate for non-emergency transportation they bear little resemblance to the sophisticated vehicles in use in some areas of the state. In order for an emergency medical services system to be capable of providing real service, the vehicles used must be able to reach the scene quickly, provide service, and transport a patient in comfort and safety. In addition the vehicle must be designed so as to permit intensive life-support service by the attendant.

THEREFORE, it is suggested that vehicles meet the minimum standards for design and construction as promulgated by the U. S. Department of Transportation.

Communications

In terms of equipment this component is one of the most critical items both for system wide application and for each vehicle. In the latter case there is little doubt that some means of communication must be available for each ambulance. Not only should there be a dispatch capability from the ambulance's operating base but also a capability to communicate with hospitals and medical receiving facilities. This facet of the communications dilemma is generally agreed upon although the degree to which this aspect should be developed is still subject to debate. For example, should ambulances have two way voice communications or voice and medical telemetry equipment or perhaps voice and television?

There are other aspects of the communications dilemma that are less well known. The development of a regional and statewide emergency alert network has been proposed as one way of insuring rapid transmission of medical needs in case of a large scale disaster. The implementation of a "911" call system for all emergency services, i.e., fire, police, ambulance, civil defense, etc., has also begun in some states and has been proposed for Florida. Finally, the utilization of call boxes on highways in order to notify police and reserve personnel has also been proposed.

Although all of these proposals seem to have merit our immediate concern should be to insure ambulance communications networks. Therefore, it is suggested that all ambulances have at a minimum two way communications capabilities.

PURPOSE

CS/HB 124 establishes minimum statewide standards for personnel, equipment, vehicle design and construction and communications. In this fashion a Florida citizen or visitor is assured of receiving quality medical care both at the scene of an accident and on the way to a hospital.

Sectional Analysis

Section 1 - Short Title

Section 2 - Legislative Intent

Section 3 - Definitions

Section 4 - State Plan

Section 5 - Ambulance Service Licenses

This section requires that all owners or operators of ambulance services must have a license to operate. A license would be issued by the Division of Health. The applicant for a license must meet certain minimum standards and must furnish adequate insurance protection for personal and property damage. Licenses are renewable annually and may be revoked. Applicants may be issued a temporary operating license good for a period of one year. However, they would only be issued a temporary license if they do not presently meet the minimum standards but are attempting to meet them.

Section 6 - Ambulance Permits

This section stipulates that each and every ambulance be separately permitted prior to operation. The vehicle must meet minimum standards for design, construction and equipment. These permits are renewable annually and can be revoked. A temporary permit can also be issued valid for a period of ninety days in order to permit operation while owner corrects deficiences.

Section 7 - Certification and Training of Personnel

This section requires that by January 1, 1974, every ambulance have at least two attendants with a valid

emergency medical technician's certificate and/or a driver that has a valid ambulance driver's certificate. Applicants for these certificates must meet minimum standards including an 80 hour emergency medical technician training course. The driver must also be an emergency medical technician and in addition have completed a defensive driving course and possess a Florida chauffer's license if applicable. These certificates are valid for two years and may be suspended or revoked by the Division. The Division may issue a provisional certificate valid for one year provided the individual is pursuing regular certification.

Section 8 - Advisory Council

This section creates the emergency medical services advisory council and describes the responsibilities, powers and duties of the council. In addition this section describes the membership and terms of office, per diem, reinbursement, etc.

Section 9 - Communications

This section stipulates that the Division work towards a statewide emergency medical services system to contain certain identified components.

Section 10 - Records

This section requires all ambulance services to keep records on forms provided by the Division and provides that the Division shall have access to these records.

Section 11 - Inspection

This section describes the duties of the Division in terms of inspection of each licensee, vehicle and attendant, and requires at least two inspections per year.

Section 12 - Transfer or assignment

This section stipulates that no license, permit or certificate can be transferred or assigned without approval by the Division.

Section 13 - Exemptions

This section describes the vehicles or ambulances exempted from the provisions of the act. Three exemptions are provided:

1. Private vehicle not ordinarily for the purpose of transporting sick or injured people.

2. A vehicle rendering emergency aid in the case of a large scale disaster when existing resources are insufficient.

3. Ambulances based outside Florida except when used for intra-state transportation.

Section 14 - Fees

This section provides for initial and renewal fees to be charged for licenses, permits, certificates.

Section 15 - Rules and Regulations

This section provides that the Division shall promulgate rules and regulations for the implementation of this act and further provides that the rules shall be implemented on a graduated basis over the next three years.

Section 16 - Certificates of Public Convenience

This section authorizes the governing board of each county to develop standards for certificates of convenience for ambulance services. Furthermore, it mandates that the board obtain the recommendation of the local areawide health planning council prior to issuing or denying a certificate.

Section 17 - Liability

This section stipulates that no liability shall be incurred for acts done or omitted in good faith by attendants and other personnel. This section does not provide for relief of liability should a person be guilty of negligence.

Section 18 - Consent

This section provides that no civil liability will be incurred by physicians, attendants, drivers or hospitals for providing emergency care when consent of the patient is not attainable and no other person is reasonably available.

Section 19 - This section allows local governments to enact additional regulations not contrary to this act.

Section 20 - Penalties

Provides that a violation of this act is a misdemeanor and each day the violation occurs is a separate offense. In addition this section grants the secretary of the Department of Health and Rehabilitative Services the power to institute civil action for injunctive relief to prevent violations.

Sections 21 and 22 - Penalties

Provides penalties for turning in a false alarm and for fraudently obtaining service.

Section 23 - Repeals existing ambulance statutes Chapter 877.07.

Section 24 - Severability Clause

Section 25 - Effective Date

ESTIMATED COST OF IMPLEMENTATION

It is somewhat difficult to assess costs for the implementation of this act. The best estimate that we have been able to arrive at is between $100,000 and $130,000 for the first year. Continuing operation in succeeding years should be substantially less. The bill will also produce approximately $60,000 a year in revenue which will be from the collection of fees. The net cost will be approximately $40,000 to $60,000.

COMMENTS AND RECOMMENDATIONS

Minimum standards for ambulance services have been proposed for Florida for several years. Unfortunately they have never been enacted and the net result has probably been the unnecessary loss of life and limb. In order to provide quality emergency medical care at the scene of an accident and during transportation to the hospital it is necessary that the attendants have sufficient training, that the vehicles be safely constructed, with enough space for emergency care, that the ambulance be equipped with appropriate medical equipment and that the ambulance have the capability to communicate with the hospital and its dispatch base. This bill will insure the accomplishment of these goals. Therefore, it is recommended that CS/HB 124 be favorably reported.

STAFF CONTACT: John T. Herndon

JTH/do

SENATE STANDING COMMITTEE ONHHEALTH
AND REHABILITATIVE SERVICES

STAFF EVALUATION

BILL NUMBER CS/ SB 127 SENATOR(S) POSTON

I. DETAILED SUMMARY OF EACH PROVISION OF THE ACT

Section 1. Short title "Florida Emergency Medical Services Act of 1973."

Section 2. Declares that it is the Legislature's intent to provide standards for emergency medical services to prevent needless disabilities and losses of life.

Section 3. Definitions are included for such terms as "ambulance," "attendant," "department," and "council."

Section 4. Authorizes the Department of Health and Rehabilitative Services (DHRS) to develop a state plan for emergency medical services.

Section 5. Requires that anyone engaged in the transportation of sick, injured, or incapacitated persons must obtain a license from the DHRS. Provisions are included in this section for minimum requirements of ambulances. Procedural matters relating to the issuance of the license are established as are authorizations for temporary licensure.

Section 6. Procedures are established so that each ambulance must have a permit for operation. Other procedural matters relating to the issuance of the permit are outlined.

Section 7. Minimum experience and educational requirements of emergency medical service personnel are established. Certification procedures are set forth and provisional certification is authorized for certain personnel.

Section 8. Created is an Emergency Medical Services Advisory Council in the Department composed of 17 lay members and two legislative members to consult with the Department on matters relating to emergency medical planning.

Section 9. A cooperative endeavor by the Department and the Department of General Services is authorized to develop a coordinated state plan for emergency medical communications.

Section 10. Requires that ambulance services or businesses must maintain records subject to inspection by the Department.

Section 11. Authorizes the Division of Health to inspect periodically the records, procedures, and equipment of each ambulance service licensee.

Section 12. Division of Health approval is required before any transfer or assignment of any permit, license, or certificate can be made.

Section 13. Exemptions from the provisions of this act are provided to privately owned vehicles, vehicles rendering catastrophic services only, and ambulances based outside of the state.

Section 14. A schedule of license fees is established.

Section 15. The development of rules and regulations is authorized relating to ambulance sanitation and maintenance, personnel training and qualifications, communications, and vehicle design and construction.

Section 16. Authorizes the promulgation of local ordinances relating to ambulance service provided the recommendations of an areawide health planning council have been obtained.

Section 17. Relieves from liability the actions of any attendant acting in good faith with reasonable care while rendering emergency medical care. This does not relieve the person from liability for negligent acts.

Section 18. Relieves ambulance attendants from civil liability if they render services in good faith without obtaining consent.

Section 19. Authorizes the Department to develop federal funding proposals and cooperative endeavors.

Section 20. Local ordinances shall be in addition to, and not in conflict with, regulations promulgated by the State.

Section 21. Ambulance services operated out of funeral homes shall maintain separate records and phone numbers.

Section 22. Violation of provisions of the act constitutes a misdemeanor of the second degree. Injunctive relief may also be had in an appropriate circuit court.

Section 23. Fraudulently obtaining services from an ambulance licensee is punishable as a misdemeanor of the second degree.

Section 24. Turning in a false alarm is punishable as a misdemeanor of the second degree.

Section 25. Repeals Section 877.07, F.S., relating to required first aid equipment and qualification of ambulance personnel.

Section 26. Severability clause.

Section 27. Effective date is January 1, 1974.

II. NATURE OF PROBLEM PROMPTING DRAFTINGGOF BILL

Information received by the Committee staff indicates that there is a serious need to provide incentives for and regulation of emergency medical services in the State. There are currently no uniform standards for equipment soundness and personnel competency which can be said to provide minimal satisfactory safeguards. This bill proposes to remedy this situation by adopting a licensing framework for emergency medical services to guide the orderly development of such services.

III. IDENTIFICATION OF CONTROVERSIAL ELEMENTS

Several reservations to this bill have been expressed by an interested party in Dade County who is involved with emergency medical services on a continuing basis. His concern was that there should be two bills, one dealing with emergency medical care and the other with ambulance standards. He was disturbed that some of the work being done by fire/rescue units at the present time may be limited or cut back under provisions of this act. The inclusion of an advisory council in the bill is a feature which has received comment in other pieces of legislation. The Committee's thoughts on this have been articulated in the past and have repeatedly noted the duplication of effort and undermining of executive responsibility of such advisory councils can produce.

IV. ASSESSMENT OF POTENTIAL IMPACT OF THE BILL

The inclusion of the comprehensive planning components in the bill should provide a foundation for the later development of a concerted emergency medical services system for all parts of the state. Effecting interagency and intergovernmental coordination is asserted to be the best way of providing for a properly planned system.

V. EVALUATION

A. Advantages - Provides a starting point from which a program for the planning and development of necessary lifesaving services can be delivered to all residents of the State. Retention of local ordinance powers insures that some measure of community control is maintained over any such services implemented while the state regulations preserve the uniformity and consistency of such services.

B. Identifiable Problems - As mentioned previously, there has been some concern voiced that the good intentions of this legislation may better be accomplished through the use of two bills treating different topics. There has been no indication received to date that any one segment of emergency medical services providers would be adversely affected by enactment of this bill in its present form.

C. Staff Comments - The intent of the bill is not to penalize present providers of emergency medical services so that they find it impossible to meet the standards promulgated in the act. Rather, the thrust of the bill is to insure that providers meet minimum requirements for the protection of the injured and disabled whom they are transporting. The standards proposed are cognizant of both the needs of the persons served as well as those of the service operators.

SENATE SUMMARY

Senate Bill No. 127

Draft No. None

Assigned to Leeper

Date Jan. 1973

Edited by

Approved by Brace

Typed by Ruthe

Proofed by

Ready for Printer

COMMENTS:

"Chauffeur" is misspelled on lien 29, page 8.

SUBJECT: Emergency Medical Services

By: Poston

Creates the Florida Emergency Medical Services Act of 1973. The Department of Health and Rehabilitative Services is directed to develop a comprehensive state plan for emergency medical services. All ambulance companies, vehicles and attendants are required to meet minimum state standards and to be inspected or examined and licensed by the Division of Health. The Division is authorized to issue temporary licenses and provisional permits to avoid totally depriving an area of ambulance service. Standards for licensing are set out and the Division is authorized to promulgate additional rules and regulations. An advisory council, with ten members appointed by the governor and one each by the Senate and House of Representatives, is created to act as a an advisory body to the Division. The Division is directed to plan for and to work towards the establishment of an emergency medical services communication system. Ambulance drivers and attendants, physicians and hospitals are relieved of civil liability for specified acts done in good faith and without negligence. Penalties are provided for fraudently obtaining ambulance service, turning in false alarms and for violations of any of the provisions of this act. Section 877.07, F.S., 1972 Florida Supplement, is repealed. Effective October 1, 1973.

M E M O R A N D U M

DATE: April 4, 1973

RE: Emergency Medical Services Act (SB 127)

I have reviewed the emergency medical services act introduced by Senator Poston and the collateral literature in the substantive area to which the bill is addressed. Enclosed are some comments on the scope and direction of the proposed changes in the law with the necessary amendments to implement these changes should they be deemed advisable. All of these comments are directed toward specific provisions of the bill and are identified accordingly:

1. Section 4. Ambulance service license.--

   Subsection (6) - There appears to be some interpretive latitude in this subsection in that it could be construed that an operator seeking renewal of his original license may be bound only to meet the requirements in effect at the time of original licensure. Subsection (5) of Section 5 contains similar language. The concern here is that the licensee be bound by the most current requirements in effect at the time of renewal; there is some doubt that the bill properly addresses itself to this. SEE AMENDMENT 1

   Subsection (7) - This provision relates to the issuance of temporary licenses for those ambulance services which cannot meet all of the requirements for full licensure. While the merits of temporary licensure may be agrued all day there appears to be a legitimate concern that even the temporary licenses may be renewed, thus perpetuating what was originally intended to be only a short period of provisional licensure. The attached amendment eliminates any possibility that abuses may occur in the issuance of these temporary permits by the department. SEE AMENDMENT 2

2. Section 7. Emergency medical services advisory council.--

   Subsection (1)(g) - Since the thrust of this document is to create a planning system as well as a supervisory mechanism over existing ambulance ser-

vice entities there is ample reason to have the Department of Health and Rehabilitative Services represented by the agency which commands the requisite planning expertise in health matters. The inclusion of the Bureau of Comprehensive Health Planning is a logical adjunct to the bill's recognition of the need for emergency medical planning. SEE AMENDMENT 3

Subsections (1) and (3) - An amendment is attached to delete the appointment power of the Governor with the power being placed in the Secretary of DHRS. The Secretary is clearly the one party most responsible for the proper development of this act, so this change merely reflects his importance by centralizing responsibility. SEE AMENDMENTS 4 AND 5

3. Insertion of new Section 18.

It is the intent of this new amendment to allow the department the flexibility to participate in whatever federal programs or funding arrangements are made available for implementing comprehensive emergency medical services. Pending approval by Congress there will be some programs administered by both the Department of Health, Education, and Welfare and the Department of Defense relating to emergency medical services which the Department of HRS can take advantage of. SEE AMENDMENT 6