

Proposal to expand role of EMS pits hospitals against nurses



By Dan Goldberg

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A proposal in Gov. Andrew Cuomo's executive budget is pitting hospitals and emergency service workers against the state's largest nurses union in a familiar battle over the scope of practice.

The proposal would allow for a community paramedicine collaborative, meaning emergency medical services personnel would have the authority to provide certain kinds of care in patients' homes when done in collaboration with other providers who are attempting to reduce emergency room visits, admissions and readmissions.

If the new rules take effect, EMS would be able to provide non-emergent care. The idea is that light-touch interventions can keep certain patients in their homes. It might be as simple as ensuring that a patient recently discharged from the hospital has enough food in the refrigerator. Or it could involve ensuring that there are no trip hazards in the home.

Proponents argue that the governor's language aligns with the goals of the state's Delivery System Reform Incentive Payment, or DSRIP, program, in that it encourages groups of providers to come together and discuss ways to keep patients out of the hospital.

It's an idea that has been kicked around the state Legislature for the past several years, in part because some of the state's most rural communities say they lack enough providers that can care for frail patients.

The EMS in Watertown advocated for more responsibility, saying that the North Country was short on home care workers and its teams had the training to help keep non-emergent situations from becoming emergencies, according to Gary Fitzgerald, president of the Iroquois Healthcare Association. The group represents upstate hospitals and helped craft the governor's proposal.

The proposal is also backed by the Healthcare Association of New York State and the Greater New York Hospital Association, two trade groups that represent hospitals.

It is opposed by the New York State Nurses Association, which argued the proposed legislation does not clearly or adequately define roles and scope of practice.

"This raises serious questions about whether first responders will be engaging in nursing practice areas that they are not trained to take on, with little or no Department of Health oversight, and without clear practice guidelines," said Leon Bell, director of public policy for NYSNA. "We are further concerned a key driver in this effort appears to be for-profit emergency response operators and their investors."

The union has no problem with integrated care per se, or with EMS playing a collaborative role. But the union says it doesn't want for-profit companies to supplant the nurses' role with less expensive, less qualified labor.

"We strongly believe that all patients are entitled to receive nursing services from RNs with the proper training and professional expertise," Bell said.

Fitzgerald dismissed those concerns and said the measure would alleviate access to care problems in remote parts of the state.

"If they [the union] care about patients, they should support the community medicine provision," Fitzgerald said. "If health care reform is ever going to take off in New York, we're going to have to tackle scope of practice issues."

A spokesman for the Fire Department of New York, under which the city's emergency services operate, said the paramedicine approach may be right for some areas of the state but not New York City.

"The volume of emergency calls we handle far exceeds our ability to perform this function," spokesman Francis Gibbon wrote in an email. "And, while we don't object to other localities implementing a community paramedicine program, we believe it would be better performed by professionals who could administer and-or prescribe medications, which is not a skill set of our Paramedics and EMT's."

The Home Care Association of New York State, which represents home care workers, had opposed earlier versions of the legislation, worrying it would displace their members but this proposal allays many of their concerns because it requires consultation with home care workers before EMS personnel come in to a home.

"HCA appreciates the direction of Governor Cuomo's community paramedicine proposal," said Roger Noyes, a spokesman for the group. "We specifically appreciate its recognition of needed collaboration between EMS and duly-licensed home care providers for any services that would occur in the home setting. ... HCA is optimistic about the approach included in the Governor's budget and needs to review it further for possible syncing with other existing collaboration initiatives and approaches."

Similar legislation passed last year in the state Senate. A version passed the Assembly in 2015. The bill in the Assembly is sponsored by Health chairman Richard Gottfried (D-Manhattan), who is supportive of the idea but wary that it could mean EMS workers replace nurses and other medical providers.

"Community paramedicine has real potential to help fill gaps in care and prevent unnecessary hospitalizations," Gottfried said in an email. "But there are several issues to consider, including being careful not to displace rather than complement existing care. We'll be reviewing the Governor's proposal and working with stakeholders."

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