

## Emergency Medical Technicians and the Respiratory Therapist

AARC is aware of the concerns RTs have expressed regarding the increased hospital utilization of paramedics in lieu of respiratory therapists within the inpatient hospital setting. The AARC understands and shares your concerns. We wanted to provide you with some background to better understand how this situation has developed and what efforts could be undertaken to prevent it from happening in your state.

### Overview

What governs where paramedics can be employed rests with what each individual state writes as either a law or through regulations as to where a paramedic can practice and provide services. This is not a Medicare or federal issue, i.e. something that could be addressed on a national level to be resolved. For example the federal government or Medicare does not dictate where respiratory therapists can practice or what they can practice (vent care, for example). Your state RT licensure law will set the scope of practice and indicate that you can provide services in hospitals or "in all care sites" which is a standard RT licensure law provision.

### Background

Historically, the services of EMS personnel, e.g., paramedics, EMTs and first responders, have always been directed at emergency care. More specifically, the term used is "out-of-hospital". Until the last few years most states did not formally license or regulate EMS personnel, usually allowing the state agency that oversees statewide emergency service response to assure that EMS personnel were certified or qualified to provide emergency services.

Today, more and more states are writing licensing laws for EMS personnel, in particular paramedics, and within those laws they have, as health professional laws do, a scope of practice. But key to any of this state regulation -- be it through a licensure law for paramedics or regulations that govern the state's emergency response agency -- is the term "out-of-hospital".

### "Out-of-Hospital" Services

The term "out of hospital" provides a legal barrier to where EMS, especially paramedics, can provide services. Once that term is removed, then all the services in a scope of practice licensure law or a list of services set out in an agency's regulations can be provided in any site, including the floors of a hospital. And that is what is being deleted in these laws and regulations, thereby legally permitting hospital or other facilities to employ paramedics inside the hospital.

The chief advocates for removing what they considered restrictive language (out-of-hospital) are the state hospital associations which are very powerful lobbies. Usually the case is made from the perspective of small rural and/or underserved hospitals which offer the argument that paramedic personnel who are on the hospital transport staff can, when not on an emergency run, provide their services elsewhere in the hospital. The argument being it's efficient and cost effective. With all hospitals facing reimbursement cuts and financial difficulties to provide standard care, these arguments to the state legislators gain support.

### **State Society Involvement**

State societies do their very best in fighting these challenges, but it's important to recognize they are made up of dedicated volunteers, but volunteers nonetheless. State associations representing nurses or doctors have bricks and mortar offices, with paid staff and in most cases paid full-time lobbyists. It is a daunting task to go up against these organizations.

The stronger your state society is the more impact your respiratory profession has when facing these situations. We urge the state societies to make contact with and establish liaisons with the government affairs staff of its state hospital, physician, and nursing organizations, etc. By establishing a line of communication with these groups, your state society will have a way to communicate their concerns when legislative or regulatory actions occur that would infringe, whether intentional or not, on the respiratory profession.

In the situation where paramedics have already taken the jobs of the respiratory therapist, especially if they are providing services outside of the emergency room, make a list of "floor RT services" you believe paramedics may be providing in your hospital. Contact your state RT Licensure Board and ask if they are permissible under your state law. For example, a paramedic may be providing incentive spirometry which is not, as we understand it, something they are trained to do. Working with the RT Licensure Board, do your best to determine if the paramedic is practicing another profession, e.g., respiratory therapy or nursing, without a license.

If there is concern about writing to the RT Licensure Board as an individual respiratory therapist, request that your state society consider submitting a letter of inquiry to the Board asking for an interpretation of the situation. You or your society can find contact information on your state RT Licensing Board or Agency at the following link:

<http://www.aarc.org/resources/advocacy/state-licensure-contacts/>

## Summary

Elimination of barriers that permit paramedics and EMTs to work within a hospital setting is a complex issue with powerful interests involved and no quick or easy resolution. Nevertheless, it is important for state societies to be informed of situations within their state where paramedics may be practicing respiratory therapy services inside the walls of the hospital without a license or in violation of state law. Do the best you can to work with the RT Licensure Board to get the answers.

Opposing legislation that strengthens the paramedic/EMT role is often hard to defeat given strong interests of state associations that have the money, time and power to defend. But it may not be impossible. Where feasible, establish a liaison with government affairs staff in societies, associations, patient groups and others that share common goals and present a united front if and when it becomes necessary to go up against the opposition. We recognize the task may be daunting at times and know that state society staff time is limited. AARC's Advocacy and Government Affairs staff is always available for advice and assistance as needed.