

RESPONSE TO PUBLIC COMMENTS

Revisions to Chapter 511-9-2 “Emergency Medical Services”

The Georgia Department of Public Health (“Department” or “DPH”) received numerous submissions, both written and verbal, in response to the invitation for public comment found in the Notice of Proposed Rulemaking issued on August 27, 2021. Each comment received was reviewed and considered by both Department staff and the Commissioner of Public Health.

The Commissioner elected to adopt the rules as proposed on August 27, 2021, and the new rules will become effective on October 27, 2021. The policies and procedures related to these rules, including the EMS Scope of Practice, will be posted on the website for the Georgia Office of EMS and Trauma, <http://dph.ga.gov/EMS>, as they are finalized.

Although the Department is not required to respond to public comments, the Department wishes to provide additional information to address some of the comments that were received. A brief discussion of these comments is provided below.

The Department appreciates the support of the many commenters, including private persons and entities, the Georgia Ambulance Providers Association, and the Georgia State Firefighters Association, who expressed support for the proposed rules, specifically the language regarding the EMT-Responder license level, and the restrictions placed on 911 ambulance services in order for them to staff 911 ambulances with an EMT-Responder.

The majority of the comments received were in support of the proposed rule changes, specifically the new EMT-Responder level.

One written letter received from a Regional EMS Council, was not in support of the proposed rules, but the letter was dated prior to the rules being released for public comment and was based on the original proposal discussed with EMSAC/EMSMDAC in June of 2021. This original proposal was modified based on stakeholder feedback prior to the draft rules being released for public comment. The comments in the letter from the Regional EMS Council were broad and focused on the scope of practice for the EMT-Responder (which is not specified in these rules, rather specified in the EMS Scope of Practice recommended by the EMS Medical Directors Advisory Council) and focused on the lower level of care that EMT-Responders would be able to provide. The letter also said that this proposal for the EMT-Responder level was moving Georgia backwards, when this proposal actually brings us more in line with 73.4% of other states that already allow this license level.

There were two persons who expressed comments not in support of the proposed rules during the public hearing:

1. One person commented on the title of the EMT-Responder, however the naming of this level is similar to the naming of the other sub-categories of EMT that already are in use, the EMT, EMT-

Intermediate, and Advanced EMT. Naming this level a sub-category of EMT is required due to the statutory language present in O.C.G.A. § 31-11-51.

2. One person commented that:
 - a. DPH did not have the legal authority to create the EMT-Responder level, but this is clearly outlined in O.C.G.A. § 31-11-5, and the creation of a sub-category of EMT is similar to having EMTs, EMT-Intermediates, and Advanced EMTs.
 - b. DPH did not have the authority to specify the scope of practice for RNs/NPs/PAs/MDs/DOs – this is correct, as those scopes of practice are set by the respective regulatory authority. These rules say that persons licensed at the RN/NP/PA/MD/DO can perform to their respective scope of practice while serving at an EMS Agency in the prehospital field with appropriate approval from the physician medical director.
 - c. The code section (O.C.G.A. § 31-11-50) references that a “medical adviser” is not required in a county with a population of less than 12,000. This is correct, and if any county EMS agency that operates only in one county with a population of less than 12,000 desires to use this code section to meet the language in the rules related to a “Medical Director”, this will be permitted. Any such ambulance service who does not have a Medical Director would not be able to purchase pharmaceuticals or devices requiring a physician authorization, and that ambulance service’s Medics would not be able to administer medications or perform procedures in the Scope of Practice for EMS Personnel without online medical control approval. Further, the removal of this language was recommended in the State of Georgia Assessment performed by the National Highway Traffic Safety Administration Technical Assistance Team.
 - d. The Office of EMS and Trauma has not provided data related to the number of licensees and graduates of EMS initial education programs in Georgia. This data has been provided on numerous occasions in statewide meetings and presentations.