

## NASEMSO: Proposed BLM EMS Program Talking Points

- A physician overseeing the national EMS program for the Bureau of Land Management (BLM) Fire Programs would be of great benefit to the program. Such a physician medical advisor would help standardize policies and procedures, develop general treatment protocols and/or guidelines, and act as a physician liaison with the designated agency medical director in each state.
- However, such a national physician advisor will have no regulatory authority states unless he is licensed in an individual state. Federally employed physicians have no license authority by virtue of their federal employment. Medical licensure is a state right and licensure is only available at the state level.
  - Veterans Affairs physicians do not have federal preemptive authority but practice by virtue of state law providing exemption from state medical act
- The Department of Homeland Security recognized that they lacked this authority at the state level, and as such came to the National Association of State EMS Officials (NASEMSO) to create the Recognition of EMS Personnel Licensure CompAct (REPLICA)
  - REPLICA is an interstate compact that will provide appropriately credentialed individuals from other states the legal ability to practice under specified, short-term conditions, introduce unprecedented accountability related to those personnel, and create means of information sharing among states that have never existed before
- EMS personnel must have a state-licensed medical director in order to maintain EMS licensure and cannot perform as an EMT without that state-licensed medical direction – a national physician medical director would not satisfy this requirement.
  - The state-licensed medical director’s responsibilities include overall responsibility for the medical aspects of care provided by the EMS personnel, including educational activities, provider credentialing, patient care review for quality assurance, and direct supervision of care provided at an incident scene. These required operational responsibilities could not be fulfilled by a national “medical director.”
- This concept also raises concerns with the EMS Scope of Practice. While there is the national scope of practice model, few states follow it completely and usually use it as a "floor". It would be impossible for one national medical

director to understand and give direction to potentially 50 different variations on this scope of practice.

The local, state-licensed medical director, who best understands the individual state's scope of practice, can act to facilitate the "translation" of the BLM-developed treatment guidelines and scope of practice into the incident-level scope and protocols, in concert with the national medical advisor.

- In summary, a national medical advisor would benefit the BLM Fire Programs EMS operations in the development of programmatic medical policies, procedures, treatment guidelines to standardize care and operations. The local, state-licensed medical director can liaison with the national medical advisor to facilitate the operational translation of these national procedures at the EMT provider level, smoothing the integration of the BLM EMT services with the existing EMS system at the incident site. The state-licensed medical director would also be responsible for all state-required education, credentialing, quality assurance activities, and on-scene medical supervision, all in concert with the national medical advisor.