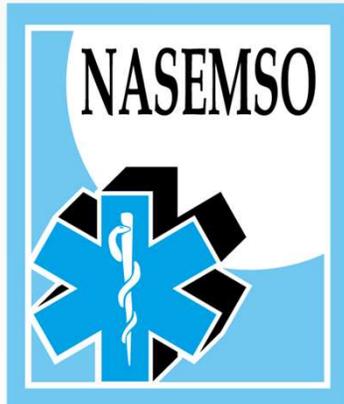


State EMS Offices: A National View



Dia Gainor, MPA, NRP (ret.)
Executive Director
National Association of State EMS Officials





**NO
TRAFFIC
SIGNS**

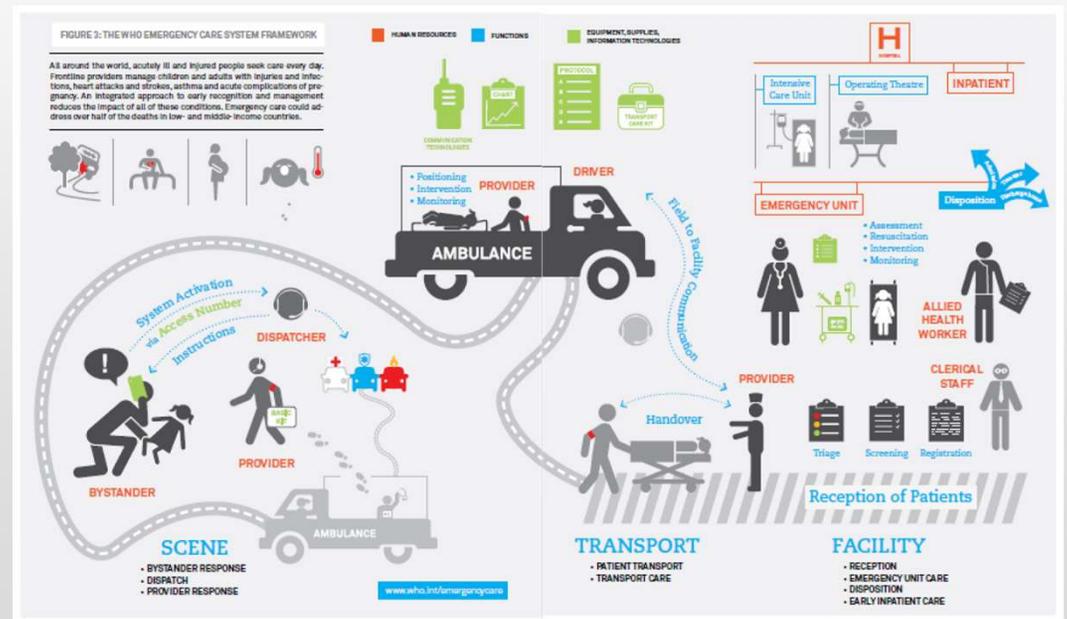
What Do State EMS Offices Do???

- License paramedics and EMTs (>1 million)
- License ground EMS and air ambulance agencies (11,500 911 ambulance services)
- Manage patient care records submission (NEMESIS)
- Engineer systems of care for time sensitive emergencies
- Some regulate EMD, many regulate EMS education
- Implement innovative programs to improve safety and outcomes



What Do State EMS Offices Do???

- FULFILL THEIR LEGISLATIVE MANDATE
- PROTECT THE PUBLIC



Strategic Focus

Communications

Ensure effective external communications to reinforce stakeholder understanding of the role of state, territorial, and tribal EMS offices as system leaders and enablers, as well as regulators, and of the national leadership role of NASEMSO in supporting them.



Information and Resources

Continue and improve methodologies used in information and resource sharing with and among NASEMSO membership and staff.



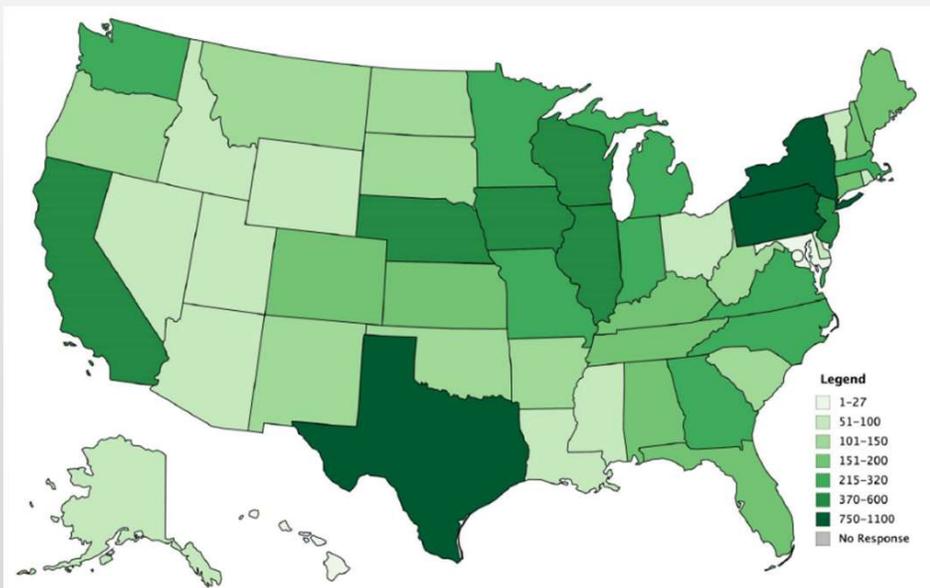
Emerging Specialties

Develop and enable policy deliberation, documentation and external communications about member consensus on emerging specialties.

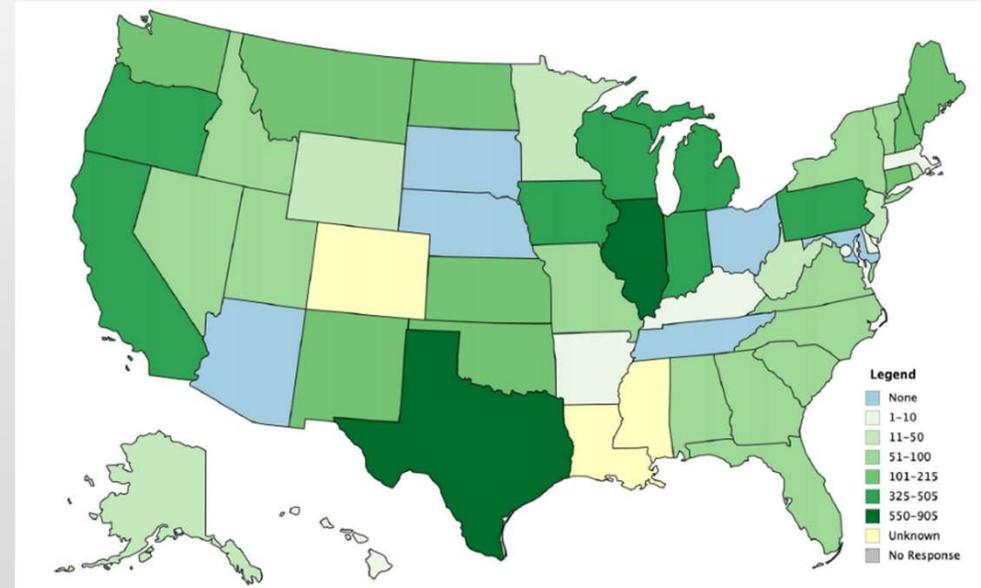


LICENSED EMS AGENCIES Transport/Non-Transport (2020)

911 Transport (Ambulance)

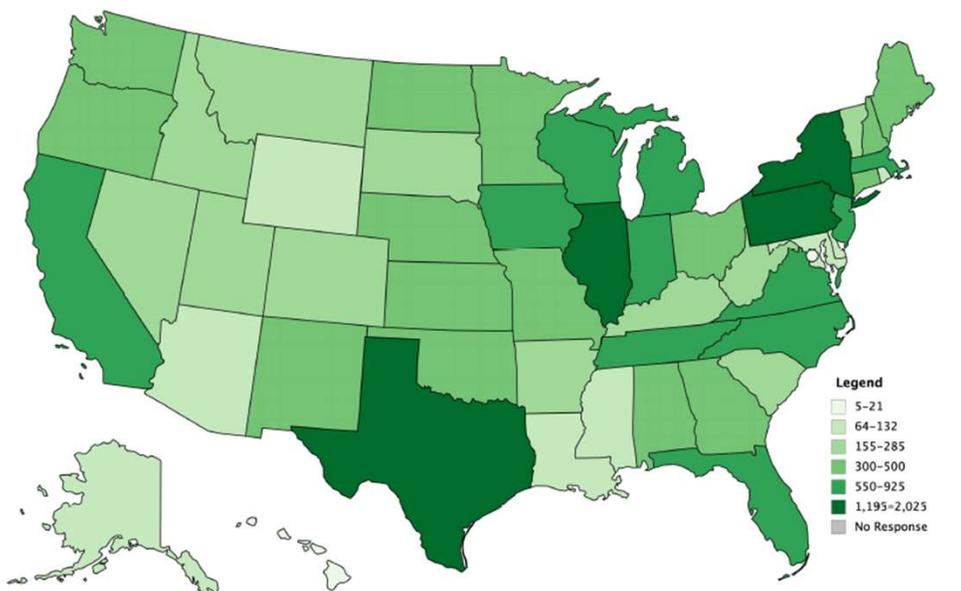


911 Non-Transport

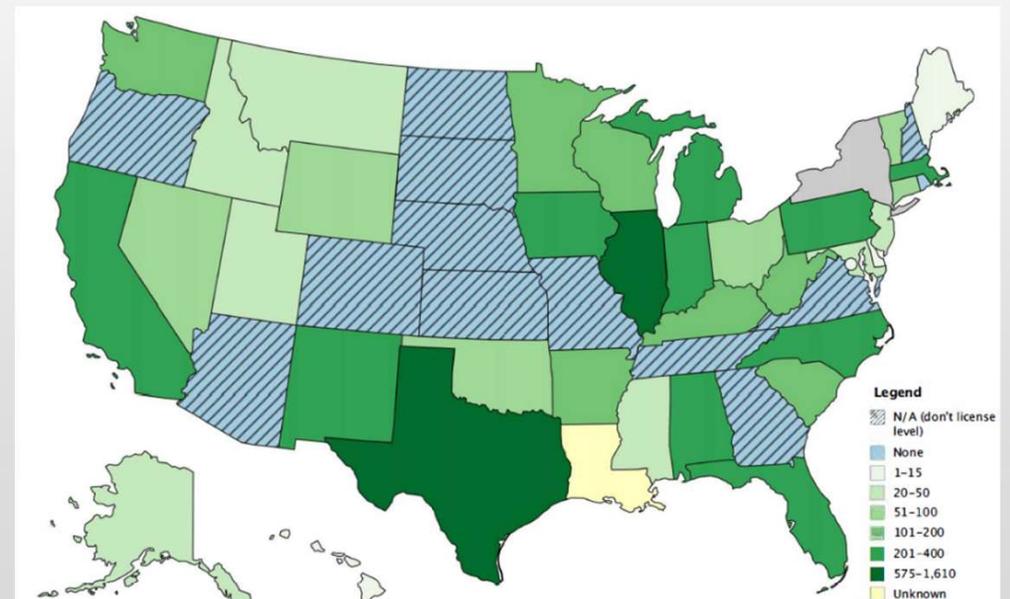


LICENSED EMS AGENCIES (2020)

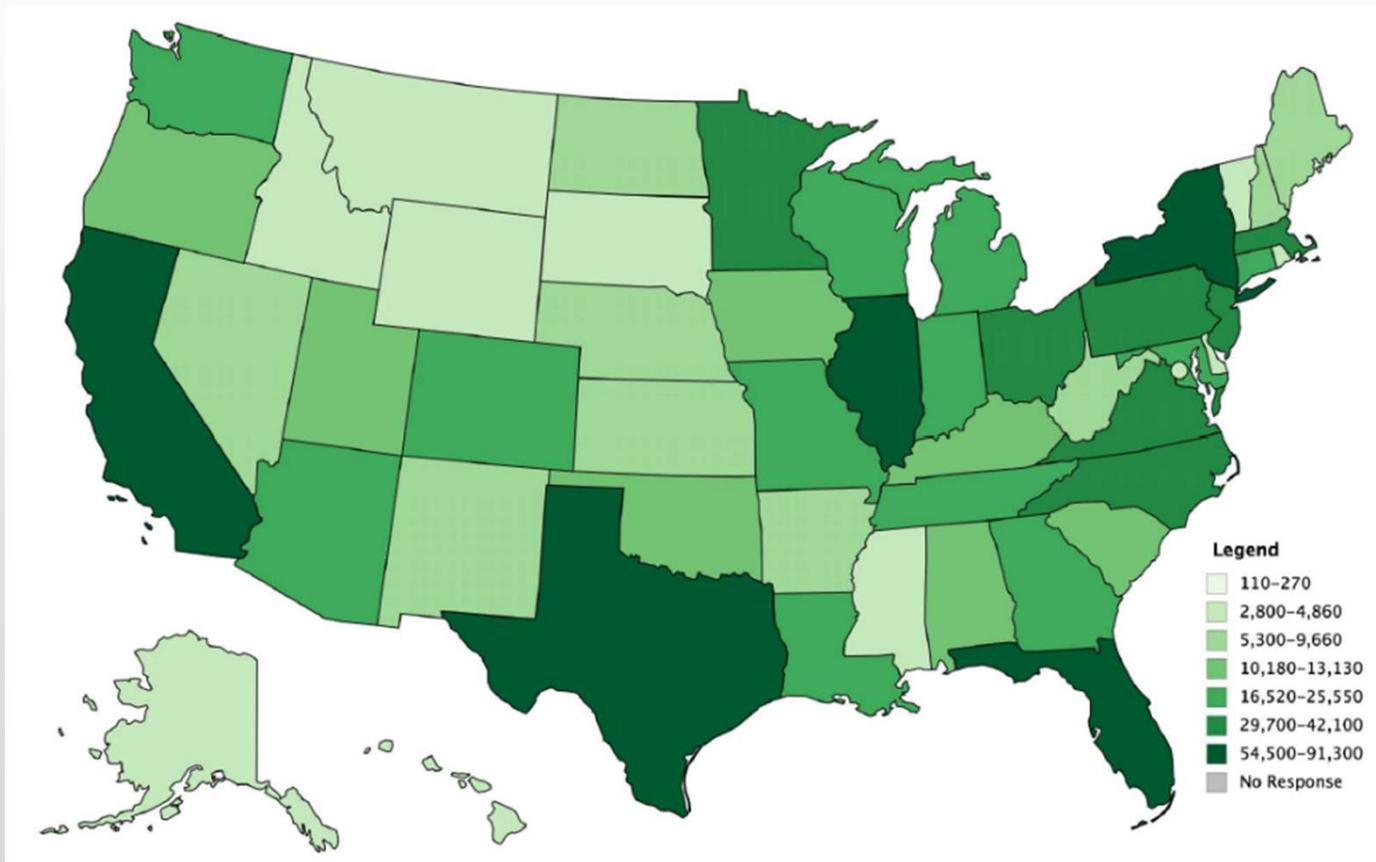
Licensed 911 EMS Agencies



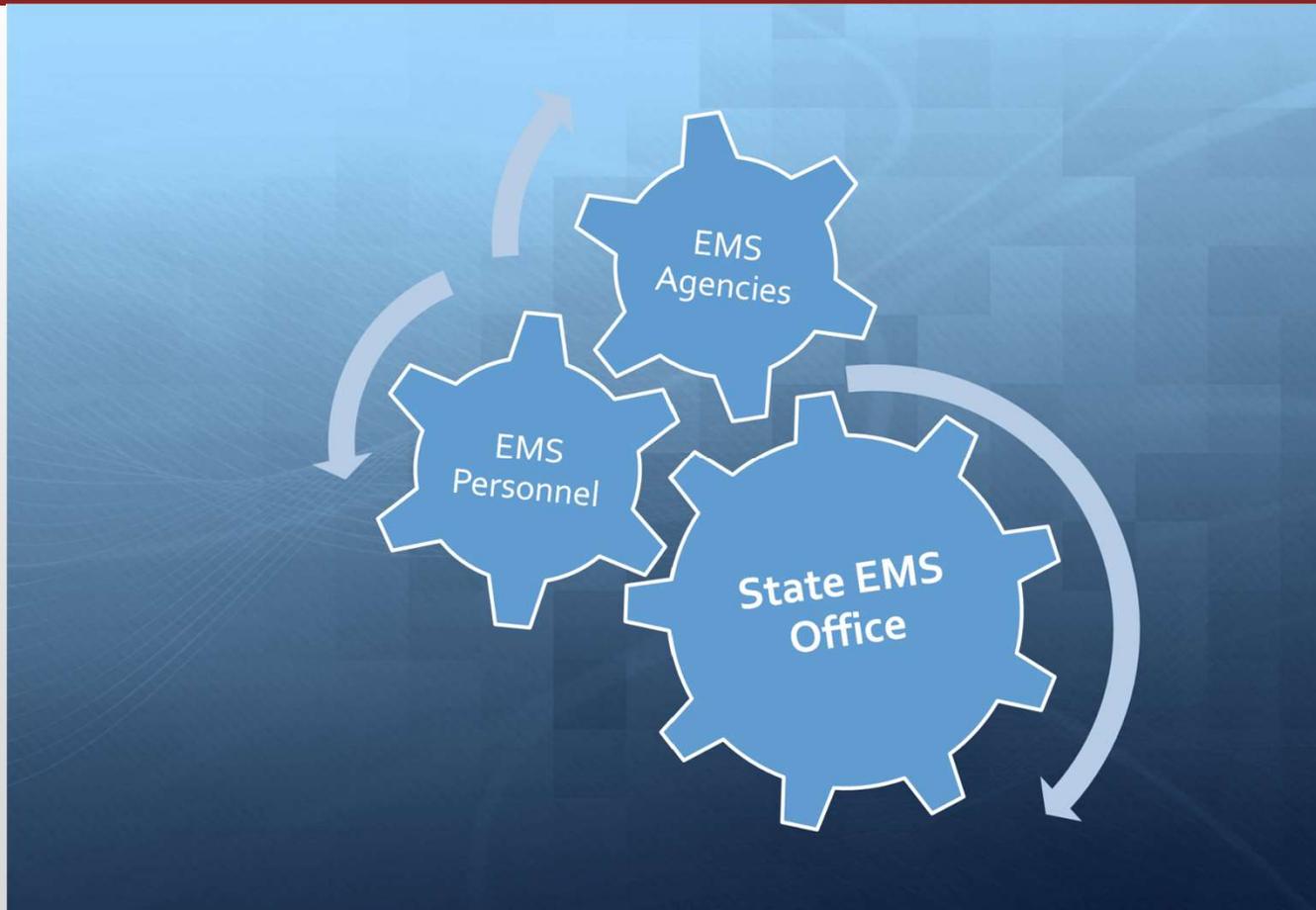
Licensed Paramedic Level Agencies



LICENSED EMS PERSONNEL



So How Does the Machinery Work?



STAFFING CHARACTERISTICS OF STATE EMS OFFICES

- State EMS Director
- State EMS Medical Director(s)
- State Agency Licensure Manager(s)
- State Personnel Licensure Manager(s)
- State EMS Data Manager(s)
- State Trauma System Manager(s)
- State Stroke/STEMI Systems Manager(s)
- State (federally funded) Pediatric Emergency Care Program Manager
- State EMS Health & Medical Preparedness
(may or may not be part of federally funded HPP or PHEP)

ORGANIZATIONAL PLACEMENT OF STATE EMS OFFICES

“Fully Consolidated”:

- State Department of Health (80%, Advisory Boards)
- State Department of Public Safety (may have a Board)
- True Independent Board (MD, MN, KS, [[[KY]])

“Somewhat Bifurcated”:

- Separate Board Governs Some or All Personnel Licensure (AK, DE, MT, SD etc.)
- Separate State Agency Licenses Ambulance Services (NM)
- Separate State Agency Governs the Trauma System or Houses EMS for Children

SUCCESS FACTORS AND CHARACTERISTICS REPORTED IN BOARD GOVERNED STATES

- **Clarity in authorizing legislation about discreet powers and scope**
- **Specific delegation authority (i.e., to the executive staff)**
- **Independent authority for executive staff to act to protect the public**
- **Absolute transparency, including declarations and publication of conflict of interest**
- **Public and EMS system access and comment opportunities**

FINALLY, A WORD ABOUT “EMS REGIONS”

- ORIGIN OF MANY DATE BACK TO 1973 DUE TO CONGRESSIONAL APPROPRIATIONS UNDER THE EMS SYSTEMS ACT (repealed in 1981)
- IN SOME STATES OPERATED INDEPENDENTLY IN ADVANCE OF THE FORMATION OF THE STATE EMS OFFICE
- SOURCE OF CONSTANT UNDERTOW AND CHANGE AMONG STATES
- WHERE THEY STILL EXIST, THERE IS SIGNIFICANT VARIATION IN FORM, FINANCING, AND FUNCTION



QUESTIONS?

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