STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ROBERT GORDON
DIRECTOR

MICHIGAN EMS COORDINATION COMMITTEE MEETING
Friday, September 27, 2019
9:30 a.m.
UP Health System – Marquette
Conference Rooms 1-A and 1-B
850 W. Baraga Avenue
Marquette, MI 49855

MINUTES

Call to Order: The meeting was called to order at 9:32 a.m. by Dr. Edwards.

Attendance:
Present: A. Abbas; J. Boyd; D. Condino (via phone); K. Cummings; R. Dunne; Dr. K.D. Edwards; R. Rank for G. Flynn (via phone); B. Forbush (via phone); W. Hart; B. Kincaid (via phone); C. Lake; S. Myers; M. Nye; D. Pratt (via phone); Lisa Martin for Scafidi (via phone); H. Rennie-Brown (via phone); A. Sledge (via phone); E. Smith; T. Sorensen (via phone); A. Sundberg; B. Trevithick (via phone); G. Wadaga; K. Wilkinson (via phone); Dr. S. Wise; Representative J. Yaroch (via phone)**.**

Absent: D. Fedewa; F. Jalloul; L. Sincock; C. Baker; Dr. M. Fill; C. Tafoya

BETP Representatives: K. Wahl (via phone); S. Kerr (via phone); E. Bergquist; T. Godde; N. Babb; E. Worden (via phone); D. Flory (via phone); E. Hendy (via phone); K. Kuhl; J. Wagner (via phone); L. Bailey; Scott Minaudo (via phone); A. Stephens (via phone).

Guests: Chris Haney, Star EMS (via phone); Damon Obiden, WMRMCC; Angela Madden, MAAS; Dr. Strong, DEMCA (via phone); Jason Grainger, NCMC/ECEMS; Chuck Herbst, Tri Township EMS; Jason MacDonald, MMR; Ed Unger, Region 8 HCC; Dr. Abir (via phone); Sydney Fouche (via phone); Wilson Nham (via phone).

Approval of Agenda: Motion to approve the agenda (Lake, Boyd). Motion carried.

Approval of Minutes: Motion to approve the minutes from 5/17/2019 (Lake, Boyd). Motion carried.

Introduction of Special Guests:

- Dr. Abir-EPOC Study Update
    - This is a 4-year project to find best practices to improve cardiac survival in the prehospital setting from a systems of care perspective.

- Dr. Abir presented strategies derived from analyzing data from site visits to three communities that have higher survival rates. She is asking the group to provide input on the importance of the recommended strategies and barriers to implementation.
    - Bystanders/Community:
        - Launch an educational campaign around community cardiac arrest recognition, 911 activation, and role of first responders in the response.
            - Chris Lake said these are great strategies. Implementation may be difficult and would have to start with the 911 system. Dispatch center protocols are not uniform across the state.
            - Dr. Dunne said this is a regulatory opportunity. He said pre-arrival instructions are important.
            - Jeff Boyd spoke about system resources and support.
            - Ken Cummings said the only criticism he has heard is a delay in receiving help when dispatch obtains additional information. He thinks screening the calls and providing pre-arrival instructions in important.
    - Dispatch:
        - Identify strategies that will help increase uptake in call taker and dispatcher training and continuing education on Telephone CPR (T-CPR) or Dispatch-Assisted CPR statewide.
            - Ken Cummings said this would have to start with the state 911 commission and training. This would have to be a regulatory requirement.
            - Jeff Boyd said there is an association of 911 directors that could be contacted.
            - Harriet Rennie-Brown spoke about training and EMD. EMD, as approved by APCO and National Academy of Emergency Dispatching, are all approved for reimbursement. Pre-arrival is not mandated but is recognized as a best practice in training standards. It is not mandated because some primary PSAPS automatically transfer calls to a secondary PSAP, which are EMS agencies. She provided some examples. The legislature would need to mandate the training and then the state would be required to pay for it. The tuition is about $500 per telecommunicator, and the ongoing licensing and training adds up as well. Compliance reviews are done with the PSAPs and they look for are they doing EMD or doing automatic transfers to a secondary PSAP that is an EMS agency. The second thing they look for is consistency

if they are doing EMD. There is not consistency. Dr. Abir will be meeting with the 911 directors next week.

- First Responders:
  - Develop programs for EMS to offer non-transport Fire and Police training on high-quality CPR and AED application.
    - Chris Lake said this is a great strategy and perfect for good outcomes.
    - Dr. Abir asked about barriers to implementation. Jeff Boyd spoke to time for training and high-performance CPR.
    - Ken Cummings spoke to the law enforcement community inconsistency. The group discussed.
- EMS Transport:
  - Implement systematic continuous quality improvement (CQI) and outcome feedback programs for all cardiac arrest runs.
    - Chris Lake spoke to the importance of feedback to the providers.
    - Jeff Boyd suggested Medical Control for feedback, as well.
    - Dr. Edwards asked about a form that could be used.
    - Dr. Dunne said AHA has a great single page debrief form and spoke to best practices. He spoke to doing it in as close to real time as possible and discussed examples.
- Interdisciplinary:
  - Conduct routine multidisciplinary debriefing on challenging and/or particularly successful cardiac arrest cases; including dispatch, police, non-transport fire, and EMS.
    - Chris Lakes said it is a great idea and spoke to the logistics of trying to get everyone together as being a barrier. Jeff Boyd and Dr. Edwards agreed and expanded on this.
    - Andrea Abbas offered suggestions to accomplish this, such as a form, as previously mentioned, or using something such as Skype to combat logistical issues on gathering providers and providing feedback.
    - Ken Cummings spoke about the Health Data Exchange system being developed in Southeast Michigan. This would give providers access to hospital outcomes.
    - Alyson Sundberg spoke to PRSO structure. They already review every cardiac arrest in their system. This structure could be branched out to the multidisciplinary group. It wouldn't necessarily be real time, but that structure is already there.
  - Identify and cultivate champions to guide EMS system evidence-based practice.
    - Alyson Sundberg spoke about the chest pain accreditation team being in hospital right now and the importance of

having someone from EMS sitting on those committees. She also spoke about the accreditation team providing outreach to the EMS agencies.

- Dr. Abir thanked everyone and asked that they reach out with questions or concerns. The state office has her email, contact Nicole Babb.

Communications:

- Dr. Edwards thanked Alyson Sundberg and UP Health System for hosting our meeting today.

Announcements:

Reminders of upcoming educational opportunities:

- Alyson Sundberg said the annual UP-EMS conference is going on through Sunday, and invited everyone to stop over. This is a new facility.

Old Business & Committee Reports:

EMS Systems/Strategic Planning Update – K. Wahl

- Most of you are aware that there could be a government shutdown on 10/1. Please keep your eye on the news. If there is a shutdown, there will be no testing, no meetings etc. We have not heard yet what services will be considered essential to function. We will send out an announcement as soon as we hear what is going to happen.
- Thank you to all of you who came up for the meeting. I am not there due to current issues that are occurring in the office, such as the audit. The office is undergoing a program audit by the Office of the Auditor General. This has been going for five months now, and we are not sure how much longer. One of their focuses appears to be EMS education. They have created a survey that will be going out to all providers.
- The rules revisions have been supplied to the EMSCC. We would like you to review these rules and please submit them to your stakeholder organizations. We will also be posting these on our website for public feedback. The CON for air will be going away, so the CON applicable components have been added to the rules. We would like to be able to discuss at the next EMSCC meeting in November and have your vote on them. We hope to be able to submit them in January to be processed.
- I have submitted a proposal for change for additional staff and funding to the division. If approved as written, there would also be grant money available to the RMCANs and agencies again.
- EMS for Children interviews are scheduled to begin Monday. There are a lot of good candidates
- Nominations for appointment to EMSCC are coming in and will be processed this month.

- ET3-We have provided letters of support for 2 agencies that requested them that plan to submit for this grant. We are working on protocols that could support this as a special study in MI.
    - A small work group will be convened for development of these protocols. Please email Emily Bergquist if you would like to be involved.
- The MCA and Trauma Conference will be held October 21-22. A contract has been secured with a secondary facility in Frankfort for accommodations and there will be a shuttle bus.
- Ethics (based on information provided by a workgroup)- We have developed an ethical framework to inform decision making within our office. We will be reconvening the Ethics Workgroup to develop a proposal for a MI Code of Ethics. Ethics plays a huge part in compliance and regulatory decision making.
- Staff updates are in their respective committee reports. They have all been working diligently to move the initiatives forward. We plan to pilot electronic agency licensing in the first quarter.

Emergency Preparedness Update – Dr. Edwards

- Dr. Edwards thanked UP-EMS for hosting a Basic Disaster Life Support (BDLS) class in conjunction with the Health Care Coalition yesterday. He described the team-based learning format. The new format will be rolling out next year and will resemble the team-based learning model that was used in Michigan. He said Dr. Fales was instrumental in this change.
- A new Medical Supply Chain Management During a Disaster workgroup will have three workshops. The first workshop went well. He is on the committee and EMS is being added. They are looking for a couple of EMS participants. Please let Dr. Edwards know if you are interested. The next workshop will be on November 7th, 2019. This will be at Livingston County EMS, provided it is available.
- The Special Pathogens Response Network conference was on September 9th with three different sites. There will be a follow up State tabletop exercise on January 29, 2020. There will be a full-scale exercise on April 24, 2020.
- There have been MI HAN alerts going out about Eastern Equine Encephalitis. Two websites are available with fact sheets:
    - Michigan Mosquito Control – Tip n' Toss
    - EEE Prevention Tips
- There have been conferences with Preparedness regarding the recent vaping issue and EMS has been included.

- There was a question about the exclusion of the Advanced Burn Life Support training from the EMS standardized guide. It is not in the index, but is still there and is on page seven.
- Burn surge facility trainings will be held in October.
    - October 10, 2019 in Baraga.
    - October 11, 2019 in Marquette.
    - October 21, 2019 in Ann Arbor.
- The State Burn Coordinating Center (SBCC) is coordinating a pilot project with Sparrow Hospital and UP Health Services – Marquette utilizing the eBridge tool. eBridge provides an opportunity to communicate in real time through messaging, photos, and video conferencing to help assess the most critical burn patients. eBridge is HIPPA compliant, stores information automatically and has the potential to prevent unnecessary transfers to Burn Centers during a burn mass casualty incident. Dr. Wang will be the overseer.
- There will be an enhancement of the existing burn care module on MI-TRAIN for EMS.

Trauma Systems Report – E. Worden

- There are currently 93 designated facilities.
    - 20 to be scheduled
    - 12 are scheduled and waiting for visits
- The Trauma Coordinator vacant position on STAC is in the process of being filled. Appointments are made by the MDHHS Director.
- We are in process of filling the vacancy on the Designation Committee.
- The Regional Trauma Network Application has been revised and a Regional Professional Standards Review Organization Inventory has been developed and approved by STAC. This will be rolled out to Regional Leadership at the Regional Leadership Summit the evening before the Trauma Conference.
- The MCA conference is October 22 and the Trauma Conference is on October 23 at Crystal Mountain.
- The Regional Leadership Summit/Dinner is at 5:30 p.m. on October 22.
- The First Annual QATF/STAC round table was held this week. There were valuable conversations on Ketamine dose with research presented by Dr. Lindsey Rauch, Field Triage and Designation, and TXA. The group supported meeting at least annually.
- System of Care is progressing. Partners are interested in moving forward and the Bureau is developing a Legislative Brief. They will be sharing with partners as well as gathering support from partners.

EMS Medical Director Report – Dr. Fales

- Dr. Fales spoke about the conference going on this weekend.

Committee Reports:

- Quality Assurance – Dr. Edwards
    - QATF was invited to attend a meeting with STAC and it was a great opportunity to share dialogue and awareness. Ketamine was discussed.
        - It was suggested these two groups meet at least annually.
        - Jeff Boyd suggested STEMI and Systems of Care also meet with QATF.
    - QATF Special Hearing
        - The minutes were sent out from the Special Hearing on July 26th.
        - Dr. Edwards read the statement from the QATF.
            - On July 26th, the Quality Assurance Task Force (QATF) heard the appeal of Mr. Ronald Worley regarding the process involved in the revocation of his privileges by the West Michigan Regional Medical Consortium (WMRMC). Mr. Worley contended that the Medical Control Authority (MCA) did not act according to their department approved protocols and statute.
            - The QATF heard arguments from both the provider and the MCA and reviewed the documentation supplied prior to offering the following opinion and recommendation.
            - The QATF's opinion does not convey any judgment about Mr. Worley's patient care or the original Order of Disciplinary Action (ODA) issued by the MCA. The QATF believes that the MCA's intentions were to do what was appropriate to protect the public health and safety of the residents of Muskegon County. However, the QATF does not believe that the WMRMC followed its department approved protocols or statute when they changed the initial ODA to a revocation order as a part of the appeal process. The MCA Medical Director may take emergency action against a provider's privileges to protect public health and safety. In this instance, the MCA should have finished the appeal based on its merits. Then a new order should have been issued. The licensee could then have used due process to appeal the second order.
            - The recommendation: **The WMRMC did not follow their department approved protocols in relation to the ODA issued after the appeal hearing. The MCA, if new information is found during an appeal hearing, must follow protocol to complete the appeal for the original complaint. The new information should have been formed into a new process (imminent threat or**

otherwise) and followed through the complaint and appeal process a second time. Motion to support the QATF recommendations (Boyd, Lake). Approved.

- Discussion: Damon Obiden with the West Michigan Regional Medical Consortium asked if the MCA can appeal, as they believe this decision is not correct. He went over the MCA's timeline and history of the case. He requested an opportunity to reexplain in case it wasn't done correctly. The MCA believes they followed the guidance of the state.
  - The answer to this is unknown. Sabrina said there is nothing in the rules or statute that allow for this. Kathy said this could possibly be put into bylaws.
  - Ken Cummings reiterated that the merits of the case are not being reviewed, just the procedure. That is correct. He asked if there was any doubt that the MCA didn't think the MCA followed their protocol. Dr. Wise addressed by explaining the amendment of the ODA was the issue. Jeff Boyd said there was no question on the validity of the actions, it was how they did it. The remedy for the MCA would be to go back and file a new ODA. Damon Obiden agreed with this option and discussed this is a possibly an issue with semantics.
  - Dr. Dunne spoke to due process and asked Dr. Wise to summarize again. She did so. The concern was the use of the word "amendment" to the ODA was not allowed per protocol. The EMSCC supporting the QATF's decision does not affect the course of action or results to the parties. It would kick it back to the MCA.

- Ambulance Operations – M. Nye
  - There was no quorum at the last meeting. They discussed remount standards and the new form the State developed for remounts. Monty discussed remounts and safety standards. It is expected pediatrics will be looked at soon by the governing bodies.
    - CAAS just clarified their remounts.
    - NFPA 17 hasn't been published yet.

        - Triple K does not address remounts.
- Medical Control Authority – B. Trevithick
    - They did not meet.
- Compliance and Licensing – K. Cummings
    - A joint meeting is scheduled with the legislative on October 28th.
- Education – K. Wilkinson
    - A meeting is scheduled in two weeks. They will be looking at scope of practice and curriculum.
- By-Laws – J. Boyd
    - They have not met; however, they will be meeting to get things ready for next year. Jeff Boyd is retiring in December.
- Data Task Force – B. Kincaid
    - Data compliance: Total 99.1% with 99.3% Transporting and 99.1% Non-Transporting Agencies are now reporting EMS data.
        - Now we need to turn to ensuring what is coming in is quality.
        - Emily and Johnny have been working on a report to track and identify vendor errors.
    - 37 facilities are signed up in Hospital Hub.
    - Kudos to the state from Bruce Trevithick.
    - Greg Flynn asked about reporting being a licensing requirement. Emily addressed this. Kathy said we are working with the agencies that aren't submitting. The newly introduced legislation and accompanying hearing was briefly discussed. Avenues for enforcement were discussed.
    - Johnny said there are only 4 agencies left that aren't transmitting.
- Legislative – B. Trevithick
    - SB 460 (S1) - Exemptions for State Data Submission
        - **Motion to support the committee's decision to oppose (Cummings, Sundberg). Motion carries.**
    - HB 4861 - QAAP Expansion
        - **Motion to support the committee's decision to support (Boyd, Nye). Motion carries.**
    - HB 4862 - CISM Expansion
        - **Motion to support the committee's decision to support (Boyd, Dunne). Motion carries.**
    - HB 4685 - Auto Insurance Coverage for POV Emergency Vehicles Responding to Calls
        - **Motion to support the committee's decision to support (Cummings, Nye). Motion carries.**

- SB 303 - Violence Prevention Program Requirements (oppose)
    - **Motion to support the committee's decision to oppose (Sundberg, Hart). Motion carries.**
- SB 418 - Epi-Pens for Law Enforcement
    - **Motion to support the committee's decision to oppose (Boyd, Lake). Motion carries.**
- HB 4523 to 4526 - Safe Delivery of Newborns (oppose)
    - **Motion to support the committee's decision to oppose (Sundberg, Nye) Motion carries.**
        - Harriet said they didn't oppose it but were vocal about their concerns. An auto dialer would make 91,000 additional calls, and 911 might not be the number that should be auto dialed.
- SB 228 - Suicide (no EMS representation)
    - This is an updated version of the bill that does not contain an EMS representative. The committee asked an EMS representative be added but does not oppose it. Ken Cummings asked if Karla Ruest could relay this concern to the sponsor.

- Rural – G. Wadaga
    - The committee is keeping their eye on the development of the rural white paper that Amanda Kinney is working on.
    - They are following the federal SIREN act. There are issues with the spending bills at the federal level.
    - Emily has been sharing the CCP progress.
    - There was a discussion on the Nesbitt bill (SB 460).
- Pediatric Emergency Medicine – K. Wahl
    - Interviews will be starting for this position next week.
    - The next meeting is October 10th, 2019.
- EMS Safety Ad Hoc – C. Lake
    - They are having a problem getting a quorum, so they did an attendance survey and lowered the number of members.
    - Chris Lake discussed how to get the safety information out to the provides so webinars will begin in January on things like scene safety and situational awareness. Andrea Abbas will be doing the first webinar. Terrie Godde suggested doing one for when a scene becomes violent.
    - A suggested reading list is being developed for the website.
- Critical Care Ad Hoc – E. Bergquist
    - Emily presented on Critical Care to the group. This is an overview, and the full proposal will be sent out.

- The committee focused on two issues and Emily reviewed issues and proposed solutions.
    - Consistency
    - Access
- Emily provided the rationale for forlicensure being considered and pursed as an option.
- A tiered approach will work best.
- Emily reviewed the proposed timeline.
    - Discussion: Ken Cummings discussed the positives of what has been done so far and billing/operational aspects will need to be looked at. Ed Unger also commented in support from the rural perspective and spoke about consistency.

- Community Integrated Paramedicine Workgroup – K. Kuhl
    - Krisy presented on CIP to the group. This is also an overview and the full proposal will be sent out.
    - CIP is also looking at licensure.
    - Krisy reviewed the following.
        - Challenges
        - Proposed solutions
        - Proposed timeline.
        - The proposed curriculum.
    - There was discussion about reasons to codify and responses to some objections.
        - Dr. Dunne commended the work done on this. He thinks it is very broad, even more so than what is presented. He spoke to more comprehensive MIH. Krisy addressed. Identifying high utilizers was discussed by both Dr. Dunne and Krisy. Dr. Dunne asked about removing these from special study and these would require legislation. Emily and Krisy said this is what is trying to be done. Dr. Dunne thinks the special study process is limiting growth. Dr. Edwards spoke to the reimbursement piece. Emily said special study has allowed us to obtain data. Steve Myers asked about risk reduction and state involvement. Krisy addressed, saying MIH will remain under protocol. Dr. Dunne talked about terminology. Kathy invited Dr. Dunne to attend one or more workgroups. Dr. Dunne spoke to relying on the MCA for those programs.

New Business: None.

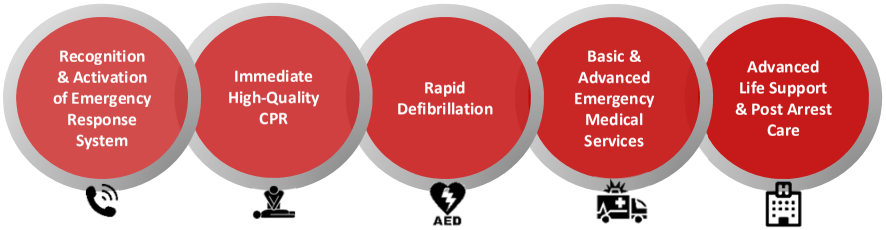
Membership Round Table Report:

- Chris Lake thanked PRO MED in Muskegon and Hackley Hospital for taking care of him, as well as all who sent well wishes.
- Any chairpersons for a committee should email Jeff Boyd if there are openings on your committee.
- Representative Yaroch advised he is hopeful there will not be a state shutdown.

Public Comment: None

Adjournment: The meeting was adjourned at 12:33 (Boyd, Cummings).

Approved. NEXT MEETING: *November 22, 2019 at Livingston County EMS.*



Bystanders/Community

- Launch an educational campaign around community cardiac arrest recognition, 911 activation, and role of first-responders in the response

Dispatch

- Identify strategies that will help increase uptake in call taker and dispatcher training and continuing education on Telephone CPR (T-CPR) or Dispatch-Assisted CPR statewide

First Responders

- Develop programs for EMS to offer non-transport Fire and Police training on high-quality CPR and AED application

EMS/Transport Agency

- Implement systematic continuous quality improvement (CQI) and outcome feedback programs for all cardiac arrest runs

Interdisciplinary

- Conduct routine multidisciplinary debriefing on challenging and/or particularly successful cardiac arrest cases; including dispatch, police, non-transport fire, and EMS
- Identify and cultivate champions to guide EMS system evidence-based practice

Critical Care in Michigan

Prepared based on the recommendation of the Critical Care Ad-Hoc Subcommittee of the EMSCC

Background

- Commissioned from the EMSCC through the strategic plan
- Convened subcommittee
- Research and discussion with SME and stakeholders
- Proposal to EMSCC

Issues Identified

- Consistency – Critical Care has no true definition or known standard in Michigan
- Access – Hospitals need access to trained personnel to safely transport patients interfacility

Consistency

- When a facility requests specific types of care during transport there is no ability to know whether the personnel are trained to do those skills
- Critical Care, undefined, can carry many definitions and a wide range of implications

Access

- Hospitals have need to move patients efficiently and safely
- Personnel need support and training to be able to provide this service

Proposed Solutions - Consistency

- Personnel Licensure
  - Primary solution
  - Consistent scope of practice for every Critical Care Paramedic
  - Standardized education
  - Reliant on paramedic licensure
  - Grandfathering for those already practicing
- Agency Licensure
  - Secondary solution
  - Optional for agencies to participate
  - Not a 24/7 requirement

Why Licensure?

- Protects scope of practice
- Established mechanism in Michigan (we don’t have a specialty board or endorsement ability)
- Known consistency and support for the standard

Proposed Solutions - Access

- Survey of data and MCAs for most commonly transport patient types
- Development of protocols for types of patients
  - Supporting educational modules for the protocols
  - Online with SME
  - Standard practical outlines provided
  - MCAs adopt according to their need

Summary

- There was no single solution to meet the strategic plan
- Tiered approach allows for serving all constituents (urban and rural)

Proposed Timeline

- September 27, 2019: Initial presentation at EMSCC
  - Send documents to EMSCC for distribution
  - EMSCC members take information to constituencies for discussion
- Members, other subcommittees, stakeholders present questions to the committee for review
  - Questions to Emily Bergquist or Dustin Hawley (bergquiste@Michigan.gov or dhawley@superiorambulance.com)
  - Submit by November 4th (Critical Care meets November 12th)
- November 22, 2019: Presentation of 2nd version of proposal to EMSCC

Community Integrated Paramedicine

COMMUNITY PARAMEDICINE PROPOSAL

SEPTEMBER 27, 2019

History of CIP Efforts

- Community Paramedicine work began in 2013
- Strategic plan developed in 1/20/2017
- Grant through the Michigan Health Endowment Fund with a detailed strategic plan began in March 2018

Current Status

- 4 MlH programs
- 6 CP programs
  - No two are alike

What are our challenges?

- Language
- Special Study Status
- Payer confidence
- Education
- Data Collection
- Scope of Practice

What is the solution?

Make Community Paramedicine a licensure level in the state of Michigan.

You will receive:

Proposal

Proposed Curriculum

PowerPoint

Soft Timeline

- September 27, 2019: Initial presentation at EMSCC
- November 4th – please have initial questions submitted to kuhlk2@Michigan.gov
- November 22, 2019: Second presentation with changes
- January 17, 2020: Vote (hopeful/tentative)

Proposed Curriculum

- The entire proposed curriculum can be found on the MDHHS website.
  - Objectives
  - Instructional Guidelines
  - Hours
- Please click on the Community Integrated Paramedicine tab

Reasons to codify

- CP-MIH will continue on a national scale regardless of our participation.
- Special Study status is not indefinite
  - Quantity is needed to prove efficacy & safety
  - Adopt, extend, remove
- Standardization
  - Q: So…what can a CP program do??? A: Well..it depends.
- Scope of Practice
  - The proposed Community Paramedicine education is beyond the paramedic scope of practice.
  - Gap between ALS and BLS has narrowed

Responses to arguments not to codify

- One more license to maintain
  - Dual purpose CEs
- Not really needed
  - No one wants to open the door for payment state or nation wide on an unregulated service
- Reduces flexibility
  - Curriculum is minimal, clinicals are flexible, providing the baseline
  - MCA is responsible for competency at the level but within the proposed scope for programs and providers