***PROPOSAL TO THE CONNECTICUT EMS MEDICAL ADVISORY COMMITTEE AND THE COMMISSIONER OF PUBLIC HEALTH FOR AN EXPANDED EMS SCOPE OF PRACTICE PURSUANT TO C.G.S.*** ***19a-179a***

***[TITLE OF DOCUMENT INCLUDING THE AUTHOR/SPONSOR AND LATEST REVISION DATE]***

**Purpose:** *[State what would be allowed through the proposed expanded scope of practice and what effect on the system or patient care this is expected to have]*

**Background:** *[Describe the need for the proposed expansion of the scope of practice. Describe the present system configuration and circumstances leading up to this proposal. Cite medical evidence supporting the need and/or efficacy of this expanded scope of practice. Identify other states or localities that have adopted this expanded scope of practice and their experiences with it. Discuss the feasibility of implementation and any expected barriers]*

**Proposal:** *[Describe the proposal in a detailed manner. Specifically state what medical practice(s) would be newly allowed by this proposed expansion. List which levels of EMS providers would be eligible for this expanded scope of practice. Discuss whether the expansion would apply to all providers statewide, selectively to individual EMS organizations through the mobile intensive care upgrade process or only to specific EMS organizations as part of a pilot program. In the case of a pilot program, specify which EMS organizations would participate, the proposed endpoint(s) of the pilot (including a maximal duration), who will be responsible for providing medical oversight, the method for ongoing evaluation, the interval and method for reporting back on the progress of the pilot, and prospective criteria for determining the success or failure of the pilot program. If applicable, include or attach a protocol or guideline.]*

**Indication:** *[State the specific circumstances or conditions where this medical practice would be indicated]*

**Contraindication:** *[State the specific circumstances or conditions where this medical practice would be contraindicated]*

**Training:** *[Provide a description of the training program to be required for individuals authorized to practice under this expanded scope of practice. Include requisite learning objectives and core competencies. Provide an attached sample training curriculum and/or presentation]*