Aarron Reinert  
Chairman, National EMS Advisory Council  
Office of Emergency Medical Services  
National Highway Traffic Safety Administration  
1200 New Jersey Ave, SE  
Washington, DC 20590

January 14, 2014

Re: Comments on the Education Agenda for the Future: A Systems Approach—Recommendations for Revision

Dear Aarron:

The National Association of State EMS Officials (NASEMSO) wishes to express appreciation to the National EMS Advisory Council (NEMSAC) for its recommendations regarding revisions to the EMS Education Agenda for the Future: A Systems Approach (Agenda), dated June 7, 2013. NASEMSO also commends NEMSAC for its thoughtful roundtable in March 2012 and subsequent stakeholder discussions that led to the recommendations. NASEMSO has played a leading role in the implementation of the Agenda and its components since 2007. We wish to acknowledge statewide implementation as a “work in progress” and reemphasize NASEMSO’s commitment to continue our forward momentum in implementing a national agenda.

The Agenda is and will continue to be a landmark document in the history of EMS. Its components provide a critical framework to states that facilitate improvements in EMS education and credentialing and thus, the delivery of prehospital patient care across the Nation. Historically, EMS was one of the few allied health professions that did not enjoy educational consistency, program structure, and testing standardization to support the image of a true profession. Today, the vision of the Agenda is becoming a reality and while we can demonstrate considerable improvement, we still have some work to do to accomplish our goals with ongoing state transition activities planned into 2020.

NASEMSO would like to take this opportunity to remind NEMSAC that the Agenda was established through a consensus process involving input from 30 EMS-related organizations. It was crafted as a foundational document and it envisioned revisions
of the various components at intervals, not a wholesale revision of the *Agenda* itself.
For example:

Page 5: “The Blueprint and National EMS Education Standards should be revised periodically (major revision every 5 to 7 years, minor updates every 2 to 3 years).”

Page 17: “In the EMS education system of the future, the National EMS Core Content and National EMS Scope of Practice Model will be periodically updated based upon new information and research. The National EMS Education Standards can then be revised more frequently.”

Page 22: “The entire process follows a continuous quality improvement model, with review and revisions at regularly scheduled intervals. The EMS education system is defined by a continuum ranging from National EMS Core Content through National EMS Certification. National EMS Core Content is revised least frequently while National EMS Certification is revised most frequently. Revision of National EMS Core Content may necessitate a revision of every other component. During the revision of each EMS education system component, interested parties may find out exactly how and when they may provide input and participate in the process. The decision makers are clearly defined.”

To address specific recommendations, NASEMSO offers the following comments:

**1) Should the Education Agenda be revised or updated or both?**

NASEMSO supports NEMSAC’s assertion that minimal updates to reflect changes in current EMS practice without extensive revisions are reasonable. We offer the following benchmarks to assist in the evaluation of the current state of implementation:

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>2007</th>
<th>2012</th>
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<tbody>
<tr>
<td>Percentage of states intending to use SOP Model as foundation for state licensure-- EMR</td>
<td>58%</td>
<td>64%</td>
</tr>
<tr>
<td>Percentage of states intending to use SOP Model as foundation for state licensure-- EMT</td>
<td>78%</td>
<td>85%</td>
</tr>
<tr>
<td>Percentage of states intending to use SOP Model as foundation for state licensure-- AEMT</td>
<td>58%</td>
<td>69%</td>
</tr>
<tr>
<td>Percentage of states intending to use SOP Model as foundation for state licensure-- Paramedic</td>
<td>76%</td>
<td>81%</td>
</tr>
<tr>
<td>Percentage of states requiring National EMS Program Accreditation at the Paramedic level</td>
<td>24%</td>
<td>84%</td>
</tr>
<tr>
<td>Percentage of states requiring National EMS Certification at the EMR level for initial certification</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Percentage of states requiring National EMS Certification at the EMT level for initial certification</td>
<td>82%</td>
<td></td>
</tr>
</tbody>
</table>
Percentage of states requiring National EMS Certification at the AEMT level for initial certification | 70%
---|---
Percentage of states requiring National EMS Certification at the Paramedic level for initial certification | 90%

2) Are there gaps in the document compared to current practice? Is there a need to expand the document?
NASEMSO agrees that there may be clinical gaps in the Agenda and the scope should be consistent with current standards of practice. We encourage NEMSAC to consider the important role that the “Statewide Implementation of an Evidence-Based Guideline” and “Model EMS Clinical Guidelines” (currently in progress) should play within the educational framework.

3) Are there barriers to implementing the Education Agenda that should be studied and addressed (ceilings, nomenclature, etc.)?
NASEMSO appreciates NEMSAC’s thoughts regarding third party accreditation and certification yet we believe there is increasing statewide support for the current model.

- NASEMSO continues to support national accreditation by the Commission of Accreditation of Allied Health Education Programs (CAAHEP). CAAHEP is the largest programmatic accreditor in the health sciences field. In collaboration with its Committees on Accreditation, CAAHEP reviews and accredits over 2000 educational programs in 23 health science occupations.
- Many locally and state-created certification examinations do not adhere to the standards established by the American Psychological Association’s (APA) Standards for Educational and Psychological Testing utilized by other allied health care professions. In 2003, the National Registry of EMTs (NREMT) received accreditation of all levels of exams from the National Commission for Certifying Agencies (NCCC), a certification-accrediting agency sponsored by the Institute of Credentialing Excellence (formerly known as the National Organization for Competency Assurance) and is indicative of their commitment to the professional certification process. Currently, 55 state and territorial EMS regulatory agencies, the US Army, the US Air Force, and the Department of Homeland Security use one or more of the National Registry of Emergency Medical Technicians (NREMT) examinations.

Should states wish to pursue third party accreditation and/or certification, any entity wishing to offer these services should be held to the same rigorous standards and peer review processes utilized by CAAHEP and ICE.

NASEMSO also believes there is ongoing confusion about nomenclature related to “certification” and “licensure.” NEMSAC could help clarify these definitions within the EMS community.
4) Are there changes to the environment that would necessitate a revision of the Education Agenda? What is the process by which each of the components are revised?
NASEMSO wishes to reiterate the position that implementation is an active work in progress and large-scale revisions to the Agenda at this point would not only be disruptive and costly to the states; they could undermine the progress that has already been achieved. In the future, a process that supports broad stakeholder input and consideration of relevant scientific evidence would be appropriate.
NEMSAC and its federal partners should help ensure that a current practice analysis is used to inform future decisions related to EMS scope of practice.

5) How do we keep that process sustainable?
NEMSAC’s analogy to the process utilized by the International Liaison Committee on Resuscitation (ILCOR) is a desirable model: periodic revision based on scientific evidence. With consideration to the unique needs of the EMS practice environment, NASEMSO believes the compendium of EMS research is growing and increased access to competent EMS scientists would make this strategy doable.

6) Should the Education Agenda review process include a comparison analysis of EMS systems internationally, to include a) scope of practice, b) regulatory structure, c) education standards, d) others?
It is important to understand variances of EMS scopes of practice in bordering countries and while NASEMSO believes that international partners and access to international resources are an important consideration, we do not feel this is an appropriate focus for efforts and revisions related to the Agenda.

7) What is the scientific basis of the current Agenda and evidence for future revisions?
NASEMSO agrees with the NEMSAC opinion and recommendation regarding the scientific basis of the current Agenda.

8) What would be the impact of proposed revisions? State law and regulation? Economic impact? Impact to localities, particularly rural areas?
NASEMSO’s Gap Analysis Template identifies essential components of EMS practice that lie outside the scope of the National EMS Education Standards as well as several areas for improvement to existing EMS course objectives/requirements. In regards to disaster paramedicine, patient and provider safety, NASEMSO feels that numerous federal and national resources currently exist in this regard without the need for states or EMS agencies to incur additional expense.

Regarding projected costs for even minimal revisions, NASEMSO and its members have already invested significant resources in implementing the Education Agenda, including the revision of individual state statutes, rollout and transition programs, and countless manpower hours educating practitioners and EMS programs, developing materials, and facilitating change. Our organization would not support
major revisions that we believe would lead to significant additional implementation costs.

9) **What are the most appropriate immediate next steps for the NHTSA?**
NASEMSO agrees with the NEMSAC recommendation regarding minimal updates to ensure currency with clinical practice standards. We respectfully submit that effective strategies for measuring practitioner competencies would be a useful albeit future adjunct to the *Agenda.*

10) **What are the most appropriate immediate steps for the FICEMS?**
NASEMSO is unclear about the intent/content for a “Future Agenda” and would need additional information prior to comment on this element however we do agree with the NEMSAC recommendation that supports broader federal endorsement of *Agenda* initiatives.

In summary, NASEMSO supports the original plan for timely revisions involving various components of the Agenda with consideration to evidence-based practice and integration with evolving model documents. NASEMSO remains uniquely positioned and fully committed to assist NEMSAC, NHTSA, and other federal partners implement the Agenda in a manner consistent with NEMSAC’s vision. Thank you for the opportunity to provide these comments.

Sincerely,

Jim DeTienne
President

Cc Drew Dawson, Designated Federal Official