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**NCSEMSTC, INC.**  
**28th ANNUAL BUSINESS MEETING MINUTES**  
**HYATT REGENCY CROWN CENTER – KANSAS CITY, MO**

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**Monday, September 13, 2004**

1.0 Conference Opening:

- 1.1 Posting of the Colors: The colors were posted by personnel from the Kansas City Fire Department Honor Guard.
- 1.2 Welcome: NCSEMSTC Chair Dwight Corning (ME) welcomed those present.
- 1.3 Opening Address: The opening address was delivered by Greg Natsch (MO) who read greetings from the Governor of Missouri. He said the Hyatt Regency Crown Center was chosen because it was the site of one of the state's worst disasters when 118 people were killed when skywalks in the lobby collapsed during a social event.
- 1.4 Roll Call and Moment of Silence: Russell Crowley (AL) conducted a roll call of the membership. There were 27 credentialed states and territories and 5 credentialed or proxy votes present at the official call to order (08:07 a.m.). The simple majority for today's voting is 17. A 2/3 majority vote requires 22 votes. When North Dakota was called, a moment of silence was observed in memory of Larry Weber.
- 1.5 Council Called to Session: Chair Dwight Corning (ME) called the meeting to order at 08:07 a.m.
- 1.6 Site Orientation: Greg Natsch from the Missouri Department of Health / EMS Unit oriented those present to the site.
- 1.7 Orientation to the Agenda: Dwight Corning (ME) provided the orientation to the agenda.
- 1.8 New Member Introductions: New members from several states were introduced. They were: Bill Plunk (AR), Joe Ferrell (IA), Greg Natsch (MO), Garry Steele (NE), Rob Clawson (NJ), Ron Feller (OK), Andrew Gilger (PA), and Mark Wigal (WV).
- 1.9 Parliamentary Procedure for the Meeting:

Mike O'Keefe (VT) reviewed the parliamentary procedures utilized by the NCSEMSTC.

  - Members requesting to speak should raise their hand and wait for recognition to speak.
  - Discussion on any Motion or Resolution will be limited to five (5) minutes per person.
  - Liaison members and guests may speak when questioned on specific issues after recognition by the chair.
  - Any member who has already spoken on an issue shall not be recognized by the Chair to speak again until all others members of the Council have been given the opportunity to speak.
  - All members of the Council, including credentialed voting members, credentialed non-voting members, and liaisons may speak on any issue before the Council.
  - The Chair will not allow discussion to begin by any member until he or she has been recognized by the Chair and has moved to the microphone.
  - All Resolutions, Amendments, and Motions shall be submitted to the Chair in legible written form before a vote can be cast on that issue.
  - These rules will remain in effect until the final adjournment of the twenty-eighth annual meeting of the NCSEMSTC.
  - The majority vote and 2/3 vote numbers will be based on the daily roll call.

- Roll call will occur each day with the simple majority and 2/3 majority being identified. Those arriving late will not be recognized until they notify Mr. Crowley (AL) of their presence and are accepted by the Chair.
- The Credentials Chair will return proxies for those who are present, to the state identified as the proxy.
- The Parliamentarian will provide assistance to members with writing of Motions, Resolutions, and Amendments.
- Motions are directives to the Council to take action while resolutions express the position of the Council. Motions may be passed, defeated, postponed to a particular time, tabled, or referred to committee.
- Only one motion may be on the floor at any time.
- Privileged motions have the highest priority. Subsidiary motions (calling the question, tabling the motions, postponing motions until a certain time, referring the motion to a committee, amending a motion via a friendly amendment, etc.) are acted upon before the main motion. You can also amend an amendment, but you cannot amend an amendment to a motion.
- Resolutions are used to take a position on an issue, not to take action on one.
- A form, in triplicate, will be utilized for the purpose of introducing motions.
- Committee reports do not need a motion for acceptance, only to take the action the committee recommended.
- The Council's current Bylaws and Roberts Rules of Order – 10<sup>th</sup> Edition, will be followed.

#### 1.10 Announcements:

- N1: *Mr. Corning (ME) noted that as the Chair, he does not vote unless a tie exists. He is proxy to two states (AK and IL) and when votes are taken, he will submit written votes for the proxy states and submit them to the Secretary.*
- N2: *A memory album is available at the registration table for Larry Weber's family.*
- N3: *The only way to become recognized if you arrive late is to be recognized by the Chair.*
- N4: *Credentialing documentation for Mr. Cunningham (GA) arrived, increasing the total number of members and proxy votes present to 33. The simple majority for the day will remain 17 and the 2/3 majority will remain 22.*

#### 2.0 Executive Committee Report to the Membership:

Mr. Corning presented the Executive Committee Report, highlighting the activities of the Council for the past year.

- Chair Dwight Corning (ME) introduced the Executive Committee of the Council. He noted that two long time members were lost: Steve Mercer (IA) who became the Program Coordinator for the Strategic National Stockpile in Iowa and Larry Weber (ND) who passed away in August 2004. Mr. Gosford (FL) moved from the position of Secretary to Vice Chair. Mr. Crowley (AL) moved into the position of Secretary. Mr. O'Keefe (VT) moved into the position of Parliamentarian.
- Mr. Corning reviewed the work of ASMI Management for the Council. He noted that this would be the last meeting for Amy Starchville as she will accept a different role in the firm after the birth of her second child.

- Fifteen (15) motions resulting in a task list of 145 items were generated at the 2003 meeting.
- Among the projects the NCSEMSTC has been involved in over the last year are:
  - Grants – The NCSEMSTC applied unsuccessfully for numerous grants from various agencies. Additional proposals will be discussed during the meeting to obtain funding.
  - NASEMSD – John Gosford (FL) attended the annual meeting.
  - NAEMSE – John Gosford (FL) attended the annual meeting.
  - EMS for Children – Dave Miller (CO) and Don Wood (UT)
  - Scope of Practice Project – Ed Kalinowski (HI), Ken Threet (MT), Michael O’Keefe (VT), Steve Mercer (IA), John Gosford (FL) and Dwight Corning (ME)
  - CECBEMS – Nancy Steiner (CA)
- Mr. Corning stressed that the most important activity is attendance at the meeting and he thanked those present for their dedication.

### 3.0 Liaison and Guest Presentations to the Membership:

#### 3.1 National Association of State EMS Directors (NASEMSD) Report:

The NASEMSD Report was delivered by David Lake, Administrator of the Board of EMS for Kansas. Among the national issues he discussed were:

- Rural EMS: Four (4) areas of concern were identified – recruitment and retention, financing, statewide emergency communications, and education, examination, and certification. The Rural EMS Agenda for the Future will be discussed at the NASEMSD Meeting in October. Collaboration with the National Association of State Offices of Rural Health (NASORH) continues. The Rural EMS Technical Assistance Training (REMSTAT) Project was established to provide rural EMS agencies with technical assistance and support.
- Office of Domestic Preparedness (ODP): Efforts continue to lobby for an individual to serve as a liaison to assist local EMS providers in obtaining grants from the ODP and determining how best to spend the funds.
- National EMS Scope of Practice: Mr. Lake noted that there are five (5) levels of certification in Kansas: First Responder, EMT-Defibrillation, EMT-Basic, EMT-Intermediate, and EMT-Paramedic. He said that in Kansas, as in most places in the national, there is an identity problem with the EMT-I level. Approximately 44 different EMT-I definitions exist across the nation. The Scope of Practice may solve problems like this.

#### MEMBER MOMENT:

MM1: Colorado: *Mr. Miller stated that Council members who have not received the report from Colorado regarding testing and certification should contact him. It was sent out via the listserv to State EMS Training Coordinators.*

#### 3.2 National Registry of EMTs (NREMT) Report:

William E. Brown, Executive Director of the NREMT, presented the report to the Council. The PowerPoint presentation will be available from Mr. Brown upon request.

- NREMT Strategic Plan: Among the projects are to continue NREMT enhancements, implement a community relations program, implement an NREMT research program, and continue exploration of alternation testing modes.
  - NREMT Enhancements: The NREMT is adding items to the NREMT-P test bank and reviewing the reading level of frequently missed items.
  - Bylaws: Draft revision is being developed.
  - NCSEMSTC Representation: Two representatives from the NCSEMSTC are being sought.
  - EMS Agenda for the Future: The NREMT is continuing to participate in this project.
  - ADA: Begin further data gathering on the NREMT response to the ADA law. The NREMT is currently receiving approximately four (4) ADA requests per week.
- Research: Another goal is to develop a research program using the NREMT resources for the betterment of NREMT programs and to contribute to the EMS community. The NREMT plans to develop a research agenda (should be approved at the November meeting of the Board of Directors), hire a research fellow (2 positions), complete the NREMT Practice Analysis, continue the LEADS Project, submit manuscripts and abstracts, and disseminate Customer Service Survey results (3,300 returned).
- NREMT Community Relations Program:
  - Advocate and educate the EMS Community that NREMT is the National EMS Certification Agency as identified in the EMS Education Agenda for the Future: A Systems Approach.
  - Develop an NREMT Brand.
  - Redesign the NREMT exhibit booth.
  - Conduct NREMT orientations for new State EMS Directors.
  - Hire an experienced Community Relations Coordinator.
  - Maintain and expand the NREMT Annual Report for the website.
- Computer Adapted Testing:
  - Explore an implementation schedule and discuss barriers to implementation.
  - Create a request for proposal for use of CAT.
  - Explore methods to integrate the NREMT practical examination as part of NREMT Certification in conjunction with CAT.
  - Review data obtained via presentations of CAT examinations to stakeholders conducted in 25 states.
  - Commitment to quality:
    - Improve exam results turnaround (average of 7.4 days this past year).
    - Fortify examination security. There are not many states that haven't lost an exam booklet.
    - Enhance precision of measurement.
    - Provide scheduling conveniences.
  - Alternative Testing Modalities considered include:
    - Paper / pencil
      - Current method utilized.
    - Computer-based testing (CBT)

- “Linear” testing on computer.
- Administration costs are the same as CAT.
- Computer adaptive testing (CAT)
  - Computer adapts test questions to candidate ability.
  - \$750,000 - \$1,000,000 to implement.
  - Every candidate is measured against predetermined competency level.
  - Reduces time from test to licensure.
  - Candidates schedule examinations by phone or internet at their convenience. This could result in the test being taken closer to the time of completion and a shorter interval if the candidate must retest.
  - CAT results in enhanced exam security because there is reduced question exposure to candidates.
  - Reduced mishandling of test materials.
  - Reduced burden on test administrators.
  - No paper materials handled by couriers, NREMT or state representatives.
  - Current Status:
    - Five (5) responses to the RFP have been received.
    - Standards and Exam Committee will evaluate the vendors and select the successful provider in late September.
    - Effort to reduce barriers of costs and access are continuing.
    - Recommend the proposal to the NREMT Board.
    - Board approval is expected in November.
    - Implementation expected January 1, 2007.
- The most important interface between national EMS certification and state licensure in the history of EMS is expected to occur during 2005 – 2006.
- Practical Examination Proposal:
  - At the First Responder and EMT levels, the practical exam will be state determined.
  - At the EMT-I85, EMT-I99 and EMT-P, the policy will allow, at the Education Program Directors discretion, for candidates to take the practical exam at the end of the laboratory and classroom phase of the program.
  - Same practical, same methods, same policies.
  - Scores will be reported before the end of the course.
  - The Program Director will validate skills have been maintained throughout clinical and field internship.
- Paperless Applications Goal:
- Candidate will apply during the course.
  - Status will be available on WebEMT site.
  - Candidate completes course, program director validates.
  - E-mail card sent to candidate to call 800 number to test.

- Results are sent next day to NREMT and State.
- Item Data Acquisition:
  - CAT requires 300 multi-sample exposures of items in high stakes testing.
  - NREMT has thousands of content valid, calibrated items that have not been on NREMT examinations.
  - 2005 – 2006 will require frequent examination booklet exchanges.
  - All tests will follow NREMT test plan and be valid under the Nedelsky psychometric formula.
- Data Output from CAT:
  - States, education institutions, and individuals will receive feedback on performances on CAT examinations.
  - More specifics will be available when a vendor is chosen.
- Practice Analysis:
  - “Evidence of validity based on test content requires a thorough and explicit definition of the content domain of interest. . . should be based on job analysis.” – APA Standards 2000.
  - Required by APA.
  - Required by NCCA accreditation.
  - Part of the EMS Education Agenda for the Future.
  - Practice Analysis conducted every five (5) years.
  - Proposed New Paramedic Tasks for Exams:
    - Obtain a 12 lead ECG
    - Interpret a 12 lead ECG.
    - Monitor a peripheral IV on an infusion pump.
    - Manage a patient with a TVP.
    - Use capnography.
    - Monitor a previously established central line.
  - Proposed New First Responder Tasks for Exams:
    - Deliver supplemental oxygen.
    - Perform spinal immobilization.
    - Splint an extremity.
    - Auscultate breath sounds.
    - Use a bag-valve-mask.
    - Use an AED.
    - Use a pulse oximeter.
  - Proposed New EMT-I85 Skills:
    - Use a pulse oximeter and a glucometer.
    - Use an auto injector.
    - Insert a dual lumen airway device.
    - Deliver medications using a nebulizer.
    - Use a secondary ET confirmation device.

### 3.3 National Highway Traffic Safety Administration (NHTSA) Report:

- The NHTSA report was delivered by Dave Bryson. A copy of the report from NHTSA was distributed to all present.
- NHTSA Mission: Mr. Bryson reviewed the mission of NHTSA, which is to save lives, prevent injuries, and reduce traffic-related health care and other economic costs. The agency develops, promotes, and implements effective education, engineering and enforcement programs toward ending preventable tragedies and reducing economic costs associated with vehicle use and highway travel.
- NHTSA EMS Division Staff: Mr. Bryson reviewed the list of current staff members and contact information for the agency.
- Trauma System Agenda for the Future: Mr. Bryson noted that the document is available on the NHTSA web site.
- EMS Interfacility Transport: The final report is available on the NHTSA website. Completion date of the project is expected to be early 2005.
- EMS Assessments and Reassessments: The program is still available.
- Guidelines for Prehospital Management of Traumatic Brain Injury: The Brain Trauma Foundation ([www.braintrauma.org](http://www.braintrauma.org)) will begin updating the Guidelines in 2005.
- Medical Response to Terrorism: A Basic Medical Response to Terrorism Course has been developed. NAEMSP is working with other organizations to develop a nationwide deployment strategy. More information is available on the NAEMSP website.
- National EMS Scope of Practice Model: This document will define the various levels of out-of-hospital providers and the skills and knowledge that each level of provider must possess in the field. Completion of the National Scope of Practice Model is anticipated for Fall 2005.
- National EMS Education Standards Planning Project: NHTSA and MCHB are supporting the NAEMSE with their preparation for the development of the National EMS Education Standards.
- State of EMS Education Research Project (SEERP): The project is designed to assess the tools and resources used by today's EMS instructors. The first phase of the project is now complete and the second phase of the project, analysis of the survey data, will be done by Spring 2005.
- First There, First Care Campaign: A revision of the program addressing specific care for crashed motorcyclists is currently under development. The estimate for the completion of the revision is spring 2005.
- PIER Programs: Five new injury prevention modules were developed for the program in August 2003. A complete revision of the remaining component of PIER is currently underway.
- EMS Injury Prevention: A policy paper highlighting recommendations made at a roundtable discussion is due out in late 2003.
- EMS Injury Prevention: A paper highlighting these recommendations will be available in 2005.
- National EMS Research Agenda: The development of a listing of EMS research priorities is underway. A final meeting is planned late in 2004.
- Trauma Awareness: NHTSA and HRSA's Trauma and EMS Systems Program are

administering a trauma awareness project with the American Trauma Society and their Trauma Information Exchange Program.

- Intelligent Transportation Systems Program: NHTSA is working with the Department of Transportation's Intelligent Transportation Systems program to ensure that EMS issues are integral to the development of the nation's future transportation system.
- Implementation of Wireless E911: This has become a major project of NHTSA. Working closely with the 911 stakeholders and industry, the initiative will produce a national framework and deployment plan for the Next Generation 911.
- EMS Workforce for the 21<sup>st</sup> Century: The goal of this project will be to promote a sufficient, stable and well-trained workforce to sustain the nationwide EMS system.
- EMS Public Health Fellow: Carol Ferro, a recent graduate of the Yale School of Public Health, joined NHTSA's EMS Division in July. Her projects during her one-year fellowship will involve the integration of public health objectives, strategies and ideals into the existing EMS infrastructure, with a focus on research, education, and prevention.
- Institute of Medicine (IOM) Study on the Future of Emergency Care in the U. S. Health System: Shortly after the first meeting, the project was expanded to include specific subcommittees to study the following areas: Pediatric Emergency Care, Prehospital EMS, and Hospital-based Emergency Care.
- Investigation and Possible Solutions for ED Crowding and Ambulance Diversions: Working with the American College of Emergency Physicians, a consortium of stakeholders affected by this health care crisis will be convened, to determine the dimensions of the boarding crisis, whether there are any populations particularly impacted by boarding, and identify existing and potentially successful practices to address this crisis.
- Partnership: Mr. Bryson reviewed the partnerships that have been developed with other agencies and stressed the importance of these to NHTSA.

#### 3.4 National Association of EMS Educators (NAEMSE):

Linda Abrahamson, President of the NAEMSE, presented the report.

- Mission: The mission of the NAEMSE is to promote EMS Education, develop and deliver educational resources, and advocate research and life long learning.
- NAEMSE Structure: Ms. Abrahamson reviewed the current officers, members of the Board of Directors, and committees.
- Strategic Plan Accomplishments:
  - Building Relationships and Partnerships
  - United States Department of Justice
  - International Association of Fire Chiefs
  - United States Fire Administration
  - Aeromedical Transport Conference
  - American Heart Association
  - Rural EMS and Trauma Technical Assistance Center
  - CoAEMSP *Standards and Guidelines for EMS Professionals* Document
  - EMS Simulation Project Taskforce
  - EMS Management Journal – 2 editorial positions

- EMS Magazine's Third Annual EMS Leader's Forum
- States Disaster Plan Advisory Board for Pediatric Model Curriculum
- National Technology Transfer Center
- Emergency Response Technology
- Program on-line product information
- Co-location of NCSEMSTC with NAEMSE at the 2005 Symposium in San Antonio
- Prehospital Care Research Forum
- Utilization of EMSC Educational Products by Prehospital Providers and Educators
- Thirty (30) Corporate Sponsors
- Develop a National Resource Center
- Enhancing the Relationships with Federal Partners
- Core Content and Scope of Practice Liaison
- National Education Standards – development by fall of 2008
- HRSA – EMSC Program Representative
- Legislative Action
- Membership:
  - 2697 current members (not including those generated at the 2004 NAEMSE Conference in California)
  - 536 new members in 2004
- Office Location has relocated to Pittsburgh from Carnegie.
- Developing non-dues revenue sources.
- 9<sup>th</sup> Annual Symposium: The symposium was held last week in Hollywood, California. The 2005 symposium will be held in San Antonio, Texas.
- National EMS Instructor Certification: NAEMSE is continuing to explore the process of developing a national EMS instructor certification.
- Instructor Textbook: *Foundations of Education: An EMS Approach* is the first textbook developed by NAEMSE. It will be available in early 2005.
- Advocate Research:
  - State of EMS Education Research Project (SEERP) I
  - Technical Report to PEC and NAEMSE Website
  - Data Use Policy
  - SEERP I modification examines two other initiatives:
  - Recommend common practices and standards for EMS Educators
  - Recommend resources to achieve standards
  - Research Articles for Domain3
  - Develop a NAEMSE Research Agenda
  - Research Committee Priorities
  - BEME based educational sessions
  - Leadership Institute for Regional Workshops
  - Education Committee to develop annual model curriculum
  - CECBEMS Organizational Accreditation applied for
  - Distance Learning Strategies being promoted
  - Promoting EMS Educators as Professionals
    - Develop professional publications

- Domain referenced in CINHAL
- Domain in Neuro-Trauma registry publication
- NAEMSE lifetime Achievement Award
- James O. Page Memorial Lecture
- James O. Page Symposium Scholarship
- 2004 – 2005 Initiatives:
  - Foster growth through outreach and diversity
  - International relationships
- General membership liaison opportunities
- Position paper on Draft 1 of Scope of Practice Document
- Develop tools for rural and DL educators
  - Model curriculum
  - Seek grants for research
- National certification for the entry level primary instructors for EMS under development.
  - Organization is being developed by NAEMSE
  - Organization will be separate from NAEMSE
  - Board of Directors will be seated in early 2005
  - Implementation could begin as early as late 2005
  - The purpose for creating certification is to provide standardization for qualifications and ease reciprocity requirements.

### 3.5 Continuing Education Coordinating Board for EMS (CECBEMS) Report:

Nancy Steiner, State EMS Training Coordinator from California, and the NCSEMSTC representative to CECBEMS presented the report. She noted that Don Whiteley (SC) is the alternate representative.

- She reviewed the history, mission statement, goals, purpose of the organization, and included a listing of the sponsoring organizations. It was developed out of the need for a standardized process for continuing education accreditation.
- The National Council of State EMS Training Coordinators, the National Association of EMTs, the American College of Emergency Physicians, the National Association of EMS Educators, the National Association of EMS Physicians, the National Registry of EMTs, the National Association of State EMS Directors, and the American College of Osteopathic Emergency Physicians are the parent organizations of CECBEMS.
- Name Change: The acronym will stay the same, but the name will change to the Continuing Education Credentialing Board for Emergency Medical Services.
- Department of Defense Contract: Discussions continue for CECBEMS to approve continuing education for DOD employees.
- Executive Director: The Executive Director is a part-time employee now instead of working under a contract. Liz Sibley is the current Executive Director and can be reached at [lsibley@cecbems.com](mailto:lsibley@cecbems.com). The telephone number is 972.387.2862 and the fax number is 972.716.2007. The mailing address is 5111 Dmill Run Road, Dallas, TX 75244.

- Fall 2004 Board Meeting: The meeting was held in Hollywood, CA in conjunction with the NAEMSE Conference. Minutes will be distributed to NCSEMSTC Members in the near future.
- Reviewers: Those interested in becoming a reviewer for CECBEMS should contact Ms. Steiner (CA).
- Questions:
  - Mr. Trohanis asked if CECBEMS is evaluating distributive learning courses. The response was in the affirmative.

MEMBER MOMENT:

MM2: Vermont - *Mr. O'Keefe discussed resources available on infection control.*

3.6 Military EMS Update:

Capt. Nancy Emma of the U. S. Army's EMS Program presented the report.

- Capt. Emma reviewed the Military EMS Program. There are only four (4) people available for the worldwide program.
- The combat medic is the most important part of field emergency care. The medic is present in field situations when the physician, nurse, PA is not. The medic may be expected to function in the role of physician, PA or nurse. Medics must be adequately trained to meet the unique demands of field situations.
- New Operational Patterns
  - Medics capable of supporting a dispersed battlefield
  - More trauma training and sustainment skills
  - More autonomy during extended evacuations
- The mission is multi-component, full spectrum of operations, including combat operations, home guard defense, disaster relief, peace making, peace keeping, humanitarian relief, and reaction to terrorism.
- 91W Initiative
  - 16 week course
  - Duties range from PLT medic to ICU staff
  - 400 students every two weeks
  - NREMT-B Certification
  - 7 Modules

3.7 Indian Health Services Update:

Larry Richmond, EMS Education Manager for the Mountain Plains Health Consortium, was unable to be present. The report for Indian Health Services was included in the member registration packet.

**AFTERNOON SESSION**

3.8 American Heart Association Update:

Jo Haag presented the report for the American Heart Association (AHA) and discussed several issues.

- AHA was approved this past year as a CECBEMS Provider Organization.
- Second EMS Roundtable

- Advocates for EMS
- Pediatric Collaboration
- Education Efforts
  - Director of Educational Research and Design has been hired.
  - Reviewing issues related to retention of CPR skills in conjunction with the American Red Cross.
- Guidelines 2005
  - Evidence evaluation for First Aid Guidelines is being conducted in conjunction with several other agencies, including the American Red Cross, OSHA, and the National Safety Council.
  - Timeline:
    - ILCOR meeting in September 2004 in Budapest, Hungary.
    - Science Consensus Conference in Dallas, TX in January 2005.
    - AHA Stakeholders Meeting in early 2005.
    - AHA ECC Meeting in April 2005.
    - ILCOR Consensus on Science Publication in November 2005.
    - AHA Guidelines Publication in December 2005.
    - ECCU May 2006.
    - Textbook release dates will be staggered over 2006. No specific timeline has been developed yet.
  - Web Site: [www.americanheart.org](http://www.americanheart.org)
    - Description of the process.
    - Questions that are being evaluated.
    - In December – science worksheets will be posted for review and comment.
    - How to ask questions and give comments.
    - Link to the Conference Coordinator to request to attend the Science Conference.
  - What's going to be different this time?
    - Lessons learned from the release of Guidelines 2000.
    - The process for the release of Guidelines 2005.
    - The people – more staff has been added to assist the AHA in meeting the goals.
- Questions:
  - Will the eACLS program be discussed?
    - There will be some discussion later.
  - Are there any initiatives to rename courses?
    - There are no plans to change the names of the courses. The web site depicts course cards and details what each means and when it became obsolete. An independent research company conducted a study of ACLS, utilizing a variety of methods. The final report has been submitted and is being studied by the agency.

SPONSOR PRESENTATION:

- Educational Resources – Jacque Franklin

**ANNOUNCEMENTS:**

- N.1 *Karn Belli is present from the EMS-C National Resource Center. There will be no formal presentation this year.*
- N.2 *The Presentation of Current Slate of Officers and Floor Nominations will be postponed until Tuesday to remain in compliance with the Bylaws. Those interested in seeking an office should contact a member of the Nominations Committee (Corning, Steiner, or Megganhoffen). Nominations can also be submitted from the floor during the Tuesday session.*
- N.3 *There are ten (10) sponsors this year. Educational Resources registered after the binders were created; therefore, they were not noted on the original list.*

4.0 Approval of the Minutes of the 2004 Annual Meeting:

**MOTION 2004-01-01: Move to approve the minutes of the 2003 Annual Meeting as presented.**

**MOTION BY:** Mike O’Keefe (VT)

**SECOND BY:** Don Wood (UT)

**DISCUSSION:** None.

**ACTION:** On voice vote, the motion **PASSED** with no objections, nor abstentions.

5.0 Past Year Project Reports

5.1 Core Content – Ed Kalinowski (HI) / Dwight Corning (ME):

Dr. Kalinowski stated that the Core Content Project was tied to the Scope of Practice Project. He gave a brief status report and then asked Mr. Bryson to comment. Mr. Bryson said additional work has been done on the draft document. It should be available in a few weeks.

5.2 National EMS Scope of Practice Model – Ken Threet (MT):

The Scope of Practice discussion was deferred until Dan Manz’ presentation on Tuesday.

5.3 EMSC – Don Wood (UT) / David Miller (CO):

Mr. Miller stated that during the last year there has been little activity. The EMSC Committee was established in Sacramento in 1997 to address issue related to pediatric emergency care and to interact with the National Resource Center and the Maternal Child Health Bureau. In 2000, a contract proposal was submitted to HRSA for a project that was granted, executed, and submitted on time. A second year proposal was submitted with the same results. Both of the projects dealt with continuing education for EMS providers. The *Pediatric Emergency Care Journal* (April 2004) contains the articles developed by the NCSEMSTC. A request for a third year contract was not funded. Dr. Wood expressed his appreciation to those who worked on the project.

5.4 EMSG – Andy Trohanis (MD):

Last year was the roll-out year for the Geriatric EMS Course. Information was distributed showing the number of courses conducted and students taught:

- ALS Courses – 323
- BLS Courses – 159
- Students Completing the Courses – 4,470
- ALS Course Coordinators – 988
- BLS Course Coordinators – 228
- States and Territories without Course Coordinators:
  - Hawaii
  - Mississippi
  - District of Columbia

Discussions are underway concerning the establishment of a refresher course.

5.5 National Association of State EMS Directors – Dwight Corning (ME):

Mr. Corning stated that Mr. Gosford attended the meeting last year on behalf of the NASEMSD.

5.6 National Incident Management Systems – ICS for EMS – John Gosford (FL):

On behalf of Mr. Gosford, Mr. Bryson provided the report. All federal training programs produced for responders for the future will go through NIMS compliance as determined by the NIMS Integration Center. Pilot courses will be provided at the National Fire Academy. When courses are rolled out in individual states, it is important to have EMS representatives present. The DHS web site contains information on the ICS for EMS Course. Mr. Bryson also noted that the National Fire Academy no longer has funds available to bring students in for training.

6.0 Management Report and Conference Update – Amy Starchville:

Ms. Starchville stated that information about ASMI was included in the Member Binder in Section 6 and suggested that members follow along as she reviewed it.

SPONSOR PRESENTATION:

- American Heart Association

MEMBER MOMENT:

MM3: Utah - *Dr. Wood invited anyone interested to attend the REMSTAC Meeting in Park City, UT on October 4.*

7.0 LEADS Project – Phil Dickison:

The LEADS Project is a cooperative effort of NREMT and NHTSA designed to identify the attributes and demographic information which accurately reflect the individuals involved in delivering EMS throughout the United States. Mr. Dickison reviewed the project. Copies of the presentation were available to members after the session.

### 8.0 Co-Location MOU Summary:

Mr. Corning said the NAEMSE made an offer to NCSEMSTC last year to co-locate the meetings. The NCSEMSTC presented nineteen (19) questions to be answered. Four (4) draft MOUs and four (4) draft schedules were produced. No responses have been received from Council members asking additional questions. Mr. Corning summarized the MOUs, indicating that the only differences were the start dates of the meeting.

Discussion:

- Ms. Abrahamson offered to leave the room.
- Mr. Clawson (NJ) asked what the cons were to co-location. When no one commented, he cited several advantages and stated he could not see a downside to it.

**MOTION 2004-01-02: Move that the NCSEMSTC co-locate with NAEMSE in 2005 for the annual meeting as outlined in MOU Draft #1.**

**MOTION BY:** Nancy Steiner (CA)

**SECOND BY:** Rob Clawson (NJ)

**DISCUSSION:** Ms. Steiner spoke to the motion. Mr. Sutton (KS) asked if it was not the intent to co-locate for one meeting to determine if it worked to the benefit of NCSEMSTC. When asked when the NCSEMSTC Meeting would begin, it was noted that it would follow the NAEMSE meeting, beginning on Sunday morning. Dr. Wood (UT) noted that NCSEMSTC assisted NAEMSE with an endorsement when the organization first began. Dr. Stoy purposely conducted the first NAEMSE meeting in San Antonio because of the credibility of NCSEMSTC. Dr. Wood added that he did not think NAEMSE needed the NCSEMSTC. NAEMSE is usually held in hub cities which could hurt the Council. Ms. Steiner asked if any states were interested in hosting a meeting in 2005. Ms. Owens said Ohio is interested in hosting the meeting in 2005.

**ACTION:** On voice vote, the motion **PASSED** with no objections, nor abstentions.

### 9.0 Management Service Options:

Mr. O'Keefe presented the Management Service Options (6) to the Council. A copy of the proposal was distributed to the members. After review, he stated that the Council would have to make a decision by the end of the week on the future relationship with ASMI.

- Mr. Sutton (KS) asked if there was another option between II and III that would maintain Leadership/Governance services, but not Annual Meeting. Ms. Starchville said she could obtain an answer from the owner as to the cost of Option II with very limited Annual Meeting support (registration / fee collections in the mail).
- Dr. Kalinowski (HI) said in a meeting with the owner, he indicated he was open to negotiation with the Council.
- Mr. Miller (CO) asked what the current trend is with membership dues. Mr. Corning said that attendance at the Annual Meeting in the past ran in the mid-thirties whereas in recent years, it has been in the mid to upper twenties.

- Ms. Steiner brought up the subject of Associate Membership which she stated has been discussed in the past.
- Dr. Kalinowski (HI) said there was a point in time that the Chair said there was only \$100 in the coffers. He said dues are not going to keep the Council solvent. Eleven (11) grant proposals submitted over the last year have been denied.
- Mr. O’Keefe (VT) said the NREMT receives a significant number of requests from other countries and would be open to having another organization take over that responsibility.
- Mr. Sutton (KS) asked if the NCSEMSTC could develop a program that would capture funds from homeland security. Ms. Starchville said a grant proposal related to bioterrorism this past year was denied.
- Mr. Corning (ME) said the budget will be on the agenda for finalization at 1400 hours on September 15.

**10.0 Presentation of Budget Report 2003 – 2004 – Kay Hollingsworth (OK):**

The current budget was presented by Ms. Hollingsworth. Copies were distributed to members present.

**ANNOUNCEMENTS:**

N.4 *Frank Poliafico of the AED Foundation will conduct an evening educational session at 1900 hours.*

N.5 *Regional Committee Meetings will be held at 2000 hours this date.*

**11.0 Recess**

There being no further business, the meeting was recessed for the day at 5:00 p.m.

**NCSEMSTC, INC.**  
**28th ANNUAL BUSINESS MEETING MINUTES**  
**KANSAS CITY, MISSOURI**

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**Tuesday, September 14, 2004**

12.0 Call to Order:

The business meeting was called to order at 8:00 AM (CDST) by Chair Dwight Corning (ME). Russell Crowley (AL) conducted a roll call of the membership. There were 30 credentialed or proxy votes present at the official call to order (08:00 a.m.). The simple majority for today's voting is 16. A 2/3 majority vote requires 21 votes. It was noted that Mr. Stinson (MS) was called back to Mississippi on September 13 due to Hurricane Ivan.

**ANNOUNCEMENTS:**

- N.6 *Thursday Outing: Mr. Natsch (MO) addressed the group about the Thursday Outing. He said Kansas City is known for barbecue and he suggested a meal at Gates and Sons. He also mentioned a visit to Country Club Plaza, an area of upscale shops and restaurants. A comment sheet will be posted near the registration table.*
- N.7 *Roll Call Certificates: Certificates should be signed as soon as possible.*
- N.8 *Optional Session: A Traumatic Brain Injury session will be held this evening.*

**MEMBER ARRIVAL:**

The Chair recognized the arrival of Mr. Trohanis (MD). The simple majority will remain at 16 and a 2/3 majority vote will require 21 votes.

**SPONSOR PRESENTATION:**

- American Safety and Health Institute

**13.0 Committee Reports and Discussion:**

13.1 **Nominations Committee – Nancy Steiner (CA):**

Ms. Steiner stated that those who have expressed an interest in running for office include:

Chair: Russell Crowley (AL)  
Vice Chair: John Gosford (FL)  
Secretary: John Gosford (FL)  
Treasurer:  
Parliamentarian:

Mr. Corning (ME) asked for nominations from the floor.

Chair: No nominations  
Vice Chair: No nominations  
Secretary: No nominations

Treasurer: **MOTION 2004-02-01** I nominate Tawni Newton (ID).

**MOTION BY:** Don Wood (UT)

**SECOND BY:** Andy Trohanis (MD)

Parliamentarian: No nominations

13.2 Bylaws / Policy and Procedures Committee – Russell Crowley (AL):

At the end of the 2004 Annual Meeting, a motion was made for the Bylaws / Policy and Procedures Committee to write a policy and procedure to enable the development, amendment and submission of a policy and procedure. That procedure was written and approved by the Council, effective April 2004. The policy is number 13 in the Policy and Procedures Manual. Regarding the Council's tax exempt status, the Internal Revenue Service suggested that the Council make two changes in the Bylaws. That was accomplished and passed, effective July 2004. The changes can be found under Article II – Purpose and Article XIII - Dissolution.

13.3 American Heart Association Liaison Committee – Russell Crowley (AL):

Mr. Crowley stated that Ms. Haag has been very vigilant with providing updates and information relevant to EMS from the AHA. The AHA has formally released the HeartCode ACLS Anywhere, the BLS for Healthcare Providers, and the HeartCode eACLS Anywhere for EMS. These courses provide alternative choices for those busy providers seeking to renew their courses. In July, the AHA released the revised 2004 Handbook of Emergency Cardiac Care as well as the Prehospital Stroke CD-Rom. The AHA has also issued several press releases related to prehospital providers. Included were the ST-Elevation Myocardial Infraction and the AED prescription review by the FDA. These articles can be found at the AHA website (<http://www.americanheart.org>).

13.4 Interfacility Transport Committee – Russell Crowley (AL):

Mr. Crowley said this year the IFT Planning Group has continued to work on the ten specific topic areas that came out of the initial meeting held in 2002. The work has been primarily accomplished by using eRoom technology and one conference call. Currently, five of the topic areas have been completed and it is expected that the additional five will be completed by the Spring 2005. At that point, the Planning Group will meet face-to-face for final edits. It is anticipated that a completed document will be available to the EMS community by Fall 2005.

13.5 Accreditation Committee – Russell Crowley (AL):

Mr. Crowley conducted a presentation entitled Accreditation 101. He reviewed the motion that was passed at the 2003 Annual Meeting and noted that of all the issues in the EMS Education Agenda for the Future the Council has focused on, accreditation has not been one. The Agenda defines accreditation as “a non-governmental, independent, collegial process of self and peer assessment.” The primary focus from the Agenda's perspective is that accreditation is to protect the student and the public. He discussed CoAEMSP and that organization's accreditation process. He highlighted several points in the program that are somewhat ambiguous that may be problem areas in some states. He noted that all documents pertaining to the process are available on their web site at [www.coaemsp.org](http://www.coaemsp.org) and encouraged Council members not familiar with the process to visit the web site. Mr. Crowley reviewed the results of a survey he conducted in August that was intended to gather some preliminary information as to how states approve or accredit their EMS programs.

The survey provides the Council with a starting point for the discussion. Thirty-one (31) states responded to it. Seven (7) states currently mandate / require CoAEMSP accreditation for all EMS programs. Another will be implemented in 2007. Sixteen (16) additional states have programs that are CoAEMSP accredited. He discussed the difficulties often encountered by states with an accreditation process. He concluded the report by saying the committee does not feel it is prepared to draft a consensus position statement that represents the entire Council in the matter.

NOTE:

Committee Reports will be continued later in the agenda.

SPONSOR PRESENTATION:

- VidaCare

14.0 Scope of Practice Presentation and Discussion – Dan Manz (VT):

Mr. Manz said the National EMS Scope of Practice Model is next step in implementing the *EMS Agenda for the Future: A Systems Approach*. He thanked NCSEMSTC for engaging on this important topic at the Annual Meeting and cited Ed Kalinowski (HI), Dwight Corning (ME), Steve Mercer (IA), Ken Threet (MT), Mike O’Keefe (VT), and John Gosford (FL) for their excellent work on the project. He noted that we are at the beginning, not the end, of the process. The first draft is available for public review and comment through January 30, 2005. All input will be considered and will help shape the final product. A national review team will finalize the document in the spring of 2005. Although the majority of those in the room indicated that they have read the document and have distributed it to others to read, no one indicated that they had submitted comments.

- The Scope of Practice describes the legally authorized range of skills that a health professional can perform.
- The Scope of Practice is the foundation for state licensure.
- The Scope of Practice is determined by state law and administrative rules.
- It establishes:
  - Minimum entry level requirements for each level of EMS provider.
  - The outside limits of what every provider is allowed to do.
- The Scope of Practice does not automatically authorize every provider to do every skill.
  - This is a role for medical direction, protocols, and local system operations.

What is Wrong with the Current System?

- There has never actually been a national EMS education system or master plan.
- The names of EMS provider levels vary from state to state.
- EMS scope of practice is driven by the National Standard Curricula.
- EMS education is based on perceived need rather than practice analysis and research.

Dilemmas in Today’s EMS System

- No EMS career ladder.
- EMS may not be well prepared to take care of very minor health problems.
- The only way we know how to assist a patient’s entry into the health system is by transport to an acute care facility.

Some of the major changes proposed include:

- EMS provider names:

- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Paramedic
- Advanced Practice Paramedic
  - Is there a need for the Advanced Practice Paramedic level?
  - Is it feasible for the health care education system to meet anticipated needs?
  - Will physicians be willing to provide medical direction?
  - Can reimbursement for this level of provider be commensurate with services provided?
    - Current EMS reimbursement policies do not include payment for many of the types of services that an Advanced Practice Paramedic could provide. Will we be able to support the Advanced Practice Paramedic Scope of Practice at current reimbursement levels?
    - It could save the health care system money by not using expensive resources on patients who do not need it.
- Other Questions:
  - Is a common titling system preferable to individual names for each level of provider?
  - Are the proposed names descriptive and useful for public understanding?
  - Do the proposed names describe a progression of the professional preparation associated with each level?
  - Are four levels appropriate? Should there be more or less?
  - If an additional level were created and placed between the proposed EMR and EMS, which skills should be included at each level?
- The interventions allowed for the various levels include:
  - Emergency Medical Responder:
    - AEDs
    - Oxygen
    - Airway adjuncts
    - Basic assessment skills
    - Auto-injector use for self help and peer care
    - Rapid extrication
  - Emergency Medical Technician
    - Multi-lumen airways
    - Assisted and administered pharmacology
    - IV maintenance
    - ET confirmation skills
    - Rate and volume controlled automatic transport ventilators
    - Pulse oximetry
    - Blood glucose monitoring
    - Questions:
      - Does it make sense to train every EMT to do some of the higher end skills like administering drugs, or would it be better to maintain the EMT as a low cost, easy access entry level provider with a training progression to another level that includes more

complex or sophisticated interventions? This is as much as educational question as anything else.

- Paramedic
  - Relatively few changes from the current paramedic.
- Advanced Practice Paramedic
  - Rapid sequence intubation
  - Central venous access
  - Blood product administration
  - Local anesthesia
  - Wound closure
  - Dislocation reduction
  - Trephination of nails
  - Urinary catheterization
  - Transport or disposition decisions
  - Questions:
    - Maybe this is the person needed in an isolated setting.
    - Maybe this should be a shift supervisor.
- Questions:
  - Are the skills descriptions reasonable and appropriate?
  - Will the increased training for the EMR and EMT be feasible?
  - Is the education required for the Paramedic level reasonable?
  - Are we moving away from the standard number of hours required for this training since it is more competency based?
  - Do EMS systems have the management expertise and financing to support more sophisticated future operations?
  - Will the public understand a new model?
  - Will other health care workers support the new model, especially the Advanced Practice Paramedic?
- The number of organizations participating in the Scope of Practice Project has been extensive. It made reaching consensus on what to release very difficult. That which has been released can be identified as strawman draft 1.0.
- Time-Line:
  - Comments accepted on the draft document until January 30, 2005.
    - Improvements to the draft depend on the input received from the EMS community.
  - National Review Team will meet in the spring of 2005 to review the comments and modifications.
  - Final document due to NHTSA by September 2005.
  - The NHTSA internal review process will likely take six (6) months to one (1) year to finalize.
  - Once the entire “pie” (the EMS Scope of Practice and other documents currently under development and those yet to be developed) is in place, states will then have to determine what they will implement and promulgate appropriate rules or enact new statutes.
- What can you do to help?

- The NCSEMSTC can submit comments as a group.
- Publicize the document in each of your states.
- Submit feedback and encourage others to submit.
- Other Help Available:
  - NHTSA, The A-Team, the Principal Investigator, and the Expert Writer are available for consultation.
  - The A-Team is available to make presentations at state and regional meetings.
  - The PowerPoint presentation shown at the Annual Meeting is available to states for presentations.
- Questions and Comments from NCSEMSTC Members:
  - Dr. Wood (UT) noted that there is not consensus in the group, so how can one individual conduct a presentation without giving a personal opinion? Mr. Manz suggested using the document as the reference point. It is not uncomplicated and it has numerous moving points.
  - Mr. Trohanis (MD) asked if there was consideration given to what will happen to individuals who are being transitioned from the EMT-I85 to EMT-I99? Mr. Manz suggested that a comment on the number of levels would be appropriate. If the scope is implemented as it is today, how difficult would it be to transition current EMT-I99 personnel to the Paramedic level? There will be difficult decisions made by the states. Another scenario could be to simply *grandfather* current personnel to another level. He said battles had to be fought to implement the EMT-I99 level and it appears as though his state may have to do so again. Mr. Manz said that is a perfect description of the ongoing failings of the current way of doing things and reflects the need for the EMS Agenda for the Future. Mr. Trohanis said the states have had to deal with the process several times in the past and there is a level of trust among the consumers that might wonder if this is the final change or just another in a continuous line.
  - Mr. Sutton (KS) said he is concerned that this concept will take ALS away from rural communities. Mr. Manz said that is a comment that should be submitted. He suggested stating that giving the arrangement of levels as proposed today, the EMT level is too low to meet the ALS needs of the rural community and the Paramedic level is too high. There should be a level in-between the two in order to meet the needs of the rural communities. Mr. Manz said the level of ALS has to be determined. What do we want the individual to be able to do?
  - Mr. Brown (NREMT) said there has been discussion about the development of a short bridge program that will transition the EMT-I99 to the Paramedic level.
  - Mr. Miller (CO) said Colorado has had a near model to the EMT-I99 for almost fifteen (15) years and said it was implemented for rural communities that could not support the Paramedic level. The EMT-I99 is approximately 15% more than what the Colorado EMT-I could do. The state proposed the wholesale adoption of the EMT-I99 level and was faced with having to transition the personnel to the new level. He said it was painless and no opposition surfaced. He suggested that if something similar to the proposed levels is adopted, he is of the opinion that the transition to the Paramedic level from the EMT-I99 will be relatively easy. He predicted that there would not be a reduction of ALS availability in their rural communities.

- Mr. Ferrell (IA) said he would need to see the education component. In Iowa, there are five (5) skills that separate the Paramedic Specialist (national Paramedic) and the EMT-I99 (Iowa Paramedic). The curriculum is stripped of cognitive knowledge. The paramedics are equipped with tools and procedures that allow them to perform tasks that they may not have cognitive knowledge about. Fire-based metro services in Iowa embraced the EMT-I99 level as the Paramedic level. Mr. Manz said it must be determined how a scope of practice is turned into an educational standard that includes “x” amount of cognitive knowledge so that a procedure can be accurately performed in the field.
- Mr. Natsch (MO) said different names may be recognized in a few years, but everyone has their own unique situations. Individual states may end up implementing other levels such as “intermediates” or the same level with a different name. That is not different from the situation that exists today with some levels and in some areas. Mr. Manz said the scope could actually vary between communities, but the common benchmark is that the National Scope of Practice caps what the level can be done. Mr. Natsch said it is not really a cap because a state could enact legislation that allows a Paramedic in that state to perform a procedure above that limited by the National Scope of Practice. Mr. Manz said that is a valid point, but used the example of Registered Nurses. He said a state could enact legislation today that allows Registered Nurses to perform neurosurgery. They can do it, but do they? No, because most states buy-in to the limits. The scopes set the outside level of practice. Mr. Brown (NREMT) said in some cases, education outside the accepted scope of practice, is a legal issue.
- Dr. Wood (UT) said the project should have no bearing on the establishment of a fee structure by CMS. Mr. Manz said he expects commentary from the AAA that would oppose the Advanced Practice Paramedic if there is not a method in place to pay for it. Dr. Wood said in medicine that process is not followed. Reimbursement is not a consideration in the creation of a scope of practice or the curricula. Mr. Manz disagreed. He said nurses had IV administration in their scope of practice and curriculum twenty (20) years ago even though relatively few did it. It was not tested on national nursing examinations because it was not identified in the practice analysis. That is not the case today. More nurses perform the procedure and more employers demand that nursing graduates be competent in the procedure. In some cases, a nurse in state A may perform the procedure while a nurse in state B does not. If the nurse from state B transfers to your state, where is the assurance that the nurse is competent in the procedure. Whose responsibility is it to assure that she is competent? It will come down to the credentialing agency or the employing agency to assure competency. The burden is placed back on the state. Ambulance Service X in Vermont may expect the state to guarantee the competency of the individual certified by Vermont to practice. Some employers and some individuals fail to see verification of competency as their responsibility.
- Dr. Wood (UT) stressed the need for NHTSA to provide direction on the transition of individuals from one level to another. Mr. Manz said Dr. Wood would like the educational guidelines to exist that would transition the individual from one level to another. He said that NHTSA is the Department of

- Transportation and not the Department of Medical Practice and will likely get out of the National Standard Curricula business.
- Dr. Wood (UT) said his understanding is that the bottom line should have been core content, but the first meeting was held before the final draft was out on the Core Content. Mr. Manz said there were drafts of the Core Content document available and successive drafts were considered throughout the process. Dr. Wood said there was not total consensus even in the final draft and it might not be accepted by all of the states. Mr. Manz said the same could be true with any of the documents. NHTSA's publication of it does not guarantee buy-in by all parties. Dr. Wood said that whatever accommodates reciprocity is what the NCSEMSTC and the NASEMSD has sought. The National Scope of Practice allows for more flexibility, which could further complicate the process of reciprocity.
  - Mr. Powell (DC) said each state is driven by a different need and EMS has outgrown NHTSA and National Standard Curricula. Where does each state draw the lines within the levels? That is where the controversy will begin. Mr. Manz asked if the lines could be drawn somewhere and underneath the line, give each state what they need. Mr. Powell said the line would have to be flexible and that is where the problem lies.
  - Mr. Manz said a lot of time was also spent discussing what is outside any scope of practice. Should, for example, hazardous materials awareness training, high angle rescue training, water rescue, and others, be a part of these levels? The decision was made to exclude many of those items because of the wide variance in the needs among locales. A state could build items like this within their scope, but when the individual goes to another state, since it is not included in the national scope, there would be no expectation by that state that this individual has that competency.
  - Mr. Natsch (MO) said people in Missouri say RSI is an advanced scope or practice procedure to which he disagrees. He said personnel are taught intubation and they are taught pharmacology. Combining the two does not make it an advanced scope of practice procedure. Mr. Manz said the approach to writing a scope of practice is to be as broad as possible so that if something new comes along, it can be easily determined that it is within the scope or outside the scope. In EMS, that is difficult to do. Airway, for example, could be split at intubation. Intubation and up would be one level, while everything below intubation would be another. The effort was to try to place things into broad categories, but the description of the category might not be specific enough to determine the answer.
  - Mr. Manz asked what process the NCSEMSTC will use to comment on the project? Mr. Corning (ME) said the Council would likely end up with a motion or a resolution with a consensus of a response from the group. Hopefully, that would stimulate states to develop responses as well. Mr. Corning said the *national* opinion and *state* opinion of individuals might be different. When asked what he thought the NASEMSD might do, he suggested the ten-thousand foot level where the comment could be that generally, this is a good idea. Individual states will likely comment on how it will affect their state. He suggested that the NCSEMSTC said the most productive ground to sew could be that the document

should be fixed in parts R, T and Z and these are our suggestions on how to fix them. Mr. Manz said it could also be pointed out that we struggled with questions around issue X. One side of the argument was this and the other side of the argument was that, but we were unable to reach consensus.

- Mr. Kalinowski (HI) stressed that now is the time for input, whether from an individual, a group, or a large organization.
- Mr. Manz said the NCSEMSTC and NASEMSD, although potentially the 800 pound gorillas at the meetings because of the number of representatives, went out of their way to be fair to the group as a whole and ensure that input was received from all organizations participating.
- Comments being received are subjected to a matrix of review. Those deemed persuasive and substantial will be presented to the A-Team. Questions that remain unresolved at that level will be forwarded to the group as a whole. Comments from national organizations receive greater weight than those from small groups and comments from small groups receive greater weight than those from individuals.

In closing the morning session, Mr. Manz said the draft is intended to spur discussion and comment.

### **AFTERNOON SESSION**

#### 14.0 Scope of Practice Presentation and Discussion – Dan Manz (VT). . . continued:

Mr. Manz opened the afternoon session with additional discussion on how to best provide comments to the Planning Group. He then opened the floor for additional questions and comments.

##### ➤ Questions and Comments from NCSEMSTC Members:

- Ms. Megganhoffen (NY) stated that in her state there are two levels between EMT and Paramedic. She suggested that there is a need for a level between EMT and Paramedic in the National Scope of Practice Model proposal.
- Mr. Feller (OK) said most of the procedures identified as in the Scope for the EMT level are already in use in his state, but he is concerned with the administration of non-prescribed nitroglycerin by this certification level.
- The EMT level as proposed will likely be somewhat longer than it is now and the question arose as to whether or not the industry would support that component of the proposal for the entry level. Mr. Brown (NREMT) said an adverse impact could arise from presenting abstract concepts to entry level individuals who had no experience in the field.
- Mr. Miller (CO) said problems could arise for medical directors if faced with a scope of practice that they are not comfortable with their personnel performing. It could sometimes be easier by expanding the level by going to the Medical Board in states where that is permitted rather than by facing a squad of EMTs and telling them he is not comfortable with expanding the scope of practice for whatever reason.
- Mr. O’Keefe (VT) said the increasing difficulty in getting clinical exposure for students is a problem in many areas. How much clinical exposure will be needed

to give this provider the ability to make good decisions? Vermont is adding albuterol, nitroglycerin and aspirin to the scope of practice for the Intermediate level and concern exists because of the inability to provide adequate exposure to the individuals who will be administering them.

- Mr. Trohanis (MD) said the metropolitan Baltimore area has eighteen (18) hospitals and the competition for clinical space is intense.
- Mr. Plunk (AR) and Dr. Wood (UT) said establishing the standards should not be influenced by a state's ability to provide clinical time. Mr. Manz said one difference, conceivably, is the level that is being trained. Far fewer Advanced Practice Paramedics will likely be trained than EMTs.
- Mr. Clawson (NJ) said 60% of the prehospital providers in his state are volunteers with minimal regulations. Problems exist with the current basic program and adding more to that will likely result in even more failures. He asked if the comments received on the project will be published. Mr. Manz said they will be saved and submitted to NHTSA which will likely make them public record. There are no plans at this time to publish them. Mr. Trohanis (MD) said it might be beneficial to list categories of comments on the web site that could stimulate discussion from others.
- Mr. Manz said the number of levels and the dividing lines between the levels are controversial.
- Ms. Megganhoffen (NY) said we are living with a curriculum that is dumbing down our EMTs and she expressed concern about adding more material, increasing the length of the course, and giving individuals with no background more procedures to learn and utilize.
- Ms. Steiner (CA) said they have 32 local EMS Medical Directors in her state. They said if the state had to implement a mandatory scope of practice, the only thing they could agree on are oxygen and defibrillation.
- Mr. Manz said this opportunity was very enlightening for him, and he hopes the Council members recognize the complexity of this issue.

Mr. Corning said the Council needs time to discuss the issue, but the agenda does not lend itself well to that. He suggested meeting until 1800 hours today or recessing from 1700 to 1800 hours and reconvening again at 1800 hours prior to the Traumatic Brain Injury presentation at 1900 hours this evening.

#### 15.0 Educational Standards Development Project – Debbi Cason:

Ms. Cason said this is another component in the implementation of the EMS Agenda for the Future.

- What is an educational standard?
  - Will be different from current curricula.
  - Will be determined by the EMS community.
  - Will be supplemented by creative authors.
- Educational Standards Process:
  - The Team:
    - Project Staff
      - Debbi Cason

- Others
- Provider level leaders
  - One for each provider level:
    - Emergency Medical Responder
    - Emergency Medical Technician
    - Paramedic
    - Advanced Practice Paramedic
- Content leaders
  - Preparatory
  - Airway
  - Assessment
  - Resuscitation
  - Cardiology
  - Trauma
  - Medical (2)
  - Special patients
  - Operations
  - Educational infrastructure
- Content contributors
  - One or more for every content section for every provider level.
- Reviewers
  - YOU!
  - Ongoing open process – drafts will be posted on the website
  - EMS Stakeholders Meetings – at least two (2)
- You
- Educational Standards Process
  - Time-Line:
    - Begin: October 2005
    - End: September 2008
- Questions and Comments from NCSEMSTC Members:
  - Mr. Trohanis (MD) asked about the job descriptions. Ms. Cason said the educational infrastructure will describe the job descriptions based on the information received from the Scope of Practice Planning Group.
  - Mr. Trohanis (MD) asked what happens after September 2008. Mr. Brown said educational materials will have to be developed after the standards are completed. Mr. Brown said a problem exists in that the EMS Scope of Practice will be out in 2005, the Educational Standards about 2010, the materials at some point later, and then state rules and statutes after that. It would be great to have a standard date nationwide to implement, but that is not likely.

13.0 Committee Reports and Discussion. . . continued:

13.6 Awards Committee – Don Wood (UT):

Dr. Wood said a copy of the report is available in the Program Binder. He reminded those present to sign the certificates that will be awarded on Wednesday night at the Banquet. He brought to the attention of the group the resignations of Mr. Dinetz and Mr. Mercer, both active members of the group.

13.7 Budget and Finance Committee – Kay Hollingsworth (OK):

Ms. Hollingsworth said there is no report.

13.8 Nominations Committee – Nancy Steiner (CA):

Ms. Steiner said there is no report.

13.9 Positions Committee – Ken Threet (MT):

Mr. Threet said there is no report at this time, but one could follow on September 15.

13.10 Research Committee – Mike O’Keefe (VT):

Mr. O’Keefe distributed the Research Committee Report, which identified a number of studies that were published in the past year that bear on EMS practice and education. A summary of each was provided in the report. Research Committee members included Russell Crowley (AL), Edward J. Kalinowski (HI), Don Wood (UT), Kathy McLeron (AK), Tawni Newton (ID), Ellen Owens (OH), and Mike O’Keefe (VT). Dr. Wood (UT) said it is sometimes appropriate for the Council to respond to research (even if it is just a letter back to the editor), and he suggested an on-line vote or some other method to obtain consensus, with Mr. O’Keefe as the responder. Mr. O’Keefe suggested that if members choose to send a survey, it would be appropriate to ask one of the Research Committee members for advice.

15.0 NREMT Presentation and Discussion on Current Status, Future Goals, and Mission – William E. Brown:

Mr. Brown said he and other representatives from the National Registry of EMTs visited twenty-three (23) states this year. The topics listed for discussion at this session include:

- Current and needed NREMT enhancements
- Computer Adaptive Testing (CAT)
- Research Program
- Community Relations Activities
- Role and draft of Practice Analysis
- Other NREMT policies

Questions and Comments from NCSEMSTC Members:

- A lengthy discussion ensued regarding items that can be included on the NREMT exam that are not part of the entry level curriculum in many states. An example cited was pulse oximetry. Mr. Brown said the committee felt that since more than 50% of those responding to the Practice Analysis indicated that this is a procedure they perform, it was decided that it should be included on the exam. Mr. Threet said to do

so is what the EMS Education Agenda for the Future was designed to stop. He added that all of the components of the Agenda must be in place before the system can be driven by the Practice Analysis. Many members echoed Mr. Threet's concern about this. Mr. Brown stated that a significant number of people are on the committee and it was the committee's decision to do so. Moving forward is painful, but not arrogant. He recommended that Mr. Threet put his concerns in a letter that can be presented to the Board of Directors. Mr. O'Keefe summarized it as what is going to be tested, who is going to make the decision, and when is that change going to take place? He said that although he is not a fan of pulse oximetry at the EMT-Basic level, 95% said they use pulse oximetry. The EMS Agenda for the Future does not give State EMS Offices a significant role in this issue. When should the change occur – now or at some point in the future? He suggested that the NCSEMSTC should reach a consensus and through a motion or resolution, communicate with the NREMT.

- Who will be the national certifying agency and who will they answer to? Based on the criteria in the EMS Agenda for the Future and the activities of agency, the Board of Directors positioned the National Registry to become the national certifying agency. Mr. Brown noted that there is a difference between a certifying body (National Registry) and the right to practice (granted by the states).
- To be eligible to take the test, you have to be a graduate of a state approved program.
- The Registry is attempting to make CPR and ACLS meaningful via the implementation of the proposed policy.

#### 16.0 Outlines and Scope of Work for Future Proposals – Part I:

Mr. Corning (ME) led a discussion of proposals for future work projects for the Council.

- Mr. Trohanis (MD) proposed that with the implementation of the GEMS program, look at a pre-test and post-test and determine if there is an effective change.
- Mr. Trohanis (MD) proposed that the Council work with NHTSA on the workforce issues and the shortage of paramedics. Would the information obtained through a survey and study be of value to outside organizations? Mr. Gilger (PA) said his state recently collected similar data and might be able to share it with other states.
- Dr. Kalinowski (HI) said he competed against the University for a HRSA grant. The Council knows its history, but there is no document in the file listing the collaborations that the Council interfaces with, the projects that have been completed in the past, and other pertinent information. A group of members is needed to compile this information and have it readily available. The Council must be able to define what it has to offer.
- Mr. Bryson (NHTSA) said the Council submitted solid proposals to NHTSA and to EMSC over the past two years, but were not successful. The more a proposal relates to the EMS Agenda, its Implementation Guide, the Education Agenda, and EMSCs Five Year Plan, the better the chance it has for success. The time-line is also an issue. Resolutions and motions that can be turned in to unsolicited proposals at this meeting and submitted to NHTSA and EMSC between December 2004 and February 2005 will be available for discussion at planning meetings. These proposals would be eligible for funding two years from now, even if it is *early award*. FEMA grants, Highway Safety funding, and others are on faster tracks. Partnerships for Children are limited to one year and less than \$100,000 grants.

**ANNOUNCEMENTS:**

- N9. *The agenda for the September 15 session will be modified to allow more time for a discussion of the Scope of Practice issue.*
- N10. *Motions and Resolutions forms are available for use from Mr. O’Keefe and Mr. Crowley. Proposals must be submitted in writing before discussion can occur.*
- N11. *The Traumatic Brain Injury Foundation will present an optional session from 1900 – 2100 hours this evening.*
- N12. *Documentation signed by the State EMS Director must be provided to the Nominations Committee no later than noon Wednesday for those who intend to run for office.*

**MEMBER MOMENT:**

**MM4:** California: *Ms. Steiner said effective October 10, the Regulations will be revised so that Paramedic students will not be permitted to test prior to completion of the course. By 2006, all EMT-Basics in the state will have to take the National Registry Examination. Many of the local EMS agencies are already implementing the National Registry Examination.*

**MM5:** Vermont: *Mr. O’Keefe said manuals are available for review at the registration desk. Those who want copies may request them from Mr. O’Keefe.*

**MM6:** Colorado: *Mr. Miller said Colorado is considering various methods to implement for recertification and would appreciate input from other states.*

**17.0 Recess:**

There being no further business, the meeting was recessed for the day at 5:00 p.m.

## **28th ANNUAL BUSINESS MEETING MINUTES KANSAS CITY, MISSOURI**

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**Wednesday, September 15, 2004**

### 18.0 Call to Order:

The business meeting was called to order at 8:00 AM (CDST) by Chair Dwight Corning (ME). Russell Crowley (AL) conducted a roll call of the membership. There were 31 credentialed or proxy votes present at the official call to order (08:00 a.m.). The simple majority for today's voting is 16. A 2/3 majority vote requires 21 votes.

### **ANNOUNCEMENTS:**

- N.13 Thursday Outing: Mr. Natsch said the Thursday evening dinner will be held at 6:00 p.m. at a restaurant behind Union Station.*
- N.14 Mosby / JEMS was unable to attend, but sent several boxes of books and journals. They can be picked up at the registration table.*

### MEMBER ARRIVAL:

The Chair recognized the arrival of Mr. Miller (CO). The simple majority will be 17 and a 2/3 majority vote will require 21 votes.

### 19.0 Outlines and Scope of Work for Future Proposals – Part 2:

Mr. Corning (ME) said four issues were identified at the previous session as potential proposals for work. Those include:

- GEMS – Mr. Trohanis (MD)
- Workforce Issues – Dr. Wood (UT)
- Scope of Practice – Mr. Miller (CO)
- Accreditation – Mr. Crowley (AL)

Four workgroups were created and members were asked to select one in which to participate. At the conclusion of the work session, a report was requested from each of the workgroups.

- Workforce Issues – Dr. Wood (UT)
  - Dr. Wood said the proposal will involve recruitment and retention of paramedic level providers due to the perceived idea of personnel shortages.
  - The project will include surveys of street-level providers, collaborate with AAA, IAFC, and hospital associations.
  - Deliverables would include the survey and the demographic information in the first year and the analytical and recommendations in the second year.
  - The estimated budget will be \$150,000 for the first year and \$120,000 for the second year.
- GEMS – Mr. Trohanis (MD)
  - Mr. Trohanis said two specific areas would be involved: elder abuse and Alzheimer's Disease.
- Scope of Practice – Mr. Threet (MT)
  - Scope of Practice would be a subset of the rolling out of the EMS Agenda for the Future.
- Accreditation – Ms. Steiner (CA)

- The EMS Agenda for the Future suggests that states have their EMS programs accredited by 2010. Only seven (7) states do so now.
- An assessment of all states in the process of accreditation would be conducted and it would be determined if and where any barriers might exist.
- The process would last approximately two (2) years and could be followed with another proposal for implementation.
- Mr. Threet (MT) noted that the Scope of Practice workgroup and the Accreditation workgroup should work collaboratively.

#### 20.0 ASMI Contract:

Mr. O’Keefe (VT) reviewed the options available to the Council concerning the contact with ASMI. Ms. Starchville stated that to eliminate the professional staff from the Annual Meeting would save \$2,000 from the cost identified under Option II.

**MOTION 2004-03-01: I move that the NCSEMSTC accept Option II in maintaining ASMI as the Council’s management firm.**

**MOTION BY:** Ms. Steiner (CA)

**SECOND BY:** Mr. Trohanis (MD)

**DISCUSSION:** None.

**ACTION:** On voice vote, the motion **PASSED** with no objections, nor abstentions.

#### MEMBER MOMENT:

MM7: Georgia: Mr. Cunningham stated that he just received an e-mail from Mr. Stinson (MS) and asked to read it to the Council.

*Thanks for your great job of producing same-day minutes of the meetings. Please extend my apologies to Council for my hasty departure. I was hoping to get spend some time with the group and discuss the issues. The hurricane response in Mississippi is progressing well. An estimated 260,000 people have evacuated form the Gulf Coast area. Ambulance services across the State have sent resources to the area to assist with the evacuation. The area should begin feeling the effects of Hurricane Ivan around noon today; all EMS operations will probably be suspended by late-afternoon. The discussions that have been documented have echoed many of my concerns. I can see several problems developing for Mississippi in the future. The NREMT vs. NSC vs. Scope of Practice issue - we support and mandate all. I feel confident that we can make additions to the curriculums to match the contents of the exams but I am concerned about the increases in training times required. Please ask the Council to feel free to make any punishing assignments necessary to make amends for my early departure...I will try to do better next year.*

#### 21.0 Scope of Practice Discussion:

Ms. Burrill (NH) opened the discussion and stated that as an organization the Council has an obligation to comment on the proposed National Scope of Practice Model. Dr. Kalinowski (HI) and Mr. Corning (ME) are members of the A-Team. Other NCSEMSTC members serve in other

capacities in the project. Because of the importance of this issue, an attempt was made to capture as much of the discussion as possible:

- Ms. Newton (ID) said she would like to hear from members of the NCSEMSTC who have participated in the project.
  - Mr. O’Keefe (VT) said he was unable to attend the last meeting due to emergency surgery.
  - Mr. Threet (MT) said he saw the opportunity to build a scope of practice that would correct some of the problems associated with former scopes of practice. The discussion was very difficult because education about the issues was occurring as well as political moves. He was disappointed that the group did not move further than it did. One of the failings with the current scope is that when something is built, it is frequently *chopped up* by the states. His idea was that there was an idea to take the document to another level and achieve the goal of building a scope of practice that would be modified in an organized manner rather than simply being chopped up. The analogy used is that of a buffet restaurant. The restaurant selects what goes on the buffet, but the customer picks and chooses that which is best for him.
  - Dr. Kalinowski (HI) stated that the process was painful. When the A-Team met, it was clear that a sharp learning curve had to occur to bring everyone up to the same level of understanding of the *EMS Agenda for the Future* and the *EMS Education Agenda for the Future*. The group also had little understanding of what a scope of practice is. Significant compromise was necessary in order to develop a document that everyone could live with. He emphasized that it is a straw man document and not the final version. The process is longer than he thought it would be. He emphasized that this is the time to discuss concerns and submit comments.
  - Mr. Corning (ME) described it as a document of consensus. He said his opinion, from a state perspective, is different from his opinion from a national perspective.
  - Ms. Cason said the NCSEMSTC is the reality test of what can be done with the document. She said some of the issues Mr. Threet raised can be discussed and may be incorporated in the document. Concerning the levels, she said there was even discussion about having both an EMT level and EMT Plus level.
  - Mr. Threet (MT) said the EMS Education Agenda for the Future is an attempt to move EMS into a normalized arena where other areas of education lie. One of the first things done was to review how other groups develop scopes of practice and why theirs work. The scope of practice for the nursing profession changes based on where the individual works, yet the basic scope remains the same. EMS does things differently from most other groups.
  - Mr. O’Keefe (VT) said the Scope of Practice document has a number of questions included that Mr. Manz asked the Council to respond to.
  - Dr. Kalinowski (HI) said the group realized that they had to think outside the box and look at what others are doing and how they are doing it. Thinking down the road is also necessary. The five components of the overall project are not likely to be completed for at least five (5) more years. The group does not want to create a scope that will need to be revised in five (5) years. It must be

- progressive and easily modified as EMS changes. Instead of setting minimums, it was decided to fill the box with the maximums that could be done.
- Mr. Trohanis (MD) said he is speaking more to the Advanced Practice Paramedic level. Approximately 65% of the EMS professionals in Maryland are volunteers. He expressed concerns about the level and asked what considerations were given to its creation. He also asked about the timeline and if everything is to be in place by 2010.
    - Dr. Kalinowski (HI) said the Advanced Practice Paramedic is not meant to be a large group of people. It was designed as career advancement for those who want to go on to a higher level. It was referred to as a pre-hospital physicians assistant.
    - Mr. O’Keefe (VT) said one of the primary differences is the ability of the Advanced Practice Paramedic to treat and refer.
    - Mr. Trohanis (MD) said if that is the case, then a larger number will be needed rather than the smaller number projected. He asked what data was examined that said this is what providers are performing.
      - Dr. Kalinowski (HI) said data were examined by different members of the team. He said a microscopic job was not performed because the group was developing a bigger picture. Multi-state surveys were conducted.
    - Mr. Threet (MT) said he preferred very firm strong black and white vertical levels and fluffy, soft horizontal lines that allowed flexibility within certain categories.
  - Dr. Wood (UT) said he shares concerns expressed earlier and shares Mr. Threet’s philosophy. His biggest concern now is the fact that the NCEMSTC has five (5) people on the project and he is not convinced that there is consensus among the five (5) and that is not in the best interest of the Council.
    - Mr. Threet (MT) responded that he believes Dr. Wood’s statement is true. He said the five (5) have debated among themselves. This is a major issue, philosophy-wise. The Council should have one (1) voice, not five (5) separate voices. He said it is very frustrating to represent the Council, but not have a unified voice.
    - Dr. Wood (UT) asked the Chair to resolve the issue so that the work group will have a consensus opinion at the meetings. He also asked the Chair to handle the situation with critical care transport.
      - Mr. Corning (ME) said a motion made two years ago to allow the representatives on the A-Team to speak for the Council and the motion was denied.
  - Mr. Sutton (KS) commented on the Intermediate level. He asked how many states still utilize that level. The majority in the room indicated their states do. He asked how many of those use the EMT-I99 curriculum. Approximately seven (7) indicated they do.
  - Mr. Crowley (AL) said this is a concept that the group is trying to reach consensus on, even though it will not be fully implemented until 2010. If that is true, there are certain issues that the Council must examine and should agree upon. We are not trying to resolve all issues now.
    - Mr. Threet (MT) said if the Council looks at it that way, it would be akin to building New York City today taking out evolution. When each group passes the buck, it makes it harder and harder for the next group.

- Ms. Burrill (NH) said there are two things to think about: 1) there is a concept and 2) there is a concrete. If I understand the concept, the concrete will flush itself out. It is all about the right people making the right decisions at the right time. There was a concept in place about what needed to happen when the idea of the National Scope of Practice surfaced. If we have decided in the EMS Education Agenda for the Future that the physicians need to be the lead group on what EMS providers need to do, then I trust them. If they send a piece down to the regulators, then conceptually, it doesn't matter if it is four (4) levels or fifteen (15) levels if I accept the concept and trust that the other pieces are going to do what they should. You may not use them all, but you have to accept that they exist. We need to agree that we will accept what is presented. Our job as regulators is to look at how they function in the system. We are now looking at this concrete thing and saying we need all the pieces today. We can't do that. We have to trust that the concept is going to work and the rest of it will flush out.
- Mr. Trohanis (MD) said critical care must be recognized and dealt with. Several states indicated that they have a critical care module.
  - Mr. Threet (MT) said every possible level that exists in the country was discussed. The discussions were always brought back to the conceptual – what do we want, what needs to be fixed, etc.
  - Dr. Kalinowski (HI) said no names were attached to the levels at that time. It was all conceptual.
  - Mr. Trohanis (MD) said a lot of states are spending a lot of time spinning their wheels on the critical care specialty issue. Did that just die off?
  - Dr. Kalinowski (HI) said the physicians defined core content and where there would be an actual break between levels.
  - Mr. Corning (ME) said critical care falls into the specialty area. The group did not deal with specialty pieces.
  - Dr. Wood (UT) said the project Mr. Crowley (AL) worked on was Interfacility Care, not critical care. National nursing organizations were suggesting that nurses should be present on the interfacility transports.
  - Mr. Trohanis (MD) said Maryland has critical care transport teams that include paramedics.
  - Ms. Burrill (NH) said she attended one of the Core Content meetings that proved to be confusing. Critical care was discussed at the meeting and the question arose as to where the special procedures administered would be put. Trust the concept.
  - Mr. Corning (ME) read from the document about specialty certifications. They must not be used to change the scope of practice of a provider.
  - Mr. Plunk (AR) said his understanding is that in its present form the scope of practice is a broad brush of where we are going to be ten (10) years in the future, but what I hear is how do I make it fit with where I am today. If you trust in the concept and give the time it will take to flush out, then it is a good thing. We are trying to put what we do today into where we are going to be ten (10) years from now.
  - Mr. Miller (CO) said he has grown to understand that the primary mission of EMS is to stabilize and transport. That is a core principle of EMS, but at the same time, he recognizes that EMS, like the rest of the medical profession, is

evolving and there are changes that have been significant. He said he hoped this would describe the core content of pre-hospital stabilization and transport and he was hopeful that built into the core content would be flexibility for modification within and between the states. He said he was surprised at how it evolved and he was disillusioned with the process. The scope of practice group did a remarkable job coming to consensus on a document that addresses the primary mission of emergency care. The Scope of Practice model as proposed does need some modification, but black and white lines need to be at the bottom.

- Mr. Natsch (MO) said that in looking at the model, he noticed that the Paramedic would have a certificate or associate degree whereas an Advanced Practice Paramedic would have a bachelors degree.
- Mr. Cunningham (GA) asked if the term *Paramedic Practitioner* had been considered rather than *Advanced Practice Paramedic*.
  - Dr. Kalinowski (HI) stated that numerous names were discussed for all the levels, with the work group reviewing each one. He could not remember if that particular term had been one of those discussed, but said the group reached consensus on those chosen.
- Mr. Trohanis (MD) again said that leaving critical care out there is an injustice.

**MOTION 2004-03-02:** I move that the Council support the National EMS Scope of Practice Model in recommending four nationally recognized levels of EMS providers in the future.

**MOTION BY:** Mr. O’Keefe (VT)

**SECOND BY:** Mr. Plunk (AR)

**DISCUSSION:** Mr. O’Keefe said he is not hung up on the number four (4), but the discussion on the number needs to begin. Ms. Newton (ID) asked for clarification that the motion is to support four (4) levels that may or may not be those reflected in the current draft. Mr. Miller (CO) said four (4) levels sounds to be a reasonable number for achieving the goals today and possibly in the future. Dr. Kalinowski (HI) said he disagreed with setting levels at this point.

**ACTION:** After discussion the motion was **WITHDRAWN**.

**MOTION 2004-03-03:** I move that the NCSEMSTC support the concept of the Emergency Medical Responder level as described in the document: “Emergency medical responders perform basic interventions with minimal equipment.”

**MOTION BY:** Mr. O’Keefe (VT)

**SECOND BY:** Mr. Clawson (NJ)

**DISCUSSION:** Mr. O’Keefe (VT) spoke to the motion. Dr. Wood (UT) spoke in opposition to the motion stating that it is not a rationale solution to the issue.

**MOTION TO AMEND 2004-03-03-A:** I move that the NCSEMSTC support the concept of a national scope of practice model

**that provides for the identification of various provider levels based on function in the EMS system and allows for and defines “specialties” within a level of identified provider based on patient needs, role and educational background.**

**MOTION TO AMEND BY:**  
**SECOND TO AMEND BY:**  
**DISCUSSION:**

Mr. Threet (MT)  
Dr. Wood (UT)  
Mr. Threet (MT) spoke to the motion. Dr. Kalinowski (HI) said efforts were made to not define specialties. Mr. Threet (MT) said he believes there are some commonalities to all the states for specialties that are not another scope, but are environmental changes, to help limit the fragmentation.

**FRIENDLY AMENDMENT:**

Add “(i.e. example)” after the word “specialties.”

**FRIENDLY MOTION BY:**  
**ACTION:**

Mr. Powell (DC)  
The maker of the motion (Mr. Threet) did not accept the friendly amendment.

**ACTION ON MOTION 2004-03-03-A:** On voice vote, the motion to amend 2004-03-03 **PASSED**.

**ACTION:** Since the Motion to Amend 2004-03-03-A passed, then 2004-03-03-A became the primary motion and Motion 2004-03-03 became moot. On voice vote, Motion 2004-03-03-A **PASSED** as the primary motion. There was one (1) abstention.

### **AFTERNOON SESSION**

#### **ANNOUNCEMENTS:**

*N.15 Committees and Liaison Positions: A list will be passed around the room providing members with an opportunity to sign up for those they are interested in.*

#### **22.0 Voting for Executive Committee Members:**

For the position of Chair, the only candidate was Russell Crowley (AL).

**MOTION 2004-03-04:** **I move that the Secretary cast a unanimous ballot for Russell Crowley for the position of Chair.**

**MOTION BY:** Ms. Burrill (NH)  
**SECOND BY:** Mr. Trohanis (MD)  
**DISCUSSION:** None.

**ACTION:** On voice vote, the motion **PASSED** with no objections, nor abstentions.

For the position of Vice-Chair, the only candidate was John Gosford.

**MOTION 2004-03-05:** **I move that the Secretary cast a unanimous ballot for John Gosford (FL) for the position of Vice-Chair.**

**MOTION BY:** Mr. Trohanis (MD)

**SECOND BY:** Mr. Kalinowski (HI)

**DISCUSSION:** None.

**ACTION:** On voice vote, the motion **PASSED** with no objections, nor abstentions.

For the position of Secretary, there were no previously announced candidates.

**MOTION 2004-03-06:** **I move to nominate Tawni Newton (ID) for Secretary.**

**MOTION BY:** Ms. Steiner (CA)

**SECOND BY:** Mr. Trohanis (MD)

**DISCUSSION:** None.

**ACTION:** On voice vote, the motion **PASSED** with no objections, nor abstentions.

**MOTION 2004-03-07:** **I move that the Secretary cast a unanimous ballot for Tawni Newton (ID) for the position of Secretary.**

**MOTION BY:** Mr. Trohanis (MD)

**SECOND BY:** Mr. Kalinowski (HI)

**DISCUSSION:** None.

**ACTION:** On voice vote, the motion **PASSED** with no objections, nor abstentions.

For the position of Treasurer, there were no previously announced candidates.

**MOTION 2004-03-08:** **I move to nominate Joe Ferrell (IA) for Treasurer.**

**MOTION BY:** Ms. Steiner (CA)

**SECOND BY:** Mr. O'Keefe (VT)

**DISCUSSION:** None.

**ACTION:** On voice vote, the motion **PASSED** with no objections, nor abstentions.

**MOTION 2004-03-09:** **I move to close the nominations for Treasurer.**

**MOTION BY:** Ms. Burrill (NH)

**SECOND BY:** Mr. Wigal (WV)

**DISCUSSION:** None.

**ACTION:** On voice vote, the motion **PASSED** with no objections, nor abstentions.

**MOTION 2004-03-10: I move that the Secretary cast a unanimous ballot for Joe Ferrell (IA) for the position of Treasurer.**

**MOTION BY:** Ms. Burrill (NH)

**SECOND BY:** Mr. Hill (NC)

**DISCUSSION:** None.

**ACTION:** On voice vote, the motion **PASSED** with no objections, nor abstentions.

For the position of Parliamentarian, there were no previously announced candidates.

**MOTION 2004-03-11: I move to nominate Dale Hill (NC) for Parliamentarian.**

**MOTION BY:** Mr. Steiner (CA)

**SECOND BY:** Mr. O'Keefe (VT)

**DISCUSSION:** None.

**ACTION:** On voice vote, the motion **PASSED** with no objections, nor abstentions.

**MOTION 2004-03-12: I move to close the nominations for Parliamentarian.**

**MOTION BY:** Ms. Burrill (NH)

**SECOND BY:** Mr. Ferrell (IA)

**DISCUSSION:** None.

**ACTION:** On voice vote, the motion **PASSED** with no objections, nor abstentions.

**MOTION 2004-03-13: I move that the Secretary cast a unanimous ballot for Dale Hill (NC) for Parliamentarian.**

**MOTION BY:** Ms. Burrill (NH)

**SECOND BY:** Mr. Wigal (WV)

**DISCUSSION:** None.

**ACTION:** On voice vote, the motion **PASSED** with no objections, nor abstentions.

**23.0 Presentation of the Budget for 2004 – 2005 – Kay Hollingsworth (OK):**

Ms. Hollingsworth (OK) presented the proposed budget to the members present.

**MOTION 2004-03-14: I move to accept the budget as proposed.**

**MOTION BY:** Mr. Plunk (AR)

**SECOND BY:** Mr. Hill (NC)

**DISCUSSION:** None.

**ACTION:** On voice vote, the motion **PASSED** with no objections, and one (1) abstention.

**24.0 Motions and Resolutions:**

**MOTION 2004-03-15: I move that the individual banquet attendees at future meetings be responsible for the cost of their meal.**

**MOTION BY:** Ms. Megganhoffen (NY)  
**SECOND BY:** Mr. Miller (CO)  
**DISCUSSION:** Ms. Megganhoffen (NY) spoke to the motion. Mr. Miller (CO) also spoke to the motion. Ms. Newton (ID) spoke in opposition to the motion because of the amount each member must pay to attend the conference. Mr. Threet (MT) said the amount is deducted from his travel anyway. Dr. Wood (UT) spoke in opposition to the motion. Mr. Sutton (KS) said he would prefer that one of the vendors sponsor the banquet or the reception. Ms. Starchville (ASMI) said a vendor can sponsor the banquet, but this year none chose to sponsor a specific event, choosing a specific level instead. The money is then used to help defray overall expenses.  
**ACTION:** On voice vote, the motion **FAILED** with objections and abstentions.

**MOTION 2004-03-16:** **I move that the Executive Committee be directed to write a letter to the National Registry of EMTs (NREMT) recommending that they consider expanding their Orientation Program for new members of the National Association of State EMS Directors (NASEMSD) to include new members of the National Council of State EMS Training Coordinators (NCSEMSTC).**

**MOTION BY:** Ms. Burrill (NH)  
**SECOND BY:** Mr. Threet (MT)  
**DISCUSSION:** Ms. Burrill (NH) spoke to the motion. Mr. Clawson (NJ) asked if that is usual practice because it did not happen with the last two (2) directors from New Jersey. Ms. Burrill (NH) said that she knew they used to do it, but it didn't matter if it was done separate from the Annual Meeting or not, she wanted the NCSEMSTC to have the same opportunity. Mr. Threet (MT) said the process was done in the past.  
**ACTION:** On voice vote, the motion **PASSED** with no objections, nor abstentions.

**MOTION 2004-03-17:** **I move that the NCSEMSTC send the National Registry of EMTs (NREMT) a letter concerning the issues identified by William Brown during his presentation, as he requested.**

**MOTION BY:** Mr. Threet (MT)  
**SECOND BY:** Ms. Burrill (NH)  
**DISCUSSION:** Mr. Threet (MT) said Mr. Brown did not respond adequately to the Council's questions, but instead requested that the Council send the questions and comments in writing. He added that he had also drafted the letter. Mr. Crowley (AL) asked if the issues would be included. Mr. Threet (MT) said the draft letter includes the five (5) issues. Mr. Plunk (AR) asked if the letter could be viewed prior to the vote on the motion. Dr. Wood (UT) said it is appropriate to vote on the motion prior seeing the letter. Mr. Crowley (AL) said the motion says the issues have been identified.

**ACTION:** On voice vote, the motion **PASSED** with no objections, nor abstentions.

**MOTION 2004-03-18:** **I move that the word *function* contained in the motion concerning the Scope of Practice means: The role and/or responsibility assumed by the individual in the EMS system, i.e. non-transporting basic life support, transporting ALS provider, etc.**

**MOTION BY:** Ms. Burrill (NH)

**SECOND BY:** Mr. Threet (MT)

**DISCUSSION:** Mr. Threet (MT) said it is important that the Council define what is meant by *function* for the committee. Mr. Trohanis (MD) asked if another definition for the word *specialty* is needed.

**FRIENDLY AMENDMENT:** Change “*means*” to “*be defined as.*”

**FRIENDLY MOTION BY:** Mr. Plunk (AR)

**MAKER:** Accept.

**SECOND:** Accept.

**ACTION:** On voice vote, the motion **PASSED** with no objections and two (2) abstentions.

**FINAL WORDING OF MOTION 2004-03-18:**

**I move that the word *function* contained in the motion concerning the Scope of Practice be defined as: The role and/or responsibility assumed by the individual in the EMS system, i.e. non-transporting basic life support, transporting ALS provider, etc.**

In response to the passage of Motion 2004-03-17, Mr. Threet discussed a letter he drafted on behalf of the NCSEMSTC.

**MOTION 2004-03-19:** **I move to accept the letter as presented.**

**MOTION BY:** Mr. Ferrell (IA)

**SECOND BY:** Mr. Steele (NE)

**DISCUSSION:** The maker spoke to the motion.

**FRIENDLY AMENDMENT:** Delete the wording regarding “Bill’s Bait and Tackle Shop.”

**FRIENDLY MOTION BY:** Ms. Steiner (CA)

**MAKER:** Accept.

**SECOND:** Accept.

**FRIENDLY AMENDMENT:** Define “practice analysis.”

**FRIENDLY MOTION BY:** Mr. Trohanis (MD)

**MAKER:** Accept.

**SECOND:** Accept.

**FRIENDLY AMENDMENT:** For the sake of consistency, eliminate inappropriate capitalization.

**FRIENDLY MOTION BY:** Mr. Sutton (KS)

**MAKER:** Accept and request that grammatical corrections be made by the Parliamentarian prior to sending the letter.

**SECOND:** Accept.

**FRIENDLY AMENDMENT:** Correct the inconsistencies with the “EMS Education Agenda for the Future” and the “EMS Educational Agenda for the Future.”

**FRIENDLY MOTION BY:** Mr. Sutton (KS)

**MAKER:** Accept.

**SECOND:** Accept.

**FRIENDLY AMENDMENT:** Change “inappropriate” to “premature.”

**FRIENDLY MOTION BY:** Mr. O’Keefe (VT)

**MAKER:** Accept.

**SECOND:** Accept.

**FRIENDLY AMENDMENT:** Change “balance and interact with each other” to “are developed and a mechanism of checks and balances is in place.”

**FRIENDLY MOTION BY:** Dr. Kalinowski (HI)

**MAKER:** Accept.

**SECOND:** Accept.

**FRIENDLY AMENDMENT:** In the paragraph beginning with “Additionally,” change the first sentence to “The Council supports the philosophy behind computer adaptive testing.”

**FRIENDLY MOTION BY:** Mr. Trohanis (MD) by Mr. O’Keefe (VT)

**MAKER:** Accept.

**SECOND:** Accept.

**FRIENDLY AMENDMENT:** Delete “The Council supports the philosophy behind computer adaptive testing.”

**FRIENDLY MOTION BY:** Mr. O’Keefe (VT)

**MAKER:** Accept.

**SECOND:** Accept

**FRIENDLY AMENDMENT:** Refer to the National Registry of EMTs as the NREMT after the first time.

**FRIENDLY MOTION BY:** Mr. Powell (DC)

**MAKER:** Accept.

**SECOND:** Accept

**FRIENDLY AMENDMENT:** Change “to be present at our meeting” to “to be present at the first two days of our meeting.”

**FRIENDLY MOTION BY:** Dr. Kalinowski (HI)

**ACTION:** Withdrawn by the maker.

**FRIENDLY AMENDMENT:** Change “Sincerely” to “Respectfully.”

**FRIENDLY MOTION BY:** Mr. Crowley (AL)

**MAKER:** Accept.

**SECOND:** Accept

**ACTION ON MOTION 2004-03-19:** On voice vote, the motion **PASSED** with no objections and one (1) abstention.

Final wording of the letter follows:

Board of Directors  
National Registry of EMTs  
Rocco V. Morando Building  
6610 Bush Blvd.  
Columbus, OH 43229

National Council of State EMS Coordinators  
[insert address]

September 14, 2004

Dear Board Members:

During our National Council of State EMS Training Coordinators, Inc. (NCSEMSTC) Annual Business meeting held in Kansas City, MO on September 14, 2004, Executive Director Bill Brown gave a presentation to the Council membership on a number of items of concern to our Council. As encouraged to do by Mr. Brown, we would like to take a few minutes of your time to address these issues.

It is our understanding from Mr. Brown’s presentation, that you will be provided a recommendation from one of your committees that the test items for the First Responder, Basic, Intermediate and Paramedic be expanded to reflect the 2004 Practice Analysis findings. We were informed that the committee will recommend the addition based on the identification of a frequency of 50% or greater. These items, as listed on his presentation slides, include but are not limited to:

First Responder – Administer supplemental oxygen, perform spinal immobilization, splinting an extremity, auscultation of breath sounds, use of a bag-valve-mask, use of an AED and a pulse oximeter.

EMT-Basic - Use of a pulse oximeter, determining a GCS and use of a glucometer.

EMT-I – Use of a pulse oximeter, use of a glucometer, delivery of medications orally, delivery of sublingual medications, administration of SL nitroglycerine, establishing a saline or heparin loc, administration of aspirin and D<sub>50</sub>, delivery of medications using a

nebulizer, use of an auto injector, insertion of a dual lumen airway device, and the utilization of a secondary ET confirmation device.

EMT- P – Obtaining a 12 lead ECG and interpret a 12 lead ECG, monitor a peripheral IV on an infusion pump, manage a patient with a TVP, monitor a previously established central line and the use of capnography.

We believe the utilization of the practice analysis in this manner, and at this time, is premature. Incorporation of these additional items would confuse and fragment the current EMS educational systems. While we fully support the utilization of a practice analysis in the continued development of both the examination and educational processes as identified in the *EMS Education Agenda of the Future: A Systems Approach*, we believe the strength in this system is in the coordination of all the components, interacting and supporting each other. Without the other components such as core content, scope of practice, research, and educational curricula, this addition to the current examinations would cause it to be out of sync with the National Standard Curricula (at all levels) that we currently rely on for establishing minimum entry requirements. Students would be expected to perform on the examinations beyond their course content, creating a situation that would be at the very best confusing and at it's worst, detrimental to the overall implementation of the *Education Agenda*. We believe the utilization of the practice analysis in this manner should be delayed until the other components of the agenda are developed and a mechanism of checks and balances is in place.

A proposed testing policy will allow I/85, I/99 and EMT-P candidates, at the education Program Director's discretion, to take the practical exam at the end of the laboratory and classroom phase of the program rather than at the end of the program. The Program Director will have to validate that skills have been maintained throughout clinical and field internship, reporting this and the practical exam results at the end of the program.

We feel that this would be very confusing and cause great difficulty at both the local and state program level. Potentially, the student would have a documented practical examination without a successful course completion. Without a sophisticated tracking process it would be difficult, if not impossible, to assure that someone would not be able to slip through the process. It would also be difficult to make sure students understand that they have not achieved registration or licensure and may not function until they have fully completed the testing process. We would recommend that you retain the current policy that eligibility for the examination be course completion.

We also discussed the draft recommendations concerning BCLS and ACLS verification sent to our membership by Gregg Margolis on or about August 1, 2004. We agree with the recommendation allowing 4 hours of educational credit (section 1A) for Emergency Cardiac Care for all levels of registration, the recommendation for accepting 16 hours of refresher education (section 1A) for ACLS and allowing EMT- Basic, Intermediate 85 and Intermediate 99 be awarded continuing educational credit (section II) hour for hour (maximum of 16) for ACLS. We do not agree with the recommendations provided for knowledge and skills verification (both BCLS and ACLS). The specificity and process identified is unnecessary and excessive. We would recommend that local medical director sign-off of competency is sufficient.

When asked, Mr. Brown stated that the Board of Directors of the National Registry voted to identify the National Registry as the National Certification body as identified in the *EMS Education Agenda for the Future: A Systems Approach*. When asked, he further

stated that the "board felt they met the intent and description identified in the *EMS Education Agenda*". The *Agenda* states, "... A single, national certifying organization will be identified and accepted by state regulatory offices..." We feel that self-appointment may jeopardize the implementation and acceptance of the EMS Education Agenda. We request that you reconsider this action.

We would like to thank you for allowing a representative from the NREMT to be present at our meetings and interact with us on many issues of joint concern. It assures a continued dialog between our organizations and subsequently the states themselves.

Respectfully,

cc: Drew Dawson, NHTSA  
Mark King, NASEMSD President

**MOTION 2004-03-20:** I move that the word "specialty" referred to in Motion 2004-03-03-A concerning Scope of Practice be defined as: skill(s) and / or procedure(s) granted to a licensed/certified individual that are normally contained at the next provider level, provided that all education and skill abilities are present and verified.

**MOTION BY:** Mr. Threet (MT)

**SECOND BY:** Ms. Burrill (NH)

**DISCUSSION:** The maker spoke to the motion.

**FRIENDLY AMENDMENT:** Change "skill abilities" to "skill competencies."

**FRIENDLY MOTION BY:** Mr. Crowley (AL)

**MAKER:** Accepted.

**SECOND:** Accepted.

**FINAL WORDING OF MOTION 2004-03-20:** I move that the word "specialty" referred to in Motion 2004-03-03-A concerning Scope of Practice be defined as: skill(s) and / or procedure(s) granted to a licensed/certified individual that are normally contained at the next provider level, provided that all education and skill competencies are present and verified.

**ACTION:** On voice vote, the motion **PASSED** with no objections and one (1) abstention.

**MOTION 2004-03-21:** I move that the NCSEMSTC recommend to the Scope of Practice workgroup that the four (4) core levels of certification – First Responder, Emergency Medical Technician, Emergency Medical Technician – Intermediate, and Paramedic - be maintained with specific titles and scope of practice to be determined.

**MOTION BY:** Mr. Sutton (KS)

**SECOND BY:** Mr. Trohanis (MD)

**DISCUSSION:** The maker spoke to the motion, explaining the intent. He said he is not stuck inside the box, but the names of these certifications have worked well for the past thirty (30) plus years.

**FRIENDLY AMENDMENT:** Change “first responder” to “emergency medical responder.”

**FRIENDLY MOTION BY:** Mr. Crowley (AL)

**MAKER:** Accepted.

**SECOND:** Accepted.

**FRIENDLY AMENDMENT:** Add “advance practice paramedic” at the end.

**FRIENDLY MOTION BY:** Mr. Crowley (AL)

**MAKER:** Accepted.

**SECOND:** Accepted.

**FRIENDLY AMENDMENT:** Change “four” to “five” and “maintained” to “adopted.”

**FRIENDLY MOTION BY:** Mr. Trohanis (MD)

**MAKER:** Accepted.

**SECOND:** Accepted.

**ACTION ON MOTION 2004-03-21:** The motion was **WITHDRAWN**.

**MOTION 2004-03-22:** I move that the NCSEMSTC authorize the Executive Committee to make changes in spelling, syntax, punctuation, and to the extent necessary, wording to motions, resolutions, bylaws, policies and letters passed by the Council at its 2004 Annual Meeting to bring those items into alignment with current English usage as long as the meaning and intent of these items is retained.

**MOTION BY:** Mr. Hill (NC)

**SECOND BY:** Mr. Threet (MT)

**FRIENDLY AMENDMENT:** Adopt the same language and not limit it to 2004.

**FRIENDLY MOTION BY:** Mr. Sutton (KS)

**MAKER:** Accepted.

**SECOND:** Accepted.

**PARLIAMENTARIAN:** Unless adopted as a policy and procedure, the friendly amendment will be out of order.

**ACTION:** On voice vote, the motion **PASSED** with no objections or abstentions.

**MOTION 2004-03-23:** I move that the NCSEMSTC support the additional level of provide between Emergency Medical Technician and Paramedic resulting in five (5) levels of prehospital providers.

**MOTION BY:** Mr. Sutton (KS)

**SECOND BY:** Mr. Trohanis (MD)

**DISCUSSION:** Dr. Kalinowski (HI) said this is an issue for states to decide individually. It would not be appropriate for Hawaii. A lengthy discussion ensued.

**MOTION 2004-03-24:** I move to call the question.

**MOTION BY:** Mr. Sutton (KS)

**SECOND BY:** Mr. Trohanis (MD)

**ACTION:** By a show of hands, the motion **FAILED** with 20 voting in favor, 5 opposed, and 4 abstaining. A 2/3 vote was required for passage.

**ACTION ON MOTION 2004-03-23:** By roll call vote, the motion **FAILED** with 14 voting in favor, 8 opposed, and 9 abstaining. The simple majority required for passage was 16.

**MOTION 2004-03-25:** I move that the NCSEMSTC support the Scope of Practice Model draft in describing four (4) levels of EMS provider: an EMR who performs basic interventions with minimal equipment, an EMT who possesses the basic knowledge and skills necessary to provide care in patient transport, a paramedic who possesses the complex knowledge and skills necessary to provide care in patient transport and an advanced practice paramedic who performs a comprehensive assessment of the patient and the environment, renders care and refers the patient to appropriate health care and community resources for effective, efficient, and safe disposition of patients.

**MOTION BY:** Mr. O’Keefe (VT)

**SECOND BY:** Mr. Plunk (AR)

**DISCUSSION:** The maker spoke to the motion.

**ACTION:** On voice vote, the motion **FAILED**.

**MOTION 2004-03-26:** I move that the NCSEMSTC support the Scope of Practice Model draft in developing an appropriate number of levels based on a functional analysis of skills performed and the needs of particular areas of the nation.

**MOTION BY:** Mr. Plunk (AR)

**SECOND BY:** Ms. Steiner (CA)

**DISCUSSION:** The maker spoke to the motion. Mr. Threet (MT) asked the meaning of “the needs of particular areas of the nation.” Mr. Plunk (AR) said certain geographic areas may have financial drivers that prevent them from performing at certain levels.

**FRIENDLY AMENDMENT:** Change to “particular” to “rural and wilderness.”

**AMENDMENT BY:** Ms. Steiner (CA)

**MAKER:** Not accepted.

**DISCUSSION CONTINUED:** Mr. O’Keefe (VT) expressed confusion that the Council had voted not to endorse the Scope of Practice recommendations and not to change the Scope of Practice recommendations. Ms. Megganhoffen (NY) said there are some states that are uncomfortable with what has been presented and are simply asking the workgroup to revisit the issue. Mr. Sutton (KS) asked what the rationale was behind the elimination of the EMT-Intermediate level. Mr. Trohanis (MD) said this could cause fire departments to return to the EMR from the EMT-Basic level if it is going to be loaded with more items. Lengthy discussion continued on the proposal.

**ACTION ON MOTION 2004-03-26:** On voice vote, the motion **FAILED** with abstentions.

**ANNOUNCEMENTS:**

*N16. The banquet this evening will begin at 6:00 p.m.*

**25.0 Recess:**

There being no further business, the meeting was recessed for the day at 5:00 p.m.

**NCSEMSTC, INC.**  
**28th ANNUAL BUSINESS MEETING MINUTES**  
**KANSAS CITY, MISSOURI**

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**Thursday, September 16, 2004**

26.0 Call to Order:

The business meeting was called to order at 8:00 AM (CDST) by Chair Dwight Corning (ME). Russell Crowley (AL) conducted a roll call of the membership. There were 30 credentialed or proxy votes present at the official call to order (08:00 a.m.). The simple majority for today's voting is 16. A 2/3 majority vote requires 21 votes.

**ANNOUNCEMENTS:**

*N.17 Ms. Starchville (ASMI) discussed the process for shipping boxes home.*

*N.18 Dr. Wood (UT) read a poem entitled "Where Do Past Chairs Go When They Die? What is Reincarnation?" by Larry Weber.*

*N.19 Mr. Natsch (MO) said if anyone needs a ride this afternoon, contact him. Additionally, rides for the dinner tonight will begin at 5:45 p.m.*

27.0 Scope of Practice Questions:

Mr. Corning led a discussion of questions and issues regarding the Scope of Practice document.

- Mr. Trohanis (MD) asked for a definition of "skills prohibited," beginning on page 15. Each level has a similar section.
  - Mr. Corning (ME) said the intent is to prevent role creep.
- Mr. Trohanis (MD) said the issue of creating another level between EMT and Paramedic is needed.
  - Mr. Clawson (NJ) asked the intent of the Advanced Practice Paramedic.
  - Mr. Threet (MT) said the discussion of the group was that the Paramedic would likely be the most common provider and the Advanced Practice Paramedic would be a small group of individuals where unsupervised practice might occur (oil rigs, isolated wilderness areas, etc.) or in a command power approach. This level would not be the average person in the street.
  - Mr. Sutton (KS) said a large base of EMT-Basics is needed.
  - Mr. Corning (ME) asked if the group wanted to discuss a skill set for a level between EMT and Paramedic.
    - Dr. Kalinowski (HI) suggested that rather than coming up with a resolution, it might be better to take the concerns of the Council and putting it in the form of a letter and send it to the Scope of Practice group.
      - Mr. Corning (ME) said he expected a motion at the end of the session tying all the discussion on the Scope of Practice together. One of the questions asked related to the number of levels and if an additional level is created, which skills should be drawn from the two levels to create the new level.
      - Mr. Threet (MT) said if skills by level are reviewed, it notes that those listed are the outside boundaries of what can be performed. Not all medical directors will allow all personnel to perform all skills in the level.

- Dr. Wood (UT) asked if the intent is still that the splits were identified from the Core Content to which Mr. Threet (MT) responded in the affirmative. That was the impetus for how those levels were created. Dr. Wood said if the lines are already drawn, it is not going to be useful to some states. The Council must have to draw the line here and agree or let the individual representatives to the work group let their personnel opinions influence their decisions. Dr. Wood also expressed concern about the number of hours. What makes sense medically within the concept of the system is what should be important. If there is an increase in time, so be it. Part of this effort is to increase professionalism. The fact that cosmetologists receive over 2,000 hours of training while EMT-Basics receive just over 100 should be noted.
- Mr. Sutton (KS) said our purpose here is to meet the needs of as many as we can and form a national consensus. The number of people who identified the use of the EMT-Intermediate have a need for that level. Kansas will have an EMT-Intermediate. If it is not defined by Scope of Practice, the state will define it. It is wrong of the Council not to address the issue. To maintain the capability found with the EMT-Intermediate is not regressive. Many communities do not have the time, nor resources to have paramedics and the EMT-Intermediate meets the needs of the citizens in those areas. It is not fair to the communities to eliminate that level.
- Mr. Threet (MT) said his suggestion is that the Council revisit the motion related to levels based on functions. His motion was to send a message from this group that the issue cannot be skirted, but must be addressed. Identifying specialty structures could allow that to occur.
- Mr. Link (SD) said South Dakota is similar to Kansas. Some of the members vote specifically for what their state needs or does not need. The Council will fail if it does not address the issue on a national level rather than just individual states.
- Ms. Steiner (CA) said that as an abstention voter she was not convinced of either argument at that point. In California, what has surfaced as EMT is exactly in line with what those in the state have said the needs are. She said she is not convinced that another level is needed.
- Mr. Powell (DC) said the EMT-Intermediate is used because that is the alternative that was made available when the Paramedic level went to a longer approach. Decisions must be made here or someone else will make them for us.
- Mr. Plunk (AR) said we all want to keep some things we have now, but we are seeking to develop a system that is six or eight years out, not today. How do we want the system to look in 2010?

Look past the windshield and the front bumper and look down the road.

- Mr. Feller (OK) said Oklahoma is looking futuristically and the population of the state is decreasing. Rural areas are going to be without ALS care if the Scope of Practice model is adopted as is. There is too big a gap between the EMT and Paramedic training in the proposal.
- Mr. Sutton (KS) asked why a separate level was created for the Paramedic? In Kansas, there are 1,117 paramedics, 1,654 EMT-Intermediates, 6,324 EMT-Basics, and 1,114 first responders.
- Mr. Threet (MT) said he is looking fifty miles down the road, not just out the windshield past the bumper. As a profession, we want to get away from skills. The biggest hindrance we have in growth is dealing with individual skills. Other professions do not have that problem. The EMS Education Agenda for the Future has a system that allows that to happen. It would be impossible for us to adopt a scope of practice today without a set of skills because it is too big a leap. He said in Montana, he is preparing his people for the big leap by taking smaller steps.
- Mr. Feller (OK) said if the group cannot agree on another level, then the word *prohibitive* should be removed so that states can develop a level that would allow individuals to have advance level skills.
- Mr. O’Keefe (VT) said we need to look far and at the same time look close. Part of this process is a step-wise one. We set the stage for the natural progression of things. Mr. O’Keefe said the 2,000 hour cosmetologist was an attempt by the profession to limit the number who enter so there would not be too many. It is not the public that demands it, nor is it the law. The difficulty for some states with specialties is that if there is no national standard, then there are no standard examinations and other factors. Mr. O’Keefe noted that his state is the only one in the nation without a paramedic training program. Those who desire to be paramedics must go out of state to obtain the training. We are an equal part of the process in determining what the levels are going to be and where the divisions are going to be.
- Ms. Burrill (NH) suggested that the motions voted on previously should be revisited to determine if they can be part of the answer.
- Mr. Trohanis (MD) said a level above the EMT-I85 and below the EMT-I99 is needed. The step between the proposed EMT and Paramedic is a giant one. He said there would be a conglomerate of different levels and reciprocity would become an even greater nightmare than it is today.

MEMBER ARRIVAL:

The Chair recognized the arrival of Mr. Wigal (WV). The simple majority will be 16 and a 2/3 majority vote will require 21 votes. It was also noted that Mr. Miller (CO) left the meeting, but submitted required documentation for his proxy vote to Utah.

**MOTION 2004-04-01:** I move that the NCSEMSTC rescind the previous motion concerning the Scope of Practice passed yesterday referring to function and specialization consideration. [NOTE: The motion referred to is 2004-03-03-A].

**MOTION BY:** Mr. Threet (MT)

**SECOND BY:** Dr. Wood (UT)

**DISCUSSION:** Mr. Threet said this is the easiest way to discuss the issue and this motion is designed to focus on it.

**ACTION:** On voice vote, the motion **PASSED** with objections and one abstention.

[**NOTE:** The Parliamentarian stated that motions pertaining to the rescinded motion were also rescinded in conjunction with Motion 2004-04-01. Therefore, Motion 2004-03-18 and Motion 2004-03-20 were also rescinded.]

**MOTION 2004-04-02:** I move that the NCSEMSTC support the concept of a national scope of practice model that provides for the identification of various provider levels based on function in the EMS system and allows for and defines “specialties” within a level of identified provider based on patient needs, role and educational background.

**MOTION BY:** Mr. Threet (MT)

**SECOND BY:** Dr. Wood (UT)

**DISCUSSION:** Mr. Threet (MT) spoke to the motion. Mr. Sutton (KS) said some of the concerns regarding raising the degree of specialties to a level have already been voiced. Dr. Kalinowski (HI) said a uniform definition of *specialties* is needed. Ms. Newton (ID) spoke against the motion because Idaho has the EMT-185 and is implementing a subset of EMT-199. She said the Scope of Practice model is trying to drive the profession forward. A technician level exists in the proposal as does a professional level. Dr. Wood (UT) said he agreed with Ms. Newton on some points but does not believe the system can be fixed with this effort because rural areas may always have a difficult time providing an advanced level of care. Mr. Crowley (AL) said it is necessary to try to separate individual states from the document. His concept is that there is going to be a national standard examination for each level. Specialty skills are not new. They have been used all along. He stated that he believes the EMT-Intermediate exists in the document, but unfortunately the level will be EMT. Rather than adopt the EMT-I level in Alabama, it was eliminated. Initially, there were 1,400 EMT-Intermediates in the state, but 900 did not work in EMS and the others

worked primarily in the urban areas. Pulse oximeter, advanced airway management and other procedures were added to the EMT-Basic. The Scope of Practice will not limit practice. Ms. Hollingsworth (OK) asked to be shown where the EMT-Intermediate practice exists. Mr. Crowley (AL) said they exist under the Paramedic level and that many people are hung up by the name. Mr. Powell (DC) asked what happens to the EMT-Basic level. One of the problems in prehospital care is the loss of paramedics and if the entry level is made more difficult, the profession will begin to lose EMTs. Mr. Sutton (KS) said the skills are in the document, but they are in the document at the upper end of the scale. ALS will be lost in many communities because of the realignment. Dr. Wood (UT) said he agrees with Mr. Sutton, but you cannot focus on the individual skill, but where they are in the spectrum and what training will be required of people to utilize the skills. Ms. Burrill (NH) said the Council, in the interest of time, should identify the areas of concerns (skills) and submit that information to the Scope of Practice work group.

**ACTION:** Dr. Wood (UT) requested a roll call vote when the issue was not resolved by voice vote. On roll call vote, the motion **FAILED** with 14 voting yes, 12 voting no, and 3 abstentions. The number required for a simple majority was 16.

**MOTION 2004-04-03:** **I move that the Executive Committee renew the existing M. O. A. with the National Association of EMTs (NAEMT), National Association of EMS Educators (NAEMSE), and the National Association of State EMS Directors (NASEMSD).**

**MOTION BY:** Mr. Crowley (AL)

**SECOND BY:** Ms. Burrill (NH)

**DISCUSSION:** Mr. Crowley spoke to the motion.

**ACTION:** On voice vote, the motion **PASSED** with no objections, nor abstentions.

**RESOLUTION 2004-04-01-R:**

**Resolution Regarding James O. Page**

**RESOLUTION BY:** Dr. Wood (UT)

**SECOND BY:** Mr. Sutton (KS)

**DISCUSSION:** Dr. Wood expressed support for the resolution.

**RESOLUTION 2004-04-01-R**

*Whereas, James O. "Jim" Page was known as the Father of Modern Emergency Medical Services; and,*

*Whereas, Jim coordinated the original countywide implementation of paramedic rescue service in Los Angeles, CA; and,*

*Whereas, Jim articulated the issues of EMS and fire services and played a key role in creating and promoting non-clinical innovation and achievement in fire service and EMS management and leadership resulting in a positive impact nationally; and,*

*Whereas, Jim served as the chief of EMS for the State of North Carolina and as director of other east coast emergency medical services; and,*

*Whereas, Jim founded the Journal of Emergency Medical Services, has authored six books, over 400 magazine articles and editorials, and given more than 800 public speeches on EMS; and,*

*Whereas, Jim established and funded an EMS educational foundation at Palomar College; and,*

*Whereas, Jim utilized his knowledge and expertise in the practice and founding of the law firm Page, Wolfberg, and Wirth; and,*

*Whereas, Jim was widely known as a legend in emergency medical services and fire services as an extremely giving and caring human being; now,*

*Therefore, be it resolved that the National Council of State EMS Training Coordinators, Inc. (NCSEMSTC) recognizes and remembers the outstanding contributions Jim made to our profession and the difference he has made in the lives of all emergency medical services personnel.*

28.0 National Ski Patrol – Dr. Wood (UT):

Dr. Wood (UT) provided a brief liaison report from the National Ski Patrol.

29.0 Location of the 2006 NCSEMSTC Meeting:

Mr. Clawson (NJ) suggested that the decision be delayed until the 2005 Annual Meeting to determine if co-location with NAEMSE was successful.

30.0 Motions and Resolutions:

**MOTION 2004-04-04: I move that the National Council of State EMS Training Coordinators recommend that the Scope of Practice team endorse five (5) levels of Scope of Practice of EMS.**

**MOTION BY:** Dr. Wood (UT)

**SECOND BY:** Mr. O’Keefe (VT)

**DISCUSSION:** Dr. Wood (UT) spoke to the motion stating that it is important that some level of consensus be achieved before the Annual Meeting concludes.

**FRIENDLY AMENDMENT:** The fifth level be between EMT and Paramedic.

**FRIENDLY AMENDMENT BY:** Mr. Link (SD)

**MAKER:** Not accepted.

**DISCUSSION:** Mr. Whiteley (SC) said we should indicate where the level should lie.

**FRIENDLY AMENDMENT:** Insert “the consideration of a level of SOP between EMT and Paramedic” after “. . . the Scope of Practice team” and strike “endorse five (5) levels of scope of practice of EMS.”

**FRIENDLY AMENDMENT BY:** Mr. Trohanis

**FINAL WORDING OF MOTION 2004-04-04:** **I move that the National Council of State EMS Training Coordinators recommend the consideration of a level of Scope of Practice between EMT and Paramedic.**

**ACTION ON MOTION 2004-04-04:** On voice vote, the motion **PASSED** with objections and abstentions.

**MOTION 2004-04-05:** **I move that the Executive Committee of the NCSEMSTC transmit to the “Scope of Practice” administrative group that the Council has discussed the draft 1.0 document and have concerns related to the following area:**

**MOTION BY:** Dr. Kalinowski (HI)

**SECOND BY:** Mr. Sutton (KS)

**DISCUSSION:** The Parliamentarian indicated that the motion can be accepted as presented and each additional piece would be voted on separately prior to voting on the motion as a whole. Suggestions for filling in the blanks included:

- To incorporate a ~~ALS~~ level above EMT and below paramedic. [*indicated change accepted*]
  - The vote to include this item **PASSED**.
- ~~Reconsider~~ Define the words “prohibited skills.” [*proposal to change “reconsider” to “remove” was not accepted; proposal to change “reconsider” to “define” was accepted*]
  - The vote to include this item **FAILED**.
- Reconsider the EMR permitted skill set.
  - The vote to include this item **FAILED**.
- Reconsider the permitted skill set for the EMT with respect to reducing the classroom instruction and clinical field exposure required.
  - [Proposed change to read as follows: “Reduce the permitted skill set for the EMT to a level that requires less classroom instruction and clinical field exposure than suggested by the draft on page 16.” Not accepted by the maker.]

- The vote to include this item **FAILED**.
- Reconsider the permitted skill set for the Advanced Practice Paramedic.
  - [Proposed change to read as follows: “Delete the skill set from the APP skill set and reconsider adding the following into the paramedic permitted skill set in regard to paralytic medication, local anesthesia, anterior packing for epistaxis, trephination of nails, and urinary catheterization.” Not accepted by the maker.]
  - The vote to include this item **FAILED**.
- Include endotracheal intubation, IV access and front-line ACLS medications.
  - The vote to include this item **FAILED**.

**MOTION 2004-04-05-A:** I move to postpone discussion on this motion for 5 minutes.

**MOTION BY:** Dr. Wood (UT)

**SECOND BY:** Ms. Megganhoffen (NY)

**ACTION:** On voice vote, Motion 2004-04-05-A **PASSED** with one abstention.

**MOTION 2004-04-06:** I move that the NCSEMSTC form an ad hoc committee on the EMT Intermediate with the purpose of gathering a consensus, if possible, on the desirable elements, descriptions, roles, functions, and/or skills of the EMT-Intermediate level(s). The committee is to report to the Council ~~at a time that allows the Council to conduct a mail ballot~~ at least 30 days before the deadline for on any suggested changes to the draft Scope of Practice to allow the Council to conduct a mail ballot.

**MOTION BY:** Mr. O’Keefe (VT)

**SECOND BY:** Mr. Sutton (KS)

**DISCUSSION:** Mr. O’Keefe (VT) spoke to the motion.

**FRIENDLY AMENDMENT:** Add “at least 30 days before the deadline for suggested changes to the draft SOP to allow the Council to conduct a mail ballot.

**FRIENDLY AMENDMENT BY:** Dr. Kalinowski (HI)

**MAKER:** Accepts.

**SECOND:** Accepts.

**FINAL VERSION OF MOTION 2004-04-06:** I move that the NCSEMSTC form an ad hoc committee on the EMT Intermediate with the purpose of gathering a consensus, if possible, on the desirable elements, descriptions, roles, functions,

**and/or skills of the EMT-Intermediate level(s). The committee is to report to the Council at least 30 days before the deadline for suggested changes to the draft Scope of Practice to allow the Council to conduct a mail ballot.**

**ACTION ON MOTION 2004-04-06:** On voice vote, the motion **PASSED**.

**FRIENDLY AMENDMENT:** Add “the results of the ad hoc committee that studies the issue of EMT Intermediate” and delete “and have concerns related to the following areas:” and delete the first bullet.

**FRIENDLY AMENDMENT BY:** Mr. Sutton (KS)  
**MAKER:** Not accepted.

**DISCUSSION:** Discussion on the Motion 2004-04-05 continued.

**FINAL VERSION OF MOTION 2004-04-05:** **I move that the Executive Committee of the NCSEMSTC transmit to the “Scope of Practice” administrative group that the Council has discussed the draft 1.0 document and have concerns related to the following area: to incorporate a level above EMT and below Paramedic.**

**ACTION ON MOTION 2004-04-05:** On voice vote, the motion **PASSED** with no objections, nor abstentions.

**MOTION 2004-04-07:** **I move that the Executive Committee explore, research, and bring back their findings to the 2005 Annual Meeting, issues concerning an organization ~~the Council~~ becoming an EMS education program accreditation entity.**

**MOTION BY:** Dr. Wood (UT)

**SECOND BY:** Mr. Threet (MT)

**DISCUSSION:** Dr. Wood spoke to the motion. Mr. Natsch (MO) asked if that would make the NCSEMSTC the national accreditation agency as defined in the *EMS Agenda for the Future*. Dr. Wood said the short answer could be yes, but there would be opportunities for others as well. Mr. Threet spoke in favor of the motion. Mr. Whiteley (SC) asked if this would change the IRS code.

**FRIENDLY AMENDMENT:** Change “EMS accreditation entity” to “EMS education program accreditation entity.”

**FRIENDLY AMENDMENT BY:** Mr. Crowley (AL)

**MAKER:** Accepted.

**SECOND:** Accepted.

**FRIENDLY AMENDMENT:** After *concerning*, add “an organization” and delete “the Council.”  
**FRIENDLY AMENDMENT BY:** Mr. Threet (MT)  
**MAKER:** Accepted.  
**SECOND:** Accepted.

**FINAL VERSION OF MOTION 2004-04-07:** **I move that the Executive Committee explore, research, and bring back their findings to the 2005 Annual Meeting, issues concerning an organization becoming an EMS education program accreditation entity.**  
**ACTION ON MOTION 2004-04-07:** On voice vote, the motion **PASSED** with objections and abstentions.

31.0 Nurse to Paramedic Issue – Dr. Wood (UT):

Dr. Wood discussed an issue that was pertinent to a specific state. He asked if the Council wanted to draft a motion or resolution for Nebraska to carry back to the Director. Mr. Steele (NE) said the course that permits the bridge should be reviewed to ensure that it meets the contemporary standards.

32.0 Committees

A list of committees will be sent via e-mail so those who are interested may sign up.

33.0 Larry Weber Memorial Award

Mr. Corning (ME) recognized Mr. Cunningham (GA) as the first recipient of the Larry Weber Memorial Award and thanked him for functioning as scribe for the NCSEMSTC Annual Meeting.

34.0 Recognition of the Executive Committee

Mr. Corning (ME) recognized the out-going members of the Executive Committee.

Chair: Dwight Corning (ME)  
Vice-Chair: John Gosford (FL)  
Secretary: W. Russell Crowley (AL)  
Treasurer: Kay Hollingsworth (OK)  
Parliamentarian: Michael F. O’Keefe (VT)  
Past Chair: Edward J. Kalinowski (HI)

35.0 Recognition of Amy Starchville

Mr. Corning (ME) recognized the efforts of Amy Starchville, Executive Director, for her work with the NCSEMSTC. He noted that this would be her last Council meeting as she would be taking a new position with ASMI after her return from maternity leave.

36.0 Recognition of the new Executive Committee

Mr. Corning (ME) recognized the new Executive Committee:

Chair: W. Russell Crowley (AL)  
Vice-Chair: John Gosford (FL)  
Secretary: Tawni Newton (ID)  
Treasurer: Joe Ferrell (IA)  
Parliamentarian: Dale Hill (NC)  
Past Chair: Dwight Corning (ME)

37.0 Adjourn the 2004 Annual Meeting of the National Council of State Emergency Medical Services Training Coordinators

**MOTION 2004-04-08: I move that the 28th Annual Meeting be closed.**

**MOTION BY:** Mr. Natsch (MO)

**SECOND BY:** Mr. Sutton (KS)

**ACTION:** On voice vote, the motion **PASSED** with no objections, nor abstentions.

There being no further business, the 2004 Annual Meeting was adjourned at 12:00 p.m.

**MINUTES SCRIBED BY SAM R. CUNNINGHAM (GA)**