



To: House Health and Human Services Committee
From: R.E. "Tuck" Duncan
American Medical Response
RE: HB 2832

March 15, 2004

HB 2832 would amend the process by which the Board of Emergency Medical Services issues temporary certifications. Under current law, the Board may issue a temporary certificate at the request of an attendant's employer, if that attendant has met the minimum requirements prescribed by the Board. This bill would allow individuals to apply for a temporary certificate as long as they are on the National Registry of Emergency Medical Technicians or have a comparable license or certification from another state. The bill would also extend the expiration date of a temporary certificate from one to two years. The Board of Emergency Medical Services indicates that this change would not have a fiscal effect on the agency.

The salient addition to current law that is proposed is as follows:

The board may issue one temporary certificate to a person who:

(A) Does not meet the requirement in section (a)(2) of completion of a program of instruction in another state that is equivalent to a program approved by the board for the class of attendant's certificate applied for;

(B) currently is registered by the national registry of emergency medical technicians or currently is certified or licensed in another jurisdiction at the level of certification for which application has been made; and

(C) pays to the board a temporary certificate fee not to exceed the amount of the application fee for the classification of attendant's certificate for which application has been made.

(2) A temporary certificate shall expire at such time as final action on the application for attendant certification or two years from the date of issuance of the temporary certificate, whichever occurs first.

On the surface this bill appears merely technical, however, we suggest that the bill represents a piece of a larger effort by the Board, an effort that should be rejected by the Legislature. The Board has for nearly a decade recognized persons who are currently registered by the national registry of emergency medical technicians as being eligible for reciprocal certification. It has been proposed that this practice be discontinued. This would be very damaging to the ability of ambulance services hiring EMICTs (paramedics). There is a shortage of paramedics. We need the ability to hire from our-of-state persons who have national registration. We recently conducted a survey of ALS

(advance life support) services and learned that several of same had vacancies for EMICTs.

We propose that the Legislature reject the proposal set forth by the Board of EMS to extend the temporary certification period to two years which would facilitate the Board requiring our-of-state attendants to acquire an associate's degree prior to permanent certification and that the Legislature adopt an amendment that makes it clear that registration on the national registry is sufficient for reciprocity.

[WHAT IS THE NATIONAL REGISTRY ?? From its web-site:
http://www.nremt.org](http://www.nremt.org)

The history of the National Registry of Emergency Medical Technicians began in 1969 with the recommendation by President Lyndon Johnson's Committee on Highway Traffic Safety that there be a national certification agency to establish uniform standards for training and examination of personnel active in the delivery of emergency ambulance service. This resulted in the appointment of a Task Force by the American Medical Association's Commission on EMS to study the feasibility of a National Registry for EMTs. Heading the Task Force was Oscar P. Hampton, Jr., M.D., recognized for his pioneering work with the American College of Surgeons, Committee on Trauma. Other physician members were A.E. Doktorsky, I.E. Hendryson, Maurice Schnitker, and J.D. Farrington.

These physicians, plus representatives of organizations actively involved in emergency medical service, attended the first meeting of the Task Force on January 21, 1970. The organizations invited to participate were the Ambulance Association of America, International Association of Fire Chiefs, International Rescue and First Aid Association, National Ambulance and Medical Services Association, National Forest Service, National Funeral Directors Association, National Park Service, National Safety Council, National Ski Patrol, American Heart Association, and International Association of Chiefs of Police. In his introductory remarks, Dr. Hampton stated, "A Registry of Emergency Medical Technicians-Ambulance would not only upgrade the quality of emergency care, but also the pay and status of certified personnel engaged in its provision." Organization and composition of the Registry's governing board were considered. As the minutes of the first meeting note, "It was the consensus of the representatives of the organizations in attendance that the majority of the members of the board should represent the organizations who provide emergency ambulance services". It was agreed that physicians should be chosen on the basis of their activity in the field of EMS, rather than as a representative appointed by a medical organization. This approach has proven highly beneficial with illustrious and involved physician directors contributing untold hours and a wealth of experience to the development of Registry policies and procedures.

From the beginning there was awareness of the importance of a balanced Board, fully representative of the agencies involved in emergency ambulance service, but carefully structured to guard against domination by those individuals seeking certification. Because of this approach, the National Registry has maintained the integrity of the certification process and avoided the problem described by Dr. Thomas Piemme, Chairman, National Commission for Health Certifying Agencies: "Some so-called certifying bodies lack independence and are dominated by the professionals they are supposed to judge".

The Task Force met a total of three times to draft bylaws, determine the composition of the Board, discuss funding, and tackle a myriad of other concerns inherent in the birth of the new certifying agency. At 2:15 PM, June 4, 1970, the Task Force was dissolved. It was immediately reconvened as the first meeting of the Board of Directors of the National Registry of Emergency Medical Technicians-an independent, not-for-profit, non-governmental, free standing agency. Seven organizational members and four physicians comprised the Board. It was decided that when 2,000 EMT-A's had been registered, the Directors representing the member organizations would elect one EMT-A from each of the proprietary, governmental, and volunteer categories of ambulance service. The Board of Directors

would then be composed of fourteen members. At the first meeting, the following Directors were elected: Roddy A. Brandes, Ambulance Association of America; Chief Curtis Volkamer, International Association of Fire Chiefs; David B. Hill, Jr., National Ambulance and Medical Services Association; David Wooten, National Sheriffs Association; Joseph L. McCracken, National Funeral Directors Association; George B. Johnson, International Rescue & First Aid Association; Norman Darwick, International Association of Chiefs of Police. In the intervening years, the private ambulance associations merged into the American Ambulance Association, and a representative from the National Association of Emergency Medical Technicians joined the Registry's Board. The original four physician directors were Oscar P. Hampton, Jr., J.D. Farrington, I.E. Hendryson, and A.I. Doktorsky.

Roddy A. Brandes was elected the Board's first Chairman. Rocco V. Morando served as a member of the Board's first examination committee and was selected the following year as NREMT's founding Executive Director.

Interest free, start-up loans were made to the Registry by the American Medical Association, Employers Insurance of Wausau, and the Ambulance Association of America.

The National Registry continued to grow during the 80's. Its Board of Directors reviewed the issues related to registration and subsequent certification gained in more and more states. Policies and procedures had to have some flexibility yet continue to require and endorse the underlying goal of the founders of NREMT: to protect the public through a national registration process designed around standards that assure quality patient care.

In 1989 the National Registry amended its by-laws to include the National Association of State Emergency Medical Services Directors. The International Association of Chiefs of Police were removed from the Board of Directors.

In the early 90's the NREMT continued to grow, conduct self evaluations, keep contact with the needs of state offices and the nation. The NREMT became involved in national projects that were requested by the states, such as the EMS Education and Practice Blueprint. Standard methods to respond to the Americans with Disabilities Act, application reviewing for felony convictions, and transitioning of EMT-Basics over new educational materials, entered into the Registry's activities list. Seeking increased validation of written examinations the NREMT conducted a Practice Analysis for EMT-Basics and Paramedics. Growth continued, staff were added, the work space for the staff was remodeled and a new computer system was purchased. The NREMT continued to respond to the needs of the national EMS community.

In 1995 the NREMT Board of Directors approved the first major revision of the by-laws. Five physician members were to be selected, one from NAEMSP, one from ACEP and three at-large members. State government was represented by three members of NASEMSD and one member from the NCSEMSTC. Organizations continued representation from the AAA, IAFC, NAEMT, and IRECA. Two NREMTs at-large were maintained on the Board. The by-laws established terms of office, set apart officers as separate board members, and established January 1, 1997 as the date in which the new Board of Directors would take office.

The NREMT continued to evolve in the latter 90's reaching greater acceptance as demonstrated by the use of the NREMT process as part of the EMT licensure process in 43 states by the end of 2001. The Registry began in 1999 the important Longitudinal EMT Attribute Demographic Study (LEADS) project. An analysis of the practice of EMTs was also completed in 1999 that would later form the basis for all NREMT test plans. Enhancements were continued on the computer system and the Registry kept contributing to the national EMS community.

As EMS adapts to the changing health care environment, the NREMT will listen to the EMS community and change areas of registration accordingly.

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The NREMT provides a wide variety of products and services. They include: a registry for nationally certified EMTs, valid and reliable tests for entry-level EMS responders, nationally consistent re-registration requirements for First Responders and EMTs, information from testing and registration databases, educational tools including self-assessments, technical assistance to states and organizations, a newsletter, and sale items which identify the registration status of NREMTs.

Understanding the current mission, values, customers, products and services, assets and barriers allowed the Board to identify its strategic directions. Recognition that EMS is an evolving discipline, that technology is under constant revision, and that staffing and resources are limited, the Board identified four major directions for 2001, modified them in 2002 and re-modified them, added additional strategic directions for 2003 and 2004. Other strategic directions for consideration over a five-year period were also reviewed.

The Board recognized that the National Registry of EMTs is the National EMS Certification Agency as described in the *EMS Education Agenda for the Future: A Systems Approach. Efforts*. The evidence presented to support this recognition by the Board include:

- NREMT's 33-year history, not-for-profit status and organization stability
- Use by 44 states and certification of over 1 million EMTs
- Its investment of over \$50M supporting EMS
- NREMT's certification processes, staff, facility and information technology
- Its accreditation by the National Commission for Certifying Agencies and adherence to APA standards
- The NREMT's Board Membership, Strategic Planning process and governance of inclusiveness
- Its strong industry relationships and role as an EMS community leader
- NREMT's advocacy and participation in these areas: ADA, the EMS Blueprint and EMS Education Agenda for the Future, the National Standard Curriculum, the LEADS study, Committee on Accreditation and participation with state and Federal partners
- Its high customer satisfaction ratings with states and EMTs

The Registry in 2003 processed the following:

<u>Total Examinations Scored</u>	109,933
First Responder Examinations	7,052
Basic Examinations	82,640
Intermediate/85 Examinations	5,395
Intermediate/99 Examinations	916

Paramedic Examinations	13,930
<u>Reregistrations</u>	42,915
First Responders	1,061
Basic	22,396
Intermediate/85	2,725
Intermediate/99	58
Paramedic	16,675
<u>Telephone Calls Received</u>	113,667
Administration	27,427
Examination Department	20,402
Certification Department	50,524
Reregistration Department	15,314

An organization capable of handling that many transactions deserves our respect and recognition.

Therefore, Kansas should, because of the professionalism of the Registry, and its capabilities, recognize same for reciprocity purposes for EMT and EMICT certification.

Thank you for your kind attention to and consideration of these matters.