



EMS Rules Public Hearing

- **Act 142 calls for rule-making to address:**

(8) Establishing, by rule, levels of individual certification and application forms for advanced emergency medical care. The commissioner shall use the guidelines established by the national Highway Traffic Safety Administration (NHTSA) in the U.S. Department of Transportation as a standard or other comparable standards, except that a felony conviction shall not necessarily disqualify an applicant.

The rules shall also provide that:

What portions of the current rules say about this subject:

7.41 FIRST RESPONDER: The training standard for a first responder course shall include the National Standard First Responder Curriculum and elements of other National Standard EMS curricula as determined by the Department and as stated in the content and objectives of the most recent National Standard Emergency Medical training curricula as published by the Department of Transportation, National Highway Traffic Safety Administration.

7.42 EMERGENCY MEDICAL TECHNICIAN - BASIC: The training standard for an EMT-B course shall adhere to the National Standard Curriculum as determined by the Department and as stated in the content and objectives of the most recent course of instruction for EMT-Bs as published by the Department of Transportation, National Highway Traffic Safety Administration.

7.43 EMERGENCY MEDICAL TECHNICIAN - INTERMEDIATE: The training standard for an EMT-Intermediate course shall adhere to those portions of the National Standard Emergency Medical Training Curricula as determined by the Department which deal with roles and responsibilities, anatomy and physiology, medical terminology and patient assessment including measurement of oxygen saturation, blood glucose determination and a pediatric length based resuscitation tape, shock, fluid and electrolytes and fluid replacement, including peripheral IV lines; respiratory care, including oxygen administration, positive pressure ventilation, multi-lumen airway devices and specific pharmacologic interventions to treat anaphylactic shock, diabetic emergencies, narcotic overdose, respiratory emergencies, hypertensive emergencies, and chest pain of a suspected cardiac origin.

7.44 EMERGENCY MEDICAL TECHNICIAN - PARAMEDIC: The training standard for an EMT-Paramedic shall adhere to the content and objectives of the most recent course of instruction prepared for Emergency Medical Technician - Paramedic training as approved by the Department and as published by the Department of Transportation, National Highway Traffic Safety Administration.

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11.1 The Department may refuse to issue or refuse to renew a service license or personnel certification, or may suspend or revoke a service license or personnel certification for any of the following reasons:

11.14 Being convicted of a crime, provided that the acts involved are found by the Department to have a direct bearing on the person's fitness to serve the public in ways subject to licensure under these rules.

11.5 Hearings and Appeals:

11.51 Denials of Licensure or Certification - When the Department denies licensure or certification, the applicant shall be afforded an opportunity for a hearing with the Commissioner of Health pursuant to the provisions of Chapter 25, Title 3 VSA. Decisions of the Commissioner of Health may be appealed to the Board of Health. The Board shall afford the applicant an opportunity for a de novo hearing.

11.52 Suspension and Revocation - The Department may suspend or revoke the license or certification of any person upon due notice and opportunity for hearing with the Commissioner of Health for violation of any provision of these regulations or applicable statutes pursuant to the provisions of Chapter 25, Title 3 VSA. Decisions of the Commissioner of Health may be appealed to the Board of Health. The Board shall afford the person an opportunity for a de novo hearing.

Questions related to the new law:

- Vermont has historically had EMS certification levels based on the NHTSA national standard curricula. As we think to the future, does it make sense to continue that approach? Should we consider “*other comparable standards*”? (Is anyone aware of other comparable standards?)
- Are there significant concerns about the application forms used for certifying personnel today?
- In current rule, a felony does not disqualify an applicant. Is the current process for screening crime convictions adequate? Should the rules be more specific about types of crimes that could disqualify an applicant?

What we have heard in St. Albans (8/5/10) on this section of Act 142:

- The observation was made that this language may have been intended to allow the Department to bridge between existing National Standard Curricula and the new EMS Scope of Practice Model.
- The ability to file applications on line would be a good enhancement.
- Consider adding specific types of crimes that may generally limit the ability to issue a license (e.g. sex crimes).

What we have heard in Brattleboro (8/9/10) on this section of Act 142:

- It makes sense to transition from the national standard curricula to the NSOPM going forward. The market will be flooded with texts and educational materials. The National Registry of EMTs is looking to that direction as well.
- The National Registry of EMTs does their refresher/recert on line. Even the medical directors have an on-line verification capability.

What we have heard in Newport (8/17/10) on this section of Act 142:

- Clarification about the role of the National Registry of EMTs as a certification agency that verifies entry level competence based on practice and content.
- Suggestion that using the new SIREN system (Image Trend software) to track continuing education credit information on-line would be useful.
- How does the State handle crime histories that are not disclosed at the time of an application? On a case by case basis. There is no firm policy regarding what types or severity of criminal history may or may not lead to certification.

What we have heard in Bennington (8/21/10) on this section of Act 142:

- We appear to be at consensus regarding use of the National EMS Scope of Practice Model.

• **Act 142 calls for rule-making to address:**

(A) An individual may apply for and obtain one or more additional certifications, including certification as an advanced emergency medical technician or as a paramedic.

What portions of the current rules say about this subject:

6.301 ECA certification is issued for a period of up to two years and is timed to expire on the same date as the person's training certificate.

EMT-Basic certification is issued for a period of two years unless the Vermont certification is based on a license or certification from another state. Initial EMT-B certification shall expire two years from the date a person begins the certification exams. When a person maintains EMT-B certification as described in Section.

6.42 or regains EMT-B certification as described in section 6.44, the new expiration date shall be two years after the old expiration date.

Vermont EMT-B certification issued on the basis of a license or certification from another state shall expire not more than two years after being granted. EMT-Intermediate certification is issued for a period of up to two years. The advanced (re)certification shall be assigned an expiration date that is the same as the expiration date of the EMT-Basic certification.

When a person's EMT certification expires at any level, that person shall not continue to function at the expired level.

6.303 For the advanced EMT-Intermediate, a person must also hold a current EMT-B certification for the advanced certification to be in force.

6.43 Scope of duties. An EMT-B may render emergency medical treatment, under medical control in accordance with the training associated with this certification level. An EMT-B may obtain advanced EMT training and certification as described in sections 6.5 and 6.7.

6.75 Terms of certification: EMT-Paramedic certifications are issued for a period of two years timed to the date that the person's National Registry Paramedic certification expires.

Questions related to the new law:

- The terminology used in this section of the statute appears to refer to the levels described in the NHTSA *National EMS Scope of Practice Model*. Presuming we adopt future levels based on the *National EMS Scope of Practice Model*, does this section suggest any strategies for transition that should be reflected in the new rules?

What we have heard in St. Albans (8/5/10) on this section of Act 142:

- We need to distinguish in rule between the term “advanced” as a category of certification(s) and “advanced” as the new Advanced EMT level referenced in the National EMS Scope of Practice Model.
- Certification/licensure should be arranged so that people can both gain higher levels and also drop back to lower levels if they choose.
- Keep Paramedic as a level that includes all lower level skills
- Keep the Intermediate or Advanced levels as an addition to the EMT-Basic or EMT level.

What we have heard in Brattleboro (8/9/10) on this section of Act 142:

- Consolidate higher levels of certification to encompass all lower levels. Just issue one certification or license. This is the model used by the National Registry and it works well.

What we have heard in Newport (8/17/10) on this section of Act 142:

- Preference for moving towards a single certification that encompasses all lower levels of certification.
- Suggestion that the new rules be attentive to issues that sometimes arise around date discrepancies between people holding Vermont certifications and the timing of meeting their National Registry recertification requirements. Within the current rules, Vermont EMTs can test and submit their CE any time during their second year of certification without penalty. He noted that not all folks have taken advantage of this feature.
- Comment that there is sometimes difficulty in locating a refresher course in a timely manner that corresponds with recertification dates.

What we have heard in Bennington (8/21/10) on this section of Act 142:

- We need to clarify use of the word “advanced” in the rules which might mean “prior” or “before”.
- We need to clarify the National Registry of EMTs policy regarding dropping back to a lower level. The National Registry may not have a “drop back” clause consistent with past discussions at these hearings.

• **Act 142 calls for rule-making to address:**

(B) An individual certified by the commissioner as an emergency medical technician, advanced emergency medical technician, or a paramedic, who is affiliated with a licensed ambulance service, fire department or rescue service, shall be able to practice fully within the scope of practice for such level of certification as defined by NHTSA's National EMS Scope of Practice Model notwithstanding any law or rule to the contrary, and subject to the medical direction of the commissioner or designee.

What portions of the current rules say about this subject:

6.41 In order to be certified for the first time as an EMT-B, a person must:

- a. Be at least 18 years old.
- b. Be sponsored by a licensed ambulance or first responder service, or show evidence of other appropriate involvement in the delivery of emergency medical treatment.
- c. Complete an EMT-B course of education approved by the Department.
- d. Pass the Vermont EMT-Basic written and practical certification examinations.

(EMT-B example is given only for illustration. There is similar language for the other levels of certification).

6.43 Scope of duties. An EMT-B may render emergency medical treatment, under medical control in accordance with the training associated with this certification level. An EMT-B may obtain advanced EMT training and certification as described in sections 6.5 and 6.7.

6.53 Scope of duties. An EMT-Intermediate may render emergency medical treatment under medical control in accordance with the training associated with this certification level.

6.531 On-line medical control is required for the administration of the medications described in this section.

6.73 Scope of Duties: A person certified as an EMT-Paramedic may render emergency medical treatment under medical control in accordance with the training associated with this certification level and administer other treatments as approved by the Department.

Questions related to the new law:

- Should the terms “licensed ambulance service, fire department, or rescue service” be defined in rule to mean agencies licensed to provide emergency medical services in Vermont, or is some other definition more appropriate?
- NHTSA’s *National EMS Scope of Practice Model* describes the floor of practice that states are encouraged to adopt. Should Vermont have provisions to allow practice at or above the national model?
- The NHTSA model draws a distinction between the terms “certification” and “license”. Should Vermont adopt the more contemporary definitions of these terms?
- Should the role of medical direction reflect what is described in the *National EMS Scope of Practice Model*?

What we have heard in St. Albans (8/5/10) on this section of Act 142:

- The terminology regarding ambulance service, fire department or rescue service should mean an agency licensed to provide EMS as either an ambulance or first responder service.
- The rules should clarify how the National EMS Scope of Practice Model will apply. Questions to be answered should include:
 - Is everyone educated and tested on the same content?
 - Is everyone able to do exactly the same things?
 - What is the ability for local employing or affiliating agencies and medical direction to restrict some skills?
 - What about skills such as nitrous oxide at the Advanced EMT level where there is not working technology for its use today but it is in the national level?
 - How shall we handle education on subjects such as “supraglottic airways” where there are a number of different devices that could reasonably be chosen for local use?

- The role of medical direction needs to be clarified regarding this section so that clinical decisions made by the physicians can be reasonably enacted with appropriate consideration of operational implications such as cost. Be careful not to over- or under- empower the physician medical advisors.
- The scope of practice for all levels in VERMONT today is the same statewide. What varies is the local and EMS district implementation of the levels. This level of flexibility may not be a bad thing.
- Consider removing the requirement for on-line orders for medication administration by EMT-Intermediates or Advanced EMTs.
- Even when Vermont implements the National EMS Scope of Practice Model, this is unlikely to solve every reciprocity problem in VERMONT or elsewhere.

What we have heard in Brattleboro (8/9/10) on this section of Act 142:

- Belief that the authors of the legislation intended for an individual to be affiliated with a licensed agency.
- Use the NSOPM as a baseline or foundation. Leave flexibility built into the system to determine which specific pieces of equipment (e.g. supraglottic airways) get used. This is but one example of the inherent flexibility built into the NSOPM that makes sense.
- If a person is educated on a type of device generally, he should be able to go anywhere and with a reasonable amount of training or orientation to a specific device, begin to function.
- We need to hear from the various state/district medical advisors as to what role they envision for medical direction.

What we have heard in Newport (8/17/10) on this section of Act 142:

- The language in the law seems vague. Discussion on the relationship between education, certification, licensing, and credentialing. Example used was supraglottic airways where a person might be trained on their use generally, certified as competent to use this category of airways, licensed to use them and at a local level be credentialed to use a specific airway device that is selected by an agency or EMS district.
- Suggestion that the current statewide protocols provide too much latitude for variation between EMS districts. This creates problems for agencies and personnel moving between multiple districts. Examples discussed were variations in drug dosages, IV fluids and infusion line preferences,

standing vs. on-line orders, etc. Move towards more common statewide uniformity.

- On the same theme of variation, it was noted that there is occasional inconsistency even within an EMS district. Not all on-line physicians are familiar with the EMS protocols and sometimes order alternate drugs not used within a particular EMS district. Can this be addressed?
- Suggestion that coordination with the physicians may be more effective than changing the strategy or requirements of the EMS rules. Could there be “regional” medical direction docs who provide the coordination for 3-4 EMS districts where providers typically cross district lines? The system might run smoother with fewer medical advisors. This idea may be better considered by the consultation group.
- Suggestion that the role of EMS districts might be a subject of discussion during the consultation group meetings.

What we have heard in Bennington (8/21/10) on this section of Act 142:

- The suggestion was made that future CE requirements could include some type of State required core content with local provisions for unique technology or pharmacology that could differ from location to location. The discussion focused on expanded practice for Paramedics but the concept could apply to other levels as well.
- The suggestion was made that the rules should support easy movement of personnel at all levels from one agency in one EMS district to another. Further discussion occurred on the role of local “credentialing” along with education, certification and State licensing. The conclusion was that there are really no barriers in the current system for persons moving from one agency to another at the same or higher license levels.
- A description in the rules about local credentialing and how it would occur would be useful.

• **Act 142 calls for rule-making to address:**

(C) Unless otherwise provided under this section, an individual seeking any level of certification shall be required to pass an examination approved by the commissioner for that level of certification. Written and practical examinations shall not be required for recertification; however, to maintain certification, all individuals shall complete a specified number of hours of continuing education as established by rule by the commissioner.

What portions of the current rules say about this subject:

6.32 Emergency Care Attendant Recertification: To be eligible for recertification as an ECA, a person must:

- a. Complete a Department-approved ECA refresher program as detailed on the Department's ECA recertification documentation form.
- b. Continue involvement with the delivery of emergency medical treatment as described in Section 6.31b.
- c. Successfully complete a Department-approved ECA written examination and skill verification within the past year.
- d. Apply on forms available from the Department to receive the new certification.

6.42 EMT-B Recertification: To be eligible for recertification as an EMT-B, a person must:

- a.1. Complete a Department-approved EMT-Basic refresher course or an equivalent program as detailed on the Department's EMT-B recertification documentation form.
- a.2. Continue involvement with the delivery of emergency medical treatment as described in Section 6.41b.
- a.3. Successfully complete a Department-approved EMT-B written examination and skill verification within the past year.
- a.4. Apply on forms available from the Department to receive the new certification.
- or -
- b.1. Renew his or her National Registry card;
- b.2. Continue involvement with the delivery of emergency medical treatment as described in Section 6.41b; and
- b.3. Apply on forms available from the Department to receive the new certification.
- or -
- c. Complete all of the requirements of a new EMT-B.

6.52 EMT-Intermediate recertification. To be eligible for recertification as an EMT-Intermediate, a person must during the previous certification period:

- a. Complete the specified number of hours of continuing education in a combination of mandatory and optional subjects as detailed on the Department's EMT-Intermediate recertification documentation form. The amount of continuing education shall be pro rated to the length of the previous certification period.
- b. Continue to meet requirements b and c of section 6.51.
- c. Apply for recertification on forms available from the Department.

6.72 EMT-Paramedic recertification. To be eligible for recertification as an EMT-Paramedic, a person must during their previous certification period:

- a. Re-register as a paramedic with the National Registry of EMTs.
- b. Continue to meet requirement b of Section 6.71.
- c. Pass any other EMS District imposed standards for participation in continuing education and local testing.
- d. Apply for recertification on forms available from the Department.

Questions related to the new law:

- What number of hours of CE should be required for each level and how should that number be determined?
- What are the perspectives, pro and con, of adopting the continuing education requirements of the National Registry of EMTs at the various levels?
- What is the relationship between hours of CE and competency to function in EMS?
- Should EMS agencies play a larger role in verifying the skill and knowledge competency of affiliated personnel? How might that work?
- Should EMS district medical advisors play a more substantial role in verifying the competency of personnel who function in EMS?

What we have heard in St. Albans (8/5/10) on this section of Act 142:

- Use caution in setting this requirement so that it does not place a further barrier to personnel recertification.
- Is it possible to incorporate verifications of competency in the recertification process as Paramedics do today by taking and successfully completing various specialty courses?
- We should look at what the other states are doing for CE requirements.
- The National Registry of EMTs has a 24 hour refresher course plus an additional 48 hours of CE for the EMT-Basic level. This may be too much for VERMONT, particularly in the volunteer community.
- More specific guidance from the State on what material squads should be covering for CE would be welcome. Any resources would also be a help.

What we have heard in Brattleboro (8/9/10) on this section of Act 142

- The current Continuing Education (CE) form lists the topics for the 24 hours. How much more do agencies or people need for guidance?
- Consider requiring a refresher course and at the end, have the instructor do practical skill assessments in lieu of State testing.
- The National Registry allows for individual accounts to log CE. Could Vermont do something similar?
- Support for the idea of “raising the bar” of Vermont’s standards to those of other states around the country. Despite the concern in St. Albans about putting pressure on personnel, you have to be prepared to do put in effort to stay effective in EMS.

What we have heard in Newport (8/17/10) on this section of Act 142:

- Agencies may need to play a larger role in verifying competency of personnel, particularly for nurses and PAs who may enter the system with non-traditional training and lack some EMS skills.
- The National Registry of EMTs certification is a possible model going forward if there is flexibility in what can count for the 48 additional hours of CE.

- Standardized training across the state is the way to go, as well as a way to verify credits. Small services don't have the time to do hospital trainings or develop other continuing education experiences in house.

What we have heard in Bennington (8/21/10) on this section of Act 142:

- However we describe continuing education requirements in the new rules, we need to do it in a way that can accommodate changes as the NEMSSOP model is implemented. This may mean EMS agencies need to be more organized in their squad offerings.
- The suggestion was made that continuing education should include a competency verification now that we cannot do State refresher examinations. Perhaps this could be on a course by course basis or possibly a District wide skill/knowledge.
- We need to be certain that we retain strong authority of medical control physicians to determine which providers are authorized to perform which procedures. The statute is concerning in that it seems to imply an erosion of that authority which would not be good for assuring the quality of patient care. There was considerable discussion on this point with examples of how CE and testing are routinely required for other health professions.
- Consider CE in various categories. Perhaps a mix of physician taught, EMS provider taught, and skill verification would be good. This parallels physician CE models.
- Perhaps the topic of CE and modeling for it will be further explored by the Commissioner's consultation group.
- Support was voiced for State authorization in rule of certain categories of medications or airway devices with EMS district medical advisor determination of the specific drugs or devices.

• **Act 142 calls for rule-making to address:**

(D) If there is a hardship imposed on an applicant for a certification under this section because of unusual circumstances, the applicant may apply to the commissioner for a temporary or permanent waiver of one or more of the certification requirements, which the commissioner may grant for good cause.

Questions related to the new law:

- The current EMS rules have a provision for this type of waiver. Does that process need to be revised?

What portions of the current rules say about this subject:

12.1 Waivers of rules for research and demonstration projects.

12.10 In the interest of promoting the growth of EMS technology and improving methods or techniques for the delivery of emergency medical treatment, the Department may waive provisions of these rules for research or demonstration purposes when:

12.101 The proposed project has definite start and ending dates

12.102 There is a physician named as the project's medical director.

12.103 There is agreement of the medical facilitie(s), EMS District Board(s), ambulance and responder service(s), and other significant groups involved with the proposed project.

12.104 There are defined standards and controls for assuring the safety of all patients and other persons who may be involved with the proposed project.

12.105 The proposed project is in compliance with applicable statutes and the lawful rules of all other involved agencies.

12.11 All waiver arrangements described in Section 12.10 shall be in writing.

12.12 The project medical director and other participants shall monitor and report the progress of the project on a schedule approved by the Department.

12.13 The Department may revoke waivers awarded under this section at any time. Opportunity for a hearing with the Commissioner of Health shall be given within 10 days of the revocation. Decisions of the Commissioner may be appealed to the Board.

12.14 All applicants for waivers of these rules shall apply on forms available from the Department.

12.2 General Waiver of Rules - The Department may waive any provision of these rules upon a showing of good cause, so long as the waiver will not reduce the quality of emergency medical care. Persons wishing a waiver must make application to the Department on forms available from the Department, and the Commissioner will hold a public hearing on the request. At the request of the applicant and with the consent of all involved parties, the Commissioner may waive the public hearing for convenience purposes. Decisions of the Commissioner of Health may be appealed to the Board.

What we have heard in St. Albans (8/5/10) on this section of Act 142:

- Need to clarify what a “permanent waiver” really means, particularly as it applies to requirements for certification. For instance, could this exempt someone from CE requirements?
- Perhaps we need a new category of something like a “variance” where the specific requirements of a rule may not apply reasonably to some particular situation.

What we have heard in Brattleboro (8/9/10) on this section of Act 142:

- The EMS office is probably best attuned to whether this process needs changing.
- It seems like this process is needed and used infrequently.

What we have heard in Newport (8/17/10) on this section of Act 142:

- Still unclear what the term “permanent waiver”

What we have heard in Bennington (8/21/10) on this section of Act 142:

- Consider the implications of waivers for persons with learning disabilities.
- How might this apply to persons with education received overseas?

• **Act 142 calls for rule-making to address:**

(E) An applicant who has served as an advanced emergency medical technician, such as a hospital corpsman or a medic in the United States Armed Forces, or who is licensed as a registered nurse or a physician's assistant shall be granted a permanent waiver of the training requirements to become a certified emergency medical technician, an advanced emergency medical technician, or a paramedic, provided the applicant passes the applicable examination approved by the commissioner for that level of certification and further provided that the applicant is affiliated with a rescue service, fire department, or licensed ambulance service.

What portions of the current rules say about this subject:

2.1 No person shall operate as an ambulance service after March 1, 1997, unless duly licensed by the Department under these rules.

3.1 No person shall operate as a First Responder Service after March 1, 1997, unless duly licensed by the Department under these rules.

6.4 Emergency Medical Technician - Basic

6.41 In order to be certified for the first time as an EMT-B, a person must:

- a. Be at least 18 years old.
- b. Be sponsored by a licensed ambulance or first responder service, or show evidence of other appropriate involvement in the delivery of emergency medical treatment.
- c. Complete an EMT-B course of education approved by the Department.
- d. Pass the Vermont EMT-Basic written and practical certification examinations.

6.5 Advanced EMT-Intermediate Certification

6.51 Initial certification. In order to be certified for the first time, an EMT-Intermediate must:

- a. Be at least 18 years old.
- b. Be sponsored by an ambulance or first responder service licensed to provide emergency treatment at or above the intermediate level, or be affiliated with by a medical facility that requires the person to hold this level of certification.

- c. Hold a current certification as a Vermont EMT-B.
- d. Complete an EMT-Intermediate course of education approved by the Department.
- e. Pass the Vermont EMT-Intermediate written and practical certification examinations.

6.7 Advanced EMT-Paramedic Certification

6.71 Initial certification: In order to be certified for the first time, an EMT-Paramedic must:

- a. Be at least 18 years old.
- b. Be sponsored by an ambulance or first responder service licensed to provide emergency treatment at or above the Paramedic level, or be affiliated with a medical facility that requires the person to hold this level of certification.
- c. Complete an EMT-Paramedic course of education approved by the Department.
- d. Pass the National Registry of EMTs written and practical examinations for the EMT-Paramedic level.

Questions related to the new law:

- What kind of examinations should be required for people with the described types of non-traditional EMS education or experience?
- The language of this section refers to levels that will become operational in the future under the NHTSA *EMS Education Agenda for the Future and the National EMS Scope of Practice Model*. In the interim, should the rules allow people in the categories described above to enter the system at our existing certification levels?
- Should the terms “rescue service, fire department, or licensed ambulance service” be defined in rule to mean agencies licensed to provide emergency medical services in Vermont, or is some other definition more appropriate?

What we have heard in St. Albans (8/5/10) on this section of Act 142:

- Concern about persons in this category not actually having the skills to perform as a certified/licensed EMS person.
- The military today provides and requires their personnel with EMS qualifications to hold National Registry certification. Can we just use that as the basis for VERMONT licensure/certification for military personnel?

- Can we look at “bridge courses” that other states have developed for nurses, PAs or other persons wanting to enter EMS from non-traditional education pathways?
- Use the NREMT exam as the basis to qualify these people.

What we have heard in Brattleboro (8/9/10) on this section of Act 142:

- Belief that the authors of the legislation intended to support Guard members. They are coming in with a National Registry card, and the intent is to see them practice in Vermont and hold Vermont licensure. The Guard hopes their members will work as civilians with their military training. As far as PAs and nurses, it was the intent for them to take a bridge course to meet all the training requirements.
- Irrespective of intent, we may be limited to what the law actually says
- Can we detail in rule what’s involved in the applicable exam?
- Training officers will have to play an active role. They just can’t pit the person against the exam. They would need to choose and sponsor the candidate, who may have to pay for courses or exams.
- Look at the bridge courses from other states such as MA and NH as models for nursing.

What we have heard in Newport (8/17/10) on this section of Act 142:

- Suggestion that nurses who hold EMT-Basic certification through traditional preparation should perhaps be given the opportunity to test at an Intermediate or Paramedic level with some sort of shortened bridge course since the RN preparation may relate more closely to the advanced skills and pharmacology.
- Perhaps there could be some individual review of the RN or PAs background prior to authorization to test. This might assure that RNs or PAs with relevant backgrounds are able to test while others that are not qualified do not test. Perhaps the district medical advisor might be able to research each individual on a case-by-case basis and determine a course of action.
- Does the National Registry mandate EMS educational preparation prior to testing for certification? Yes, but they allow significant latitude for how the education is achieved to allow for nurse bridging or similar approaches.

Suggestion that VT should just adopt the National Registry requirements and let them sort out the qualifications for non-traditional candidates.

- Observation that the main purpose of this section of law was centered toward recruitment of more nurses and that in the end, the whole new law could be of benefit.
- Can we accommodate other non-EMS courses that overlap such as the Ski Patrol Winter Emergency Care or Wilderness First Responder courses? Could the continuing education these groups do in non-EMS settings be counted toward CE for EMTs. Discussion on how these courses have been integrated in the past.

What we have heard in Bennington (8/21/10) on this section of Act 142:

- Discussion about the role of nurses providing nursing care for critical care transfers. There appears to be no barrier to this now.
- The need to make a distinction between what all Paramedics can do as opposed to what Paramedics with additional education and approval can do for critical care transfers. This distinction is important for patient protection and to assure the ability to do Specialty Care Transfer cost recovery under Medicare rules.

• **Act 142 calls for rule-making to address:**

(F) An applicant who is certified on the National Registry of Emergency Medical Technicians as an EMT-basic, EMT-intermediate or a paramedic shall be granted certification as a Vermont EMT-basic, EMT-intermediate, or paramedic without the need for further testing, provided he or she is affiliated with an ambulance service, fire department, or rescue service, or is serving as a medic with the Vermont National Guard.

What portions of the current rules say about this subject:

6.7 Advanced EMT-Paramedic Certification

6.71 Initial certification: In order to be certified for the first time, an EMT-Paramedic must:

- a. Be at least 18 years old.
- b. Be sponsored by an ambulance or first responder service licensed to provide emergency treatment at or above the Paramedic level, or be affiliated with a medical facility that requires the person to hold this level of certification.
- c. Complete an EMT-Paramedic course of education approved by the Department.
- d. Pass the National Registry of EMTs written and practical examinations for the EMT-Paramedic level.

10.11 Any person who is currently a Nationally Registered First Responder may be issued a Vermont ECA certificate provided the applicant:

- a. submits the application form available from the Department
- b. is affiliated with a Vermont licensed ambulance or first responder service

The Vermont ECA certificate will expire at the same time as the person's National Registry card. If the Registry card will expire within one year of application, the Vermont certification will expire one year after issuance.

10.2 Any person who holds valid credentials entitling that person to practice as an EMT-B in a state or province which adheres to the National Standard Curriculum for EMT-Bs and which imposes a written and practical exam as a condition of those credentials may be issued a Vermont EMT-B certificate for one year provided the applicant:

- a. submits the application form available from the Department.
- b. has not been previously certified in Vermont as an EMT.
- c. is affiliated with a Vermont licensed ambulance or first responder service.

10.21 Any person who is currently a nationally registered EMT-Basic and meets requirements a through c of section 10.2 may be issued a Vermont EMT-B certificate that expires at the same time as the person's National Registry card. If the Registry card will expire within one year of application, the Vermont certification will expire one year after issuance.

10.4 Advanced EMTs credentialed (certified or licensed) in other states or provinces who wish to obtain Vermont advanced EMT certification will be considered by the Department on a case by case basis. The necessary conditions for obtaining advanced licensure are that:

10.41 The person must apply on forms available from the Department.

10.42 The person must satisfy the Department that they are able to operate within the protocols established for the EMS District where they are located. The Department will consult the EMS District Board, District Medical Advisor, and the person's home state EMS office for advice as to whether a person is able to perform in this way.

10.43 The person must take and pass the appropriate Vermont written and practical exams at the advanced certification level (s)he is seeking.

The Department will also consider the following issues:

10.44 Whether the candidate's training is equivalent to Vermont's at this and lower levels.

10.45 Whether the person is eligible for an EMT-B certification in Vermont.

10.46 Whether the person is affiliated with a licensed ambulance or responder service or medical facility providing treatment at or above the level the person is seeking.

10.5 If a person is issued Vermont EMT-Intermediate certification under Section 10.4, the EMT-Intermediate certification shall be assigned an expiration date that is the same as the expiration date of the EMT-B certification. At the end of the certification period, the person must meet all conditions imposed on other EMT-Intermediates in order to renew the certification.

Questions related to the new law:

- For EMT-Basics and EMT-Paramedics, this is routine practice today provided the person has an affiliation with a licensed EMS agency. Is there anything that should be changed in rule?
- Should the terms “ambulance service, fire department, or rescue service” be defined in rule to mean agencies licensed to provide emergency medical services in Vermont, or is some other definition more appropriate?
- This section references existing levels of EMS certification. How should Vermont handle personnel in the future who hold certifications from the National Registry based on the new *National EMS Scope of Practice Model* levels?
- There are two NHTSA national standard EMT-Intermediate levels. One is below both the Vermont EMT-I-90 level and the Vermont EMT-I-03 level. The other is above both of the Vermont Intermediate levels. Is there a way in rule to make a good fit with our existing levels?
- The law appears to expand the eligible groups for affiliation to hold certification to include the Vermont National Guard. If the Department begins certifying National Guard affiliates who have no other licensed EMS agency affiliation, does that raise any questions that could be addressed in the new rules?

What we have heard in St. Albans (8/5/10) on this section of Act 142:

- The terminology regarding ambulance service, fire department or rescue service should mean an agency licensed to provide EMS as either an ambulance or first responder service.
- Does this language make the National Guard the same as a licensed ambulance or first responder service in terms of affiliation for certification/licensing? If so what can the certified or licensed National Guard person do to practice with that Vermont certificate/license?
- Belief that this language was intended to make it faster for a National Guard person to become active with a civilian agency rather than wait to have their application processed based on their National Registry card.
- This provision of law seems to have little effect on how we handle reciprocity applications today in Vermont.

What we have heard in Brattleboro (8/9/10) on this section of Act 142:

- Invite people from the Guard base who might be able to give us an idea about what their personnel are trying to do, past experiences in gaining certification, etc. Sounds like the state rules support NREMTs gaining Vermont certification. Looks like folks want to join local services, but if not, how do they or should they gain Vermont certification. Probably beneficial to hear from them.

What we have heard in Newport (8/17/10) on this section of Act 142:

- No additional input on this section.

What we have heard in Bennington (8/21/10) on this section of Act 142:

- The question was asked about whether this section of the law opens the door for a massive influx of new applicant agencies? Otherwise, no significant comments on this section.

• **Act 142 calls for rule-making to address:**

(G) No advanced certification shall be required for a trainee in established advanced training programs leading to certification as an advanced emergency medical technician, provided that the trainee is supervised by an individual holding a level of certification for which the trainee is training and the student is enrolled in an approved certification program.

What portions of the current rules say about this subject:

8.1 A district medical advisor may halt or restrict the ability of emergency medical personnel and students in emergency medical services courses to administer basic and advanced emergency medical treatment in that district for cause. The following conditions shall apply to such a restriction:

8.21 No emergency medical treatment shall be performed by any emergency medical personnel unless currently certified at the appropriate level as provided for in these rules, or;

The person is a student in an EMT course approved by the Department and is acting under direct clinical supervision.

Questions related to the new law:

- What are the roles of EMS agencies, EMS district medical advisors, and individual EMS personnel in providing field experiences for persons in advanced (or basic) EMS educational programs?
- How can we establish requirements and responsibilities that safeguard patients while affording opportunities for learning and the practice of clinical skills in field settings?

What we have heard in St. Albans (8/5/10) on this section of Act 142:

- Belief that this section of the law was intended to allow for persons in EMS education programs to function under field supervision without holding any other certification.
- Need to clarify the term “advanced” as the category that includes levels above today’s EMT-Basic or whether it means only the new Advanced EMT level.

- This provision needs to have limits to safeguard the public and be certain that the trainee has had the relevant didactic preparation, mannequin practice, or similar education prior to doing field work on real EMS patients.

What we have heard in Brattleboro (8/9/10) on this section of Act 142:

- Preceptoring is done now. How is this different?

What we have heard in Newport (8/17/10) on this section of Act 142:

- Question about whether this section of the law might allow someone to skip the EMT-Basic course and jump right into a higher level program? Discussion on how that could be arranged in the future and circumstances where a higher level course could be structured to include all lower level preparation rather than only the higher level.

What we have heard in Bennington (8/21/10) on this section of Act 142:

- Caution was urged to be certain the rules called for firm requirements before students in approved courses could begin field internships. The feeling was that students should have relevant didactic and mannequin type experiences before beginning field internships where actual patients would be encountered. Assure EMS district medical advisor involvement in these experiences.

Beyond Act 142 – An opportunity to update Vermont’s EMS rules in categories other than what is called for in Act 142.

Do you have thoughts or input on topics such as:

- Minimum ambulance crew staffing
- Elimination of EMT-I on line orders for med administration
- Updating the equipment lists for ambulance and first responder services to reflect current national recommendations, particularly around pediatric patients
- The role of EMS Districts in reviewing initial or renewal applications for licensure of EMS agencies
- Insurance requirements for EMS agencies
- EMS incident reporting standards
- Provisions for denying, suspending, conditioning or revoking EMS licenses and certifications
- The EMS role in providing vaccinations
- Critical Care Paramedic practices
- Other areas for improvement

What portions of the current rules say:

Existing language in the rules varies considerably on the above topics. For some topics there is existing language and for others, there is not.

What we have heard in St. Albans (8/5/10) on this section of Act 142:

- We need to spend more time on these and possibly other topics as well.

What we have heard in Brattleboro (8/9/10) on this section of Act 142:

- Can these topics be addressed in rulemaking, or only those raised by Act 142? All items can be on the table for the rule revisions.
- How about a peer review/QA process like physicians have? It puts a certain degree of protection to what they’re doing in the QI process, and strengthens the system. Can this be made non-discoverable in rule?
- Suggestions in the technical and vehicle equipment area will be sent separately.
- Is there any way to address accreditation of services? Maybe pick a process to allow a certain level of excellence? This would benefit the services and their communities. Discussion on the role of the State vs. an independent accreditation process.

What we have heard in Newport (8/17/10) on this section of Act 142:

- Suggestion that the rules should clarify the use of SIREN data in the QA/QI process. Can we use the rules to provide any legal protection to these activities at the squad level?
- Regarding minimum staffing, someone noted that it made sense to have one EMT in the back and a driver as a second. The most skilled person logically will be in the back, and that they have used trained firefighters as drivers.
- Suggestion to make the services accountable for the adequacy of their crews in every case, irrespective of the number of certified personnel on board.
- Discussion about the current FR-ECA level and the limited scope of practice for this person to function as a second qualified medical provider to an EMT-Basic. The future EMR level considers this role more extensively than the current FR-ECA.
- Suggestion that the rule be configured to require two certified members except for extenuating circumstances.
- Discussion on the criteria for EMS District Board review of new or renewal licenses. There seemed to be general agreement that having some more defined criteria would be helpful to EMS districts and raise the bar for entry of new agencies.

What we have heard in Bennington (8/21/10) on this section of Act 142:

- As far as minimum crew, the rules should recognize circumstances where existing requirements could be bypassed. Perhaps the military has useful language in this regard related to safety considerations.
- Support was voiced for eliminating on-line orders and leaving that decision to the
- Use existing nationally determined equipment lists for VT minimums. Incorporate these by reference rather than putting all the details in rule.
- Retain the authority of DMAs to restrict practice.
- Establish ability for EMT-Intermediates/Advanced EMTs and Paramedics to participate in vaccinations as well as TB test reading as part of an EMS agency's process to provide vaccinations or similar testing for personnel.