



**D) Public Comment** – None

**E) Announcements** - None

**F) Old Business / Subcommittees**

**1. National Education Standards Subcommittee**

All parties need to understand that Paramedic Training Institutions have to adopt the EMS Agenda because it is required of their accreditation. This accreditation was made mandatory by the EMS Commission. This level therefore is done. Current Indiana Paramedic programs are already following National Registry Testing and therefore no changes there either.

The discussion needs to clarify what the TAC recommends to do with the current EMT-I99 and the EMT Basic Advanced.

The day after the last TAC meeting, Chairman Bell, and Mr. Zartman were invited to a webinar with Bruce Bare, Rick Archer, Gary Miller, Mara Snyder, and National Registry Staff. Bill Brown from the National Registry clarified a lot of information regarding transitioning to the EMS Agenda. Chairman Bell distributed a copy of the power point presentation which he obtained permission to reproduce.

In the discussion it was said that National Registry will test the EMTI-99 through 2013 and will allow recertification for 3 cycles after that ending in 2019. In 2019 if an EMT-I99 has not moved up then the individual will be dropped back to the Advanced EMT level. Secondly, within the 3 cycles provided it is National Registry's expectation that these individuals will bridge to the Paramedic level.

Mr. Brown said there is no point in retesting psychomotor skills for the EMT-I99 level since it so closely mirrors the Paramedic skills but the program will need to provide the skill competencies administered through the course. Mr. Brown said that states will have to develop an EMTI-99 to Paramedic bridge course.

He also stated that 25 state EMS officers want to keep this level as a state certification; the National Registry has decided that they will not support this and will not offer the testing or certification.

This webinar and discussion clarifies what the TAC recommendations have stated before with further information on dates. We need to decide on Indiana specific dates.

Current Paramedic Training Institutions need to adopt the current EMS Commission approved bridge course model with the change of using psychomotor competencies for the psychomotor testing.

The National Registry dates of 2013 for testing and 3 certification cycles makes sense since the average EMS certification life is 7 years. It gives a current EMT-I99 nine years to make a decision.

Mr. Bare stated that since Indiana gives 12 months to complete testing following the end of a course, the last EMT-I99 course needs to be completed by 12/31/2012.

Mr. Cox asked if Ms. Snyder IDHS legal counsel had any feedback regarding the dropping back to a lower certification. Chairman Bell stated that Ms. Snyder has stated that there is not a current rule that allows for this. This could be fixed with a rule change.

Chairman Bell asked the TAC if the committee wanted to ask for the IDHS staff to start preparing for test construction and recommend maintaining the EMT-I99 as an Indiana certification. No motion was made to keep the EMT-I99 level in Indiana.

Ms. Fetters stated that the same issues need to be discussed with the EMT Basic Advanced. If Indiana adopts the National Registry testing dates and 3 recertification cycles, the EMT Basic Advanced scope of practice needs to be defined. If the current scope of practice of allowing IV starts and cardiac monitoring stays at the basic level this affects reimbursement for advanced life support. Indiana needs to address the scope of practice to change even if a 3 year certification cycle past the testing deadline is adopted. This has hurt Indiana since starting IV's and cardiac monitoring through the EMT Basic Advanced level was moved to the basic reimbursement level. The group agreed that we do not want to cause damage to reimbursement that is already deemed low. This could put some Indiana EMS Providers out of business.

Mr. Brown stated to the webinar group that if Indiana came up with a bridge course from EMT-Basic Advanced to the Advanced EMT that Indiana verifies covers the material, the transition students would be allowed to take the National Registry Advanced EMT exams. Indiana would provide a letter to state that all Indiana approved courses meet the criteria required.

Ms. Fetters questioned that the Combitube also affects reimbursement since it is not listed at the EMT level. There was further discussion that this item alone would most likely not keep a service from billing ALS level because the ALS service would do more than just a Combitube insertion by an EMT.

There has been discussion from some IDHS staff members regarding the TAC has not provided recommendations for the EMT Basic Advanced to bridge to the Advanced EMT. Recommendations had not included any decisions on this subject since other items were worked on and recommendations from that work that was sent to the EMS Commission.

Ms. Fetters stated that due to the fact this was left out of the discussions when EMT-I99 was discussed it looked like the TAC was not going to address it. Mr. Bare stated that he had discussed at all the EMS forums that the EMT Basic Advanced to Advanced EMT would be looked at. Chairman Bell stated that he presented this was work to be done at a later meeting. Due to the current approved bridge course the EMT-I99 was addressed with the EMS Agenda. Mr. Zartman stated that it had been discussed at the last subcommittee meeting. He said it had not been thought to be needed since the courses are very different. However it is the time to discuss it and Mr. Brown from registry has been helpful.

Further discussion was held. This included looking at the differences in the course, giving time for life experience, and competency testing for those skills that have already been achieved and maintained. It must be written addressing the objectives and core content. The bridge course needs to make sure that an individual can be successful. Due to the pharmacology of the course there will be a lot of content in a bridge program. Discussion continued on different ways a bridge program could be achieved. All agreed a required model with specific standards that must be followed by all training institutions needs to be developed. State staff would evaluate and approve programs based on that required model and standards. This is a large project and will need to be developed at future meetings.

The TAC recommendations that are being presented in January need to include a course of action on the part of the TAC to develop a bridge program with the understanding that the actual work will be done at a future meeting. Chairman Bell assigned members to a subcommittee to

come to the February meeting prepared to start this project. The subcommittee members are Sherry Fetters, Faril Ward, Stephen Cox, and Tina Butt.

Further as part of the evolutionary stage of EMS in Indiana the TAC will recommend that the current EMT Basic Advanced level personnel individually either bridge to Advanced EMT or drop back to EMT. A motion was made by Mr. McNutt and seconded by Mr. Zartman. Ms. Fetters amended the motion with a second by Mr. Ward. The final motion is the TAC recommends we create a bridge program for EMT-I99 to Paramedic and for the EMT Basic Advanced to Advanced EMT. Motion passed.

Mr. Zartman made a motion that the TAC accept the recommendations made earlier regarding the information presented in the webinar and the call with National Registry. The copy of the power point will accompany the recommendation. Ms. Fetters seconded the motion. Discussion to make sure everyone understands the timeline dates in the power point.

Mr. Bare stated that everyone needs to remember that Indiana rule allows 1 year to complete testing so Indiana EMT Basic Advanced and EMT-I99 need to be completed 1 year prior to the last test date from National Registry.

The TAC is not recommending the National Registry testing for EMR level. This is already outlined in the recommendation list.

The power point hand out does have National Registry's timelines. However what the TAC is recommending is on the TAC recommendation sheet and has Indiana specific information and guidelines. The TAC then discussed all the dates.

The EMT Basic Advanced was given less time to bridge up or drop back due to the current scope of practice including ALS procedures that will affect reimbursement. The TAC voted on the motion with recommendation to include the dates agreed upon which will be in chart form when submitted to the EMS Commission. Motion passed. Dr. Bartkus abstained.

Adjustments made to the requested advantages vs. disadvantages list requested by the Commission.

The EMS Commission requested list from the TAC:

- **Advantages of adopting the EMS Agenda**

- The increased in cost for EMT examination spread over the life of the average EMT would be \$12
- Indiana would be aligned with other states, which would make reciprocity easier
- Reciprocity easier for individual who practice in bordering states as well as Indiana
- Reduces liability for Indiana to have to defend Indiana created tests
- Eases certification by streamlining the certification process
- Allows maximum reimbursement
- Assures standard of care across the state
- Instructor and student materials available
- Patients will benefit from an increase in knowledge and skills
- Will raise the EMS profession by aligning us with other allied health professions
- Provides infrastructure support for curriculum development

- **Disadvantages of adopting the EMS Agenda**

- \$55 increased cost for EMT examination
- Indiana would have to create its own testing to include writing of questions, validating, and the process to defend in court.
- Maintaining our own testing increases liability.
- Individuals are limited when moving in and out of Indiana
- EMT-Basic Advanced would lose the ability to interpret 5 cardiac rhythms (still able to treat those 5 rhythms with an AED)

**Proposed RECOMMENDATION's FOR IMPLEMENTATION to the EMS Commission**

**Recommendation # 1**

**That the EMS Commission adopt the National Education Agenda.** *This includes the following items.*

- **Core Content** – Primarily Medical Content, based on Practice Analysis.
- **Scope of Practice** – Divides levels, identifies minimum knowledge and skills, both Psychomotor and Cognitive content.
- **Educational Standards** – Minimum learning standards, Cognitive and Affective.

**Recommendation # 2**

Adopt the new National Education Standards as presented as the bare minimum.

The current recommendation is to accept the new NES as presented below. It is also recommended that the current EMT-Basic Advanced and the I-99 work towards bridging to the next level. Dates are listed in the chart provided with this report. If an individual fails to maintain their current levels of certification and they had enough hours to recertify at a lower level, then they could do so.

**Proposed Titles Changes:**

**NEW Titles    OLD Indiana Title**

<b>EMR</b>	First Responder	(Old First Responder)
<b>EMT</b>	Emergency Medical Technician – Basic	(Old Term)
<b>A-EMT</b>	Emergency Medical Technician – Advanced	(New Classification)
<b>Paramedic</b>	EMT-Paramedic	

## Review of New Base Title with Module Summary and Certification Recommendation:

### Emergency Medical Responder

(EMR)

(Old First Responder)

- New DOT Curriculum as a whole
- Additional module on proper use of Cervical Collars.
- Additional module on proper use of Long Spine Board.
- Additional module on proper use of Pulse Oximetry/Carbon Monoxide monitoring.
- Additional modules assigned by the Indiana EMS Commission if required beyond standard curriculum.
- *Certification testing performed by IDHS EMS as currently done.*
- *Recertification process by IDHS EMS **ONLY**.*
- *Fiscal impact – None*

### Emergency Medical Technician (EMT)

- New DOT Curriculum as a whole.
- Additional module on Non-visualized Airways.
- Additional module on proper use of Pulse Oximetry/Carbon Monoxide monitoring.
- Additional modules assigned by the Indiana EMS Commission if required beyond standard curriculum.
- **Initial** Certification testing performed by NREMT with the additional module testing completed by the Indiana Certified Training Institution where the EMT course was completed. Validation sent to IDHS with completed course report.
- *Recertification process by IDHS EMS and/or NREMT.*
- *Fiscal Impact # 1, - \$70.00 per National Registry Examination.*
- *Fiscal Impact # 2, - \$20.00 recertification processed by NREMT very two (2) years if maintained.*

### Advanced - Emergency Medical Technician (A-EMT)

- New DOT Curriculum as a whole.
- Additional module on proper use of Pulse Oximetry/Carbon Monoxide monitoring.
- Additional modules assigned by the Indiana EMS Commission if required beyond standard curriculum.
- **Initial** Certification testing performed by NREMT.
- *Recertification process by IDHS EMS and/ or NREMT.*
- *Fiscal Impact # 1, - \$90.00 per National Registry Examination.*
- *Fiscal Impact # 2, - \$20.00 recertification processed by NREMT very two (2) years if maintained.*

### Paramedic

- New DOT Curriculum as a whole.
- Additional modules assigned by the Indiana EMS Commission if required beyond standard curriculum.
- Additional modules at the discretion of medical direction per local jurisdiction.
- **Initial** Certification testing performed by NREMT.
- *Recertification process by IDHS EMS and/ or NREMT.*

***There is No change in the fiscal impact at the Paramedic Level as we currently require NREMT-P certification for the State of Indiana Paramedic Examination.***

- *Fiscal Impact # 1, - NONE – Currently \$110.00 per National Registry Examination.*
- *Fiscal Impact # 2, - NONE – Currently \$20.00 recertification processed by NREMT very two (2) years if maintained.*

**Recommendation # 3**

All addendum modules assigned to the curriculums by the Indiana State EMS Commission are to be validated by the certified training institution upon completion of the training, tested during the final practical skills examination and submitted to the IDHS EMS certification staff with a course report.

**Recommendation # 4**

**Initial Testing and Certification:**

It is recommended that all initial certification testing should be done by the (NREMT) – National Registry of Emergency Medical Technicians for all levels with the exception of the EMR which will remain within the IDHS. Indiana will remain issuing certifications at the state level upon verification from NREMT. Re-certification will remain with Indiana and highly recommend to remain certified by NREMT.

<b>LEVEL</b>	<b>When does the New NREMT Examinations begin:</b>	<b>Last date course based on NSC (old) Could finish:</b>	<b>Last old NREMT Certification Examination will be given:</b>	<b>When will Indiana level begin testing National Registry</b>	<b>Recertification Transition Completed by: or drop back to lower level if not completed</b>
First Responder		Determined by the State	Not Applicable for Indiana		January 01, 2016
EMR (new)	Indiana testing will continue			Not Applicable for Indiana	No drop back option available
EMT-Basic		December 31, 2011	Last Indiana test 12/31/2012		January 01, 2016
EMT (new)	January 01, 2012			January 01, 2013	No need for drop back, curriculums similar
EMT Basic Advanced		December 31, 2012	Last Indiana test December 31, 2013		December 31, 2015
Advanced EMT (new)	June 01, 2011			January 01, 2013	or Drop back to EMT 12/31/2019 or drop to Advanced EMT
Intermediate 99		December 31, 2012	December 31, 2013	No test available	3/31/2017, no drop back necessary
EMT-P.		December 31, 2011	December 31, 2012	No test available	
Paramedic (new)	January 01, 2013			Already test National Registry	

**Special Note:**

**Transition Bridge courses at all levels with the exception of EMR will be developed by the TAC over the next three (3) months and submitted to the EMSC for final approve before implementation.**

## **Recommendation # 5**

### **Bridge Programs:**

**a) Bridge program for EMT-I99 to Paramedic:**

It is recommended that the Commission adopt the current approved bridge course model with the change of using psychomotor competencies during the course in place of a National Registry Practical for the psychomotor testing.

**b) Bridge program for EMT Basic Advanced to Advanced EMT:**

Recommend: the TAC develop a bridge program. Following Commission approval a subcommittee will start this project at the next TAC meeting.

**Concern must be expressed about allowing waivers to be granted to any level of certification as this will generate the following issues.**

- ✓ This will generate Major fragmentation among services.
- ✓ Generate testing difficulty and uniformity to be consistent among the different waivers that may be granted.

### **References for your review:**

#### **National EMS Scope of Practice Model**

[http://www.nasemsd.org/documents/FINALEMSSept2006\\_PMS314.pdf](http://www.nasemsd.org/documents/FINALEMSSept2006_PMS314.pdf)

<http://www.naemse.org>

<http://www.coaemsp.org>

<http://www.nremt.org>

<http://www.ems.gov>

**Indiana EMS Commission requested list of “Advantages / Disadvantages” on recommended changes from the TAC:**

• **Advantages of adopting the EMS Agenda**

- The increased in cost for EMT examination spread over the life of the average EMT would be \$12
- Indiana would be aligned with other states, which would make reciprocity easier
- Reciprocity easier for individual who practice in bordering states as well as Indiana
- Reduces liability for Indiana to have to defend Indiana created tests
- Eases certification by streamlining the certification process
- Allows maximum reimbursement
- Assures standard of care across the state
- Instructor and student materials available
- Patients will benefit from an increase in knowledge and skills
- Will raise the EMS profession by aligning us with other allied health professions
- Provides infrastructure support for curriculum development

- **Disadvantages of adopting the EMS Agenda**

- \$55 increased cost for EMT examination
- Indiana would have to create its own testing to include writing of questions, validating, and the process to defend in court.
- Maintaining our own testing increases liability.
- Individuals are limited when moving in and out of Indiana
- EMT-Basic Advanced would lose the ability to interpret 5 cardiac rhythms (still able to treat those 5 rhythms with an AED)

## 2. Subcommittee Report

### **Emergency Vehicle Operations Course (EVOC)**

Recommendation: Within the first six (6) months of affiliation with an EMS provider organization, any person who may drive an EMS emergency vehicle must complete, or provide evidence of completion of, an emergency vehicle operations course. This EVOC curriculum must include the learning objectives provided in the most recent version of the National Highway Traffic Safety Administration's Emergency Vehicle Operator's Course (Ambulance) National Standard Curriculum.

<http://www.nhtsa.gov/people/injury/ems/95%20EVOC%20Instructor%20Guide.pdf>

### **Drug and Alcohol Testing in EMS Educational Programs**

Recommendation: In the ninety (90) days prior to the first planned patient contact (via out-of-hospital EMS observation, field internship, or clinical rotation), the EMS educational program student must undergo drug and alcohol screening arranged by the EMS educational program. At a minimum, this screening must include assessment for the presence of common opiates, benzodiazepines, tetrahydrocannabinol (THC), cocaine, amphetamines, phencyclidine and ethanol or their common metabolites. Each EMS educational program will have in place a policy regarding drug and alcohol use and how the results of the drug and alcohol screening tests will be handled. A model for this can be found in the August 17, 2001 Federal Register Publication "Final Rule Controlled Substances and Alcohol Use and Testing."

<http://www.federalregister.gov/articles/2001/08/17/01-20426/controlled-substances-and-alcohol-use-and-testing>

### **Background Criminal History Verification in EMS Educational Programs**

Recommendation: In the ninety (90) days prior to the first planned patient contact (via out-of-hospital EMS observation, field internship, or clinical rotation), the EMS educational program student must complete a background criminal history check arranged by the EMS educational program. This background criminal history check must provide a dataset which meets or exceeds the U.S. Government minimum requirement for sanction screening as set forth in the DHHS-OIG's Compliance Program Guidance:

- Criminal History Investigation (seven years)
- Sexual Offender Registry / Predator Registry
- Social Security Number Verification
- Positive Identification National Locator with Previous Address
- Maiden/AKA Name Search

- Medicare / Medicaid Sanctioned, Excluded Individuals Report
- Office of Research Integrity (ORI) Search
- Office of Regulatory Affairs (ORA) Search
- FDA Debarment Check
- National Wants & Warrants Submission
- Investigative Application Review (by Licensed Investigator)
- Misconduct Registry Search
- Executive Order 13224 Terrorism Sanctions Regulations
- Search of Healthcare Employment Verification Network. (HEVN)
- National Healthcare Data Bank (NHDB) Sanction Report - which includes a *Sanction Check* search to verify applicant's name(s) against the following database:

- **Federal Agencies:**

- Department of Health and Human Services (DHHS), Office of Inspector General (OIG), List of Excluded Individuals and Entities (LEIE)
- General Services Administration (GSA), Excluded Parties Listing System (EPLS) or those Excluded from Federal Procurement, No-Procurement and Reciprocal Programs
- Department of Health and Human Services (DHHS), Public Health Service (PHS), Office of Research Integrity (ORI), Administrative Actions Listing
- Food and Drug Administration (FDA), Office of Regulatory Affairs (ORA), Debarment List, and the Disqualified, Restricted and Assurances List for Clinical Investigators
- Department of Commerce, Bureau of Industry and Security, Denied Persons List
- Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), Health Education Assistance Loan (HEAL), List of Defaulted Borrowers
- Department of Treasury, Office of Foreign Assets Control, Specially Designated Nationals (SDN) and Blocked Persons List (Terrorists)
- And the following "Most Wanted" Lists: (a) Federal Bureau of Investigation (FBI) Ten Most Wanted Fugitives, (b) FBI Most Wanted Terrorist List, (c) Drug Enforcement Administration (DEA) Most Wanted, (d) Bureau of Alcohol, Tobacco and Firearms (ATF) Most Wanted, (e) U.S. Marshall Service Most Wanted, (f) Department of Homeland Security, Immigration and Customs Enforcement (ICE) Most Wanted.

- **State Agencies:**

- All State Agencies Reporting to the Office of Inspector General (OIG) of the Department of Health and Human Services (DHHS) and to the National Healthcare Data Bank (NHDB)

- Each EMS educational program will have in place a policy regarding counseling students regarding their eligibility for certification on the basis of the results of the background criminal

history. A model for the certification eligibility information can be found on the National Registry of EMT's website entitled "Felony Conviction Policy."

A motion was made by Mr. Ford to accept all the recommendations from this subcommittee. Mr. McNutt seconded. The motion passed.

### 3. Subcommittee report

#### **TAC RECOMMENDATIONS FOR THE "24/7" RULE**

Mr. Cox reported that after investigation and discussion, the subcommittee recommends that the current rule stay in place as it is written. If a service wants to operate different from the rule then the Provider would need to apply for a waiver from the Commission. What has occurred is when a provider asks for a waiver there is discussion on "waiting to engage" or "engaged to wait". The recommendation includes the Department of Labor links. An example would be a paid firefighter on station playing checkers waiting for a run is an "engaged to wait" situation and is compensated.

The TAC recommends that the rule that requires paramedic provider organizations to "maintain an adequate number of trained personnel and emergency response vehicles to provide continuous, twenty-four (24) hour advanced life support services" (836 IAC 2-2-1, Sec. 1, (g)(1), be left in place. Any provider organization that wishes to vary from this rule should make this official request of the Indiana EMS Commission.

The subcommittee agreed that significant differences exist between providers in the state, specifically between rural and urban providers. These differences may require an entity to request variance from the rule in order to provide **any** ALS service to a given geographic area. In these cases, it is the recommendation of the TAC that the provider organizations that request any variance from the rule provide specific information to the EMS Commission:

1. Population of the geographic area in question.
2. Are there other ALS services providing care within this area?
3. Do BLS services within this area rely on ALS intercepts for paramedic response?
4. What are the typical response times for ALS response or intercept within this area?
5. Number of expected annual emergency responses within the geographic area to be served.

When the EMS Commission considers a waiver for a variance of the "24/7" rule, the provider organization should provide the volume of runs within the specific geographic area. The purpose of this is to dissuade services from "cherry picking" coverage when there is adequate overall volume, but off-peak volume falls. No specific guideline number was recommended, however the general consensus was a volume of 1,000 runs annually would be a good cut-off point for waiver approval.

The subcommittee felt strongly those areas of the state which have no ALS service be considered for a waiver of the rule in question, if requested. This decision was predicated on the fact that it is difficult for providers in some areas of the state to employ adequate staff to provide uninterrupted 24-hour service simply because there may not be enough trained personnel in those areas. In fact, this may be the reason for a lack in the current service.

During the discussion about the rule, a secondary issue emerged. This question centered on whether a provider organization was providing 24-hour uninterrupted service based on that provider's staffing. It was determined that guidelines from the Department of Labor be utilized and that the "engaged to wait" standard

be utilized to determine the provision of 24-hour coverage. Services who fail to meet this test should be required to apply for a waiver of the rule.

A motion was made by Dr. Brown to accept the subcommittee's recommendations, seconded by Mr. Ward. The motion was approved.

**G) New Business** – The EMS Commission meeting is January 21, 2011 in Brownsburg. Chairman Bell encouraged the TAC members to be present to answer any questions the Commission may have.

**H) Good of the Order**

**L) Next Meeting: Special Meeting:** Tuesday, February 1<sup>st</sup>, 2011 10:00am at Noblesville Fire Department Station 77, Noblesville, IN

**M) Adjournment:**

A motion to adjourn was made by Mr. Cox and seconded by Ms. Fetters.  
The meeting was adjourned.

Approved \_\_\_\_\_  
Leon Bell III, Chairman

Date: 12/28/2011