



MITCHELL E. DANIELS, Jr.,
Governor STATE OF INDIANA

DEPARTMENT OF HOMELAND SECURITY JOSEPH E. WAINSCOTT, JR., EXECUTIVE DIRECTOR

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Indiana Government Center South
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Room E-239
Indianapolis, IN 46204
317-234-6259*

EMERGENCY MEDICAL SERVICES TECHNICAL ADVISORY COMMITTEE MINUTES

DATE: December 7, 2010
10:00 A.M.

LOCATION: Noblesville Fire Department, Station 77
15251 Olio Rd.
Noblesville, IN 46060

MEMBERS PRESENT:	Leon Bell	Chairman, ALS Training Institute
	John Zartman	Vice-Chairman, ALS Program Director
	Tina Butt	Secretary, 1 ST Responder Training Director
	Charles Ford	EMS Chief Executive Officer
	Edward Bartkus	EMS Medical Director
	Elizabeth Weinstein	EMS for Children
	Faril Ward	EMS Chief Operating Officer
	Michael Gamble	Emergency Department Director
	Michael McNutt	BLS Training Program Director
	Sara Brown	EMS Medical Director
	Sherry Fetters	EMS Chief Executive Officer
	Stephen Cox	EMS Chief Operating Officer

MEMBERS ABSENT: Valerie Miller Emergency Department Director

OTHERS PRESENT:	Rick Archer	State EMS Director
	Becky Blagrove	IDHS
	Jason Smith	IDHS
	Gary Miller	Chairman EMS Commission
	Myron Mackey	EMS Commission
	Terri Hamilton	EMS Commission
	Tony Hartman	NAEMSE
	Others from various EMS Provider organizations	

A) Call to Order: Meeting was called to order by Chairman Bell.

B) ROLL CALL: Quorum present.

C) Adoption of minutes:

Mr. Ford offered a motion to adopt the minutes. The motion was seconded by Dr. Gamble. The motion passed.

D) Public Comment – Chairman Bell thanked Noblesville Fire Department and Chief Williams for allowing the TAC committee to conduct the meeting here.

E) Announcements - Mr. Rick Archer stated that at the last EMS Commission meeting it was discussed the challenges communicating with the EMS partners in the field, providers, and training institutions. During one of the EMS forums that was held it was suggested that EMS starting using Web EOC. Mr. Archer had someone set up an EMS page in Web EOC. It will be part of the public safety/security area. It would provide state notifications and information for things going on in the state. Anyone at a supervisory level in a provider organization, training institution, or supervising hospital would be given access to this page. It will become a primary source of communication in the EMS community. The information is expected to be accessed and shared with the staff of the organizations. Those with access will also have the opportunity to post items. There will be guidelines written and given with the access. There will be a formal announcement at the next EMS commission meeting.

F) Old Business / Subcommittees

Chairman Bell stated the TAC committee is going to recess to work on subcommittee work. First Dr. Bartkus chairs the subcommittee on student drug and alcohol testing and also the work on defensive driving an ambulance.

Mr. Ford will head the 24 hour ALS coverage group. Need some preliminary directions and guidelines for some ground rules about what constitutes 24 hour coverage using the Federal Wage and Hour Guidelines interpretation on engaged to be waiting or waiting to be engaged.

Dr. Brown's former subcommittee will join the EMS Agenda and National Education Standards subcommittee. They need to work on better defining the recommendations for deadlines on testing. Secondly look at potential reciprocity issues whether the NES is accepted or rejected. Chairman Bell and Mr. Zartman had discussed after the last commission meeting to clarify the TAC recommendations on a excel worksheet or other format to hand out to the commission. Chairman Bell directed to further identify the advantages and disadvantages with documents for support. Invited guest Tony Hartman is present to provide consultation from the National Association of EMS Educators.

Mr. Archer made an announcement at this time that Bruce Bare who could not be present will be having a conference call on 12/8/10 with Mr. Bill Brown from the National Registry of EMTs to discuss bringing NREMT testing to Indiana. So as to not have a forum Mr. Archer would like a list of questions to be given to him for the call.

Chairman Bell handed out 2 documents from the NASEMSO resolutions 2010-03 and 2010-04 attached. He also supplied the Agenda and Standards if additional copies are needed.

G) New Business: EMS Commission Assignment

- Better define the National Education Standards recommendations to include deadlines, testing-reciprocity-certifications.
- Dr. Weinstein presented information on EMS for Children to the commission last meeting. The presentation discussed current BLS and ALS in Indiana along with the equipment providers carry for pediatric patients. She would like to see the

Commission have the TAC review the current state equipment requirements and compare to the national list recommendations. Mr. Archer is going to get together with Dr. Weinstein to speak to the Commission regarding this issue.

H) Recess

I) Reconvene

J) Subcommittee reports

1. Dr. Bartkus

Emergency Vehicle Operations Course (EVOC)

- Issue/Rationale: A formal emergency vehicle operations course is not part of the standard EMS educational curricula – current or proposed. In an effort to protect persons and property, formal education should be conducted regarding the operation of emergency vehicles. It is believed that the EMS provider organization, rather than the EMS educational program, is in the best position to arrange for an EVOC which meets the provider's needs and may closely emulate the equipment and conditions which the driver is likely to encounter. An EMS provider with drivers with this formal training may qualify for reduced insurance rates and are likely to enjoy decreased vehicle and other property damage, injuries, and liability.
- 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.

Drug and Alcohol Testing in EMS Educational Programs

- Issue/Rationale: To reduce medical error and to promote patient safety, adoption of drug and alcohol screening for EMS personnel at the earliest stages of their education is warranted. These types of rules have been in place for more than ten years for "safety-sensitive employees" covered under the Federal Motor Carrier Safety Administration, the testing is readily available, and published policies regarding handling of positive results have withstood challenges.
- 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."

Background Criminal History Verification in EMS Educational Programs

- Issue/Rationale: EMS practitioners, by virtue of their certification, have unsupervised, intimate, physical and emotional contact with patients at a time of maximum physical and emotional vulnerability, as well as unsupervised access to personal property. In this capacity, they are placed in a position of the highest public trust, even above that granted to other public safety professionals and most other health care providers. While police officers require warrants to enter private property, and are subject to substantial oversight when engaging in “strip searches” or other intrusive practices, EMTs are afforded free access to the homes and intimate body parts of patients who are extremely vulnerable, and who may be unable to defend or protect themselves, voice objections to particular actions, or provide accurate accounts of events at a later time. This access to patients begins during the educational programs. (*Adapted from the National Registry of EMT’s “Felony Conviction Policy.”*)

- 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."

Mr. McNutt offered a motion to adopt the subcommittee's recommendations. The motion was seconded by Mr. Zartman. The motion passed.

2. Michael McNutt

TAC RECOMMENDATIONS FOR THE "24/7" RULE

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.

Dr. Weinstein offered a motion to adopt the subcommittee's recommendations. The motion was seconded by Mr. Zartman. The motion passed.

3. John Zartman

National Education Standards Subcommittee

- Mr. Zartman handed out the recommendation document that Chairman Bell presented at the last EMS Commission meeting. The commission members were discussing the document, but there were questions from providers that were in addition to what was provided. The current document is good but needs a few modifications. The commission wants to know what are the transition dates for all the changes. Putting together all the information as a whole.
- The topic of testing and adoption of National Registry for testing at all levels except the EMR was addressed but the report did not have anticipated dates for these changes. The commission would like that information.
- The hand-out just given by Chairman Bell from NASEMSO addresses testing dates recommended by the state officials' organization.
- Mr. Zartman explained that Indiana is 2 years behind due to not being active.
- Mr. Zartman recommends staying with these recommendations especially at the paramedic level because all the programs have to be accredited and it is a requirement they use this matrix and the national education standards.
- Looking at the EMT level for example, if we do not adopt NREMT testing, Indiana will need to update and maintain a new test. This is a very costly task to write, qualify, and defend each test question administered. NREMT testing has been taken to court and challenged on questions. With state budget needing to be kept down, there does not appear that the funding would be present for Indiana to do its own testing.
- Since we are recommending adopting the new standards then it reasons out to also recommend the testing component except EMR.
- The commission had questions regarding using NREMT for recertification. Would Indiana have everyone maintain just that NREMT card or would Indiana expect submission of a copy and

combined with other Indiana components like audit & review an Indiana certification would then be issued? What the subcommittee agreed to was to keep the Indiana certification. Everyone who obtained their initial certification testing with NREMT would be required to recertify with Indiana. It would not be required but highly encouraged the individual also maintain their NREMT certification.

- Mr. Zartman stated in talking to Bill Brown from the NREMTs is that anyone who has held a national registry certification in the past could be grandfathered back in. The problem lies if you have never taken registry, Mr. Brown could not just grant one. Mr. Brown states that an individual could challenge the test but the test is written for entry level and it is believed many individuals would have a very low success rate. Another reason to keep Indiana certification. There are some Paramedics from the very early Indiana programs that did not test registry. Most of your Indiana EMT programs did not either. Only later Paramedic programs and all I-99's currently test registry in Indiana.
- Mr. Zartman will write the recommendations:
 - It is highly recommended that all levels take NREMT testing as an initial certification except EMR. This was further explained that the reason EMR was left out is because a lot of them are volunteers. It is tough getting them into a course and then pay for a certification exam. There is a concern in talking with providers that there would be a decrease in the number of EMRs. The NREMT First Responder exam is \$65.00 currently. The course itself varies but is around \$125.00. For either departments with little funds or individual volunteers the cost may be too great. Especially in rural areas they cannot afford to have a decrease in volunteers.
- Further discussion involved the NREMT practical. The current practical is being modified. The training institutions will be completing competency testing on skills for their students and this could include the Indiana specific curricula.
- There is a financial impact that the cost may be less for the NREMT practical. Individuals at the I99 and paramedic level now pay \$100-\$250.
- At the EMT level there will be a financial impact because currently an individual taking the NREMT EMT written test pays \$70.
- In conclusion recommend:
 - NREMT testing for all levels except EMR.
 - It is highly recommended that those levels maintain the NREMT on recertification.
 - Keep Indiana certification this would have the individual send a copy of their NREMT card or would need documentation of the core requirements if did not maintain NREMT. This would also cover those individuals who were never national registry in the first place. Mr. Archer stated that Indiana has to be able to make sure competencies are maintained and to track the additional educational components required by Indiana law.

- Mr. Archer stated that current Indiana paramedic success rate on an initial NREMT written test is 69%. It increases to 86% on the second attempt. Sometimes the individual needs to take the test a third time. So the cost to the individual could be high. Mr. Zartman pointed out that this has been true since using the testing service, so the fiscal impact would not necessarily change for them at the Paramedic level as this has been the current process for many years.
- Chairman Bell stated the cost of renewal of the NREMT is \$15.00. Indiana should also consider charging a cost for renewal at all levels.
- Mr. Ward stated for anyone wanting reciprocity then keeping the National Registry certification is also important whether coming into Indiana or leaving. Dr. Brown encouraged we recommend that everyone maintain their National Registry to keep the Indiana certification. Mr. Archer stated that Indiana needs to align their recertification requirements in line with National Registry. Indiana specific competencies and additional education requirements would be easier to maintain and track. Mr. Zartman also mentioned that Indiana requires an audit & review process with the medical director. We want to encourage this to continue. So that would be a core element Indiana needs to track. Not so much hours but core content.
- Mr. Hartman stated that attention needs to be to the EMS Agenda which encompasses National Education Standards, EMS core content, and Scope of Practice. If we piece it apart Indiana is going to be behind. The whole agenda needs to be handled together. Mr. Zartman acknowledged that this includes the education standards, testing, certification, reciprocity, and instructor education. Any state that doesn't go this way is going to be landlocked in Indiana at the EMT level. Some providers have expressed displeasure with some of the current recommendations are because of how it affects their local system. Providers need to read the EMS Agenda and look how it is going to affect them whether this happens or not. If Indiana does not adopt the EMS Agenda it is going to hurt Indiana systems.
- Mr. Archer has had some comments from higher education systems that are concerned that the new education standards will not fit within the college system. Mr. Hartman assured him that the education standards have been written to allow this as they played a key role in the process change. Each institute can adopt and mold the education standards into their college curriculum. You are given objectives. The program decides how to accomplish those objectives. Mr. Zartman expressed a fear for the Primary Instructors who are going to need assistance in implementation if they are not working in a higher education setting. It is agreed that an education component for the Primary Instructors will need to be developed.
- Chairman Bell requests to include the syllabus and program for the Ivy Tech I99 bridge to paramedic course. It would be helpful to answer some of the questions the commission is getting addressed to them. The TAC agrees that the program the commission has approved meets all standards for an I99 to paramedic bridge course. Dr. Weinstein stated although the path to achieve paramedic certification was different we must keep in mind the end point is the same, paramedic certification.

- Discussion regarding the timeline recommendation and the passing of rules to allow the new education standards and certifications to take place. From the time the commission makes a decision to approve to the time rules have completed the process it will take 18 months to 2 years or maybe more if any difficulties. The EMS Commission could approve the new education standards and the institutions can teach them but certification cannot happen until the rules are adopted.
- It was stated that Mara Snyder legal counsel has told several members of the TAC that someone who wants to renew a certification but at a level lower than what the education they received the rules do not allow this to happen. This was a common practice in the past but it is not allowed currently.
- A bridge course was discussed regarding the EMT-Basic Advanced to the Advanced EMT. Mrs. Butt who currently is teaching an EMT-Basic Advanced course explained the current curriculum and the new Advanced EMT standards. The EMT-BA currently has IV's, 3 lead interpretations of 5 rhythms: normal sinus rhythm, ventricular tachycardia, ventricular fibrillation, asystole, and pulseless electrical activity and some more advanced assessment. No pharmacology. The new Advanced EMT covers IV's and all new Pharmacology which will include intramuscular and intravenous medications. There is not any cardiac monitoring at this level, but treatment is not affected because the same care can now be accomplished with an AED. Due to the fact that the IV is the only portion that is the same, the TAC is recommending no bridge course needs to be developed from the current EMT-Basic Advanced to the Advanced EMT.
- Much discussion continued regarding when must an EMT-Basic Advanced either move back to EMT or complete an Advanced EMT course. This discussion also included I99. The I99 individual needs to either bridge to paramedic or drop back to the Advanced EMT level. Mrs. Butt stated that the I99 curriculum does not include Glucagon or Nitrous Oxide that are in the Advanced EMT so some additional education would still need to be accomplished for those individuals.
- The recommendation could be that 18 months from the time the EMS Commission adopts the EMS Agenda and submits to the Legislative Service Agency. It is highly recommended that everyone start preparing to teach the New Education Standards.
- The only fiscal impact will be on the individual who will see an increase in fee for testing at the EMT level. The Training Institutes will be updating training materials and instructors. No additional fees would need to be spent that would not have been spent already.
- Recommendation 1/1/2013 no more testing for EMT-Basic Advanced in Indiana. Starting the same date 1/1/2013 Advanced EMT will test at the NREMT.
- Recommend that all Indiana specific add on curricula must be validated during the course and competency tested at the practical skills exam.
- **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
 - 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
 - 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**
 - There will no longer be instructor and student materials available.
 - \$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
 - Creates complications for individuals who practice in bordering states as well as 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 remain active and allowed to dissolve through attrition by maintaining their inservice hours within the State of Indiana. 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. Providers will need to determine if and when they will need to convert to the new classification levels to meet new state requirements.

Proposed Titles Changes:

<u>NEW Title</u>	<u>OLD Indiana Title</u>	
EMR	First Responder	(Old First Responder)
EMT	Emergency Medical Technician – Basic	(Old Term)
A-EMT	Emergency Medical Technician – Advanced	(New Classification)
Paramedic	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.

LEVEL	When does the New NREMT Exams begin:	Last date course based on NSC could finish:	Last NREMT Certification Examination will be given:	Transition Completed by:
First Responder		Determined by the State	December 31, 2011	September 30, 2016
EMR	January 1, 2012			
EMT-Basic		Determined by the State	December 31, 2011	March 31, 2016
EMT	January 1, 2012			
Intermediate 85		Determined by the State	March 31, 2013	March 31, 2018 - Test AEMT Cognitive Exam
Advanced EMT	June 1, 2011			
Intermediate 99		Determined by the State	December 31, 2013	March 31, 2018 - Test EMT-P Cognitive Exam
EMT-P.		Determined by the State	December 31, 2012	March 31, 2017
Paramedic	January 1, 2013			

Additional Discussions and Recommendation:

- ✓ Will need to generate a “**Bridge**” course to convert the current I-99’s to the Paramedic level, and define a timeline as to the conversion date for these individuals and providers. The pilot program is currently be conducted by IVY Tech in Evansville and supervised by the TAC per EMS Commission approval.
- ✓ Review/Discuss/ the current Indiana EMT-Basic Advanced and Current Indiana EMT-Advanced levels to determine action plans for developing a “Bridge” course for these levels to either transition to the next level or drop to a lower level of certification.
- ✓ Review/Discuss the core material in developing objectives and course content to assist current Certified Training Institutions and Primary Instructors to teach the new standards for these Bridge courses.

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:

National EMS Scope of Practice Model

http://www.nasemsd.org/documents/FINALEMSSept2006_PMS314.pdf

Chairman Bell stated we need a special meeting of the TAC to finalize recommendations to the EMS Commission for consideration at the January EMS Commission Meeting.

Mr. McNutt offered a motion to adopt the subcommittee’s recommendations. The motion was seconded by Dr. Weinstein. The motion passed.

Chairman Bell called for a vote to have a special meeting on December 28, 2010 at 10am at Indianapolis EMS.

Dr. Bartkus offered the motion, Mr. Ward seconded. The motion passed.

K) Good of the order: Commissioner Myron Mackey asked about the recommendations regarding the current EMT-Basic Advanced and the Intermediate-99 level. The recommendations have not changed.

Mrs. Blagrove asked if the TAC has considered in its recommendations the information from the NAEMSO organization. They have sent a request to the National Registry to maintain testing for the I-99 level into the future. She stated this was due to 25 states wanting to maintain that level. National Registry has not indicated at this time that they are changing their current plans. Mrs. Blagrove stated that there are paramedic agencies in her community that have benefited from taking the I-99 course and then a bridge to paramedic. It becomes a time issue for rural services to send their people to a paramedic course. The step to I-99 is easier to do and then add the paramedic. Mr. Ward stated that service also can bill at the ALS level once they obtain the I-99 to help them build revenue to obtain the paramedic level. Mr. Zartman stated that if the I-99 level is not listed as an ALS provider in the future, reimbursement would be decreased for this level.

Mrs. Blagrove asked if the TAC is able to get the minutes to be posted on the website. The secretarial support the TAC had received from Gail Fennell has discontinued since her leaving. The TAC members have not been given the paperwork for mileage or for services. Mr. Archer stated to forward the minutes to him and that he will take care of the mileage/service paperwork also.

Subcommittee's need to send their reports to the TAC secretary by December 13th.

L) Next Meeting: Special Meeting: December 28, 2010 at 10am
Indianapolis EMS, 3930 Georgetown, Indianapolis 46254

Next regularly scheduled TAC meeting will be Tuesday, February 1st, 2011 at Noblesville Fire Department Station 77, Noblesville, IN

M) Adjournment:

A motion to adjourn was made by Dr. Bartkus and seconded by Mr. Zartman.
The meeting was adjourned.

Approved _____
Leon Bell III, Chairman