

August 4, 2023

National Highway Traffic Safety Administration
Office of Emergency Medical Services (NPD-400)
1200 New Jersey Avenue S.E.
Washington, DC 20590

Attn: NEMSAC Subcommittee on Adaptability and Innovation

Re: Designation of Graduate-Prepared Paramedics as Federally Registered Practitioners.

The International Association of Fire Fighters (IAFF), the International Association of Fire Chiefs (IAFC), National Association of Emergency Medical Technicians (NAEMT), and the American Ambulance Association (AAA) appreciate the time and consideration of your well-intentioned advisory. However, our organizations oppose this advisory and request it be tabled indefinitely. Services across the country are struggling through a severe workforce shortage of EMS personnel and collectively our organizations are fighting to secure sufficient reimbursements and federal funding to hire, train, and adequately compensate our workforce. Adding an additional level of provider will only detract us from our primary mission of emergency response and interfacility transportation.

Currently, there is a path forward for those wishing to advance their careers to become a physician, physician assistant, nurse practitioner, nurse, or respiratory therapist; to which we lose EMS clinicians annually. Additionally, the skillset of a graduate level paramedic will mimic or be seen as scope creep by nurse practitioners or physician assistants and most likely be strongly opposed by both.

Considering CMS and CMMI's recent decision to end the ET3 pilot program, it is unlikely CMS would see the benefit of a graduate paramedic and allow for reimbursement like a nurse practitioner or physician assistant.

We politely ask you to withdraw this advisory and join us in our effort to secure the essential funding to recruit and retain EMS personnel to help us overcome our current workforce shortage and to ensure an affordable, accessible, and equitable pathway for entry level practitioners.

Sincerely,

American Ambulance Association
International Association of Fire Chiefs
International Association of Fire Fighters
National Association of Emergency Medical Technicians

August 9, 2023
Dear NEMSAC:

I am a paramedic, an EMS physician, and a state EMS official. Regarding the proposal "Designation of Graduate-prepared Paramedics as Federally Recognized Practitioners," not only should NEMSAC support the proposal, but heartily embrace it as one of the first true attempts at actually addressing the root causes of the massive amount of attrition we have seen on ground EMS services in the last 5-10 years. Far from taking paramedics away from services, this will provide a path for EMS personnel to advance into a true professional practice, rather than a vocation. Rather than distracting from important issues, this proposal goes to the heart of the EMS crisis, addresses the causes of the disease rather than trying to make it appear that symptoms are not there.

I discussed this proposal with a group of Fire/EMS administrators yesterday, and the unanimous conclusion was that this would inspire people to enter and stay in the EMS profession, rather than pulling away from it. It may not make people want to be firefighters but will definitely go a long way to making them want to be paramedics. As a personal example, for most of my young life, I wanted to be a paramedic, but I decided to become a physician instead when I realized that I would reach the ceiling of a Paramedic vocation by my early 20s and would spend the rest of my working life at that level. Had the path of a graduate level practitioner been available and “paramedic” been the first step on a path, things may have been different.

I implore the NEMSAC to not let this opportunity slip past.

Sincerely,
Walt Lubbers, MD

August 9, 2023

To Whom It May Concern:

I am writing in support of the draft proposal for the Designation of Graduate-prepared Paramedics as Federally Recognized Practitioners. I have worked in prehospital care for the past 17 years beginning as a volunteer firefighter, then ED paramedic, progressing to career firefighter/paramedic rising to the rank of Captain, to single-role paramedic, and now serving as Division Chief over education in my agency. My service experiences a high turnover rate, and in exit interviews, the common refrain is “lack of opportunity to advance beyond paramedic.” I would expect this to be a common refrain nationally, that skilled, capable paramedics are leaving the field due to a lack of opportunity to advance. Internally we have put in place several specialty teams and educational opportunities for our staff, but the chance to have graduate-level providers to provide high-quality care to patients that may not require transport to the emergency department or have long-term health problems that they cannot get appropriate home care for on hand would be an excellent growth for emergency medical services as a whole.

The current climate of workforce shortage is multi-faceted, and this proposal is not an overnight solution, but we desperately need some long-range thinking and planning to update how pre-hospital care is performed for the future of our industry. We in the field and in departmental leadership need to make sure our services are attractive to bring people into the field, however, we need opportunities for our providers to continue to grow. The graduate-prepared paramedic practitioner gives us this opportunity.

Additionally, many of the funding options that are opened by having Graduate Prepared paramedic practitioners will see the industry better funded for skills already performed daily. The paramedics we train who then leave to seek expanded skill sets are seeking opportunities that they could absolutely perform in the field if these types of roles existed. Please support this measure and open more opportunities for the future of our industry.

Respectfully,
Jonathan Oesterman NRP, CCP-C
Division Chief
Georgetown Scott County EMS

August 9, 2023

To Whom It May Concern:

I am writing to support the draft advisory for the Designation of Graduate-prepared Paramedics as Federally Recognized Practitioners. I have worked as an EMS professional for 15 years with experience in many different service delivery models. I have experience as a single-role paramedic, emergency department paramedic, and a career firefighter. Like many of my coworkers, I am currently pursuing

undergraduate education with the goal of completing a graduate program to obtain licensure as a Physician Assistant to progress my professional career and clinical abilities. This advisory would help create a path to not only retain many EMS professionals such as myself but would better ensure that future generations of prehospital clinicians have a path to clinical advancement.

Current workforce shortages are affecting almost every industry in healthcare. While this advisory does not solve every problem the EMS profession faces, it provides a rational solution to the majority of issues pushing paramedics out of the field while providing alternative solutions to many of the reimbursement challenges facing EMS agencies today.

Respectfully,
Ryan Stull NRP, WP-C, TP-C, FP-C

August 9, 2023

As a daughter who lost her father, a fire fighter, in a LODD on 12/6/2022 as a "struck by" incident, I am passionate about the TIM program and believe that an advisory into developing the TIMS to be a nationally accepted and implemented guideline for safety. I urge you to give all EMS practitioners the safest patient care scenes as possible. I am directly involved in my local area and have become an EMT and Safety Officer since my father's death. Kurt Keilhofer's "Safety First" moto will live on forever.
Sincerely,

Crystal Isenberg

August 9, 2023

To whom it may concern:

I am writing in support of the draft advisory "Designation of Graduate-Prepared Paramedics as Federally Recognized Practitioners."

After spending 15+ years in EMS, I left the EMS profession after reaching the ceiling of clinical practice as a full-time Paramedic to pursue education as a physician assistant. I am not alone. Over 25% of the graduating cohort came with PA school with an EMS background. People who have been in EMS for any amount of time are acquainted with at least one EMS provider who left to pursue other healthcare careers as nurses, physician assistants, anesthesiologist assistants, or physicians. Many of these EMS providers did so after reaching the ceiling of their clinical practice and education. If established, paramedic practitioner would provide an avenue for prehospital clinician career advancement, promoting increased workforce retention within EMS.

In addition to an improved career ladder for EMS providers, the creation of this role would most importantly improve the delivery of patient care to the public dependent on the services community emergency medical systems provide. Several jurisdictions throughout the US have implemented similar provider models, but they have been relegated to utilizing nurse practitioners and/or physician assistants, possible those without a history of working in EMS service roles and therefore a limited knowledge of the nuanced characteristics of the prehospital clinical environment. While use of these two roles permits EMS agencies to provide a higher level of care, these agencies often have to recuperate the cost of providing prehospital environment job-specific training to those providers newly hired to perform in these roles. It is probably the primary reason the Society of Emergency Medicine Physician Assistants (SEMPA) emphasizes 2 years of experience in ALS EMS field practice **AND** 2 years of emergency department practice **OR** completion of a specialized EMS fellowship as part of their guidelines for PAs interested in pursuing practice in an out of hospital setting. Similarly, the American Academy of Emergency Nurse

Practitioners published a position paper; however, unfortunately the position did not include experiential training recommendations.

Some national organizations with a stake in EMS have argued against proposals such as these. These organization leaders fear this advanced scope would create professional barriers for or eliminate certificate and diploma prepared paramedics already working in the field. This is a flawed analysis. The establishment of nurse practitioner degree programs (and subsequent licenses) did not eliminate the practice of nurses already working in the field. Establishing a paramedic practitioner role will not eliminate EMTs and Paramedics practicing in the field, nor would it raise entry-level requirements. If paramedic clinicians who have reached the ceiling of their clinical practice had the option naturally progress into a graduate degree prepared paramedic practitioner role, their prehospital experience would most certainly optimize their graduate-level learning experience. This advanced scope of practice would also become the ideal for managing the care of low-acuity patients that may not necessarily require ambulance transport. It would also improve the way a community EMS system responds to its highest acuity patients.

In summary, the creation of the paramedic practitioner is long overdue. Instead of trying to provide additional just-in-time training or incorporating providers of other healthcare professions, EMS capabilities should be expanded to include paramedics who are motivated to advance their education. This career field needs to develop the necessary framework and standards for a graduate-educated practitioner level. NEMSAC, the NHTSA Office of EMS, and FICEMS are the exact types of organizations needed to help coordinate the stakeholders needed to development this role and efforts to do so should continue to move forward.

Christopher Wanka, PA-C, NRP, CCP-C

August 10, 2023

To Whom It May Concern:

I am writing in support of the draft proposal for the Designation of Graduate-prepared Paramedics as Federally Recognized Practitioners. I have worked in prehospital care for the past 28 years, beginning as a volunteer firefighter/EMT, and then moving into a variety of career positions within various of rural services. For the last five years, I have worked at a State Office of Rural Health working with rural EMS services, critical access hospitals (CAH), and small rural hospitals across my state. In my travels to and in work with rural EMS services, a common topic comes up from the providers and administrators. It is said that one of the reasons for providers leave the field is the is a lack of field advancement beyond the paramedic certification, and in the last year, we lost more paramedics in the commonwealth than we have gained. EMS clinicians in my state try to continue to learn and grow, but without this ability progress to a higher level of clinical practice, they eventually become stagnant, and leave the EMS field for other healthcare careers or they leave healthcare altogether. If providers have the opportunity to advance and work towards an Advance Paramedic Practitioner (APP) level, it will give states like mine an avenue for keeping more providers from leaving.

Another common topic that is discussed is the practice hospitals recruiting EMS providers to help offset the hospital staffing issues. This type of opportunity is often hard to pass up because hospitals have the ability to pay higher, more lucrative wages and offer better benefits. We saw this firsthand in my state when a rural hospital recently made national news for just this during the pandemic. Lately, hospitals have begun to realize that Paramedics possess the skills needed by struggling healthcare system looking to close staffing gaps. For these healthcare systems, an Advance Paramedic Practitioner could become the perfect fit for hospitals seeking to increase their service offerings to the out-of-hospital setting and work alongside EMS services.

For the longest time, we have taught our providers to take the patients to the most appropriate care—right treatment, right patient. Well it's time that we step up and do what is right for the patients by taking the practitioner to them. This could be done on a 911 call or through a robust community paramedic program.

So in closing I ask that support and move this proposal forward. Yes, we understand that this isn't the answer to all of our issues within EMS recruitment and retention, but it sure can't hurt to give this a try. Respectfully,

Scott Helle, BBA, EMT

August 10, 2023

To Whom It May Concern,

I am writing to support the draft proposal for the Designation of Graduate-prepared Paramedics as Federally Recognized Practitioners.

I began my EMS career right out of high school and continued after obtaining my bachelor's degree. I went on to work as a paramedic in a very busy urban area before leaving for a flight medic position. After starting a family, I went back to a fire-based ground EMS service. It was disheartening (to say the least) to see a contrast in career path opportunities for fire-side partners versus the career path for those of us in EMS. For my fire department colleagues, a clear pathway was laid out and on display throughout the fire house which not only explains how the fire suppression side personnel can rise through the ranks but encourages it. Nothing like that existed for the EMS personnel. Because of this I moved on to other departments where career advancement opportunities were available to me and I eventually I became the Deputy Director of a rural EMS service. Today, I work in EMS on a PRN basis because I work full-time in research.

Over the course of my career, I have been unable to keep count of the number of paramedics I have known that left the profession to pursue nursing or an advanced medical degrees for increased career opportunities. Most of these folks are incredibly smart, dedicated individuals who loved working out in their communities. Losing them to the four walls of institutions, has been devastating to some communities. The proposed career pathway described in this advisory gives paramedics and EMTs options. It opens up opportunities for them to continue to serve the communities they love and feel committed to while also advancing themselves.

Much of our country is experiencing a shortage of shortage of medical staff. Hospitals are seeing longer wait times in emergency departments. The addition of advanced paramedic practitioners, especially in rural/underserved areas would be a game-changer. It would increase the number of patients to be treated at home rather than at their community hospital, reducing the overall cost of healthcare for these patients and increasing the number of hospital beds for the sickest of patients. It's a win-win.

I support this measure and help our profession retain the amazing and talented men and women we have dedicated to serving their communities. I encourage others to do so as well.

Respectfully,

Abby Bailey

August 10, 2023

Members of the National Emergency Medical Services Advisory Council,

I write to you in support of the creation of graduate-prepared Paramedic Practitioners as a new, optional role within the national EMS educational scheme. During COVID, Hilton Head Island Fire Rescue successfully partnered with a Nurse Practitioner who worked under a collaborative agreement with the Medical Control Physician.

Having an advanced practice role within the department was instrumental in the development of exposure, quarantine, isolation, testing, and return-to-work protocols. It also helped create new pathways for high-risk refusals, treatment-in-place for urgent but non-critical patients best served in the home, limited primary care services for our staff, and new perspectives for quality improvement and patient safety initiatives.

The creation of Paramedic Practitioners would be a logical step toward embracing a better health care future where EMS systems are better prepared to meet the emerging needs of society. Providing a career ladder for our most talented staff will ensure that we retain their experience and expertise in the field of EMS.

Respectfully,
Tom Bouthillet
Battalion Chief of EMS (Retired)
Hilton Head Island Fire Rescue

August 10, 2023

To whom it may concern: My name is Adam Tresidder, and I am a career Paramedic, Flight Paramedic (civilian sector and Army National Guard Medevac) and EMS Educator. I'm writing to voice my support for the goals of Mr. Fifer's proposal for the creation of the aforementioned credential. The EMS industry and the Paramedic profession are in desperate need of such a credential and the role and education and career pathway this would create. The lack of professional development opportunities is one of the most damaging factors that are hampering recruitment and retention efforts for EMS, and the inability to provide more definitive prehospital care has hamstrung the industry and literally "passes the buck" while multiplying it in orders of magnitude to hospitals and subsequently payers public and private as well as patients. If EMS systems could have legitimate Paramedic Practitioners out in the field acting as the proverbial "ounce of prevention" in conjunction with Community Paramedics and Field Paramedics in a true tiered system of care, the sustainability of the EMS industry and the Paramedic profession would be greatly improved, to great benefit of patient's, Paramedics and all other stakeholders.

In short, this is an advancement that we as an industry and a profession, alongside the U.S. Healthcare system as a whole, can't afford to not embrace. I personally would leap at such an opportunity, especially in favor of leaving the industry and profession to go work in facility in a higher capacity.

Thank you for your time and consideration,

Adam Tresidder

August 10, 2023

National Highway Traffic Safety Administration
Office of Emergency Medical Services (NPD-400)
1200 New Jersey Avenue S.E.
Washington, DC 20590
Attn: NEMSAC Subcommittee on Adaptability and Innovation

Re: Designation of Graduate-Prepared Paramedics as Federally Registered Practitioners

I am writing in support of the NEMSAC Advisory for Paramedic Practitioners. Currently across the United States there is a shortage of mid-level providers. The need for mid-level providers is even more acute in rural parts of the United States. The Innovation of creating paramedic practitioners, would provide needed services to people in underserved rural areas in the United States.

Currently the Accreditation Council for Graduate Medical Education (AGCME) has done research into finding ways to help increase primary care physicians and mid-level health care providers to rural and underserved areas and as Dr. Thomas Nasca, AGCME President and CEO, stated in an April 2021 interview *“one of the most important steps then is to recruit young people into the healing professions who come from rural or underserved areas they are the ones who are most likely to remain in these communities after they have completed training”*. My point referencing AGCME is this innovative strategy to create paramedic practitioners is a way to capitalize on people who are already serving their communities and are often well known by the local community and have a built-in infrastructure to provide needed mid-level provider services that are needed in communities across the United States.

According to the U.S. Department of Health and Human Services Health Resources and Services Administration Bureau of Health Workforce National Center for Health Workforce Analysis done in November of 2016 for State-Level Projections of Supply and Demand for Primary Care Practitioners: 2013-2025 (sidebar: COVID-19 and healthcare provider burnout were not factored into this report’s projections). This study concluded:

“Improving quality of care, increasing access to care, and controlling health care costs are dependent on the robust availability of primary care providers.¹⁵ The projections presented here suggest that the U.S. supply of primary care physicians will grow more slowly than demand for primary care physician services. In contrast, primary care NP and PA supplies are projected to outpace demand for services nationally. At the state level, the picture becomes more complicated. The projected national 2025 primary care physician shortage is less than 9% of the projected 2025 demand, and it masks both projected oversupplies of primary care physicians in some states and large variations in undersupply in other states. Similarly, national estimates of 2025 primary care NP and PA oversupply obscure the considerable spread in state estimates and the shortages of primary care PAs that are projected for nine states”.

Additionally, the report concluded

“Based on analyses presented in this report, 37 states are projected to have a shortage of primary care physicians in 2025. Nine of these physician-shortage states also have projected shortages of primary care PAs in 2025. These findings underscore the potential complexity of ensuring adequate primary care provider supply across the United States.”

The focus of this Council is to look for innovation. This is the time to look for opportunities innovate. If Paramedic Practitioners were allowed to develop, it would empower local paramedics to provide needed services to rural and underserved areas. Yesterday, the arguments against this proposal indicated that this new career pathway would decrease an already strained industry with a shortage of paramedics and EMTs, however I believe the development of these practitioners would help alleviate some of the causes of these strain. This would be taking the concept of community paramedicine to its next logical progression.

The argument as well that there are opportunities for paramedics to move on and advance through Physician Assistant or nurse practitioner would only serve to further cause a decrease in EMS

providers and the shortage as this mentality by some in EMS circles creates a stepping stone profession that does not retain high quality and experience paramedics, instead EMS loses some of its best and brightest who go back to school for these professions leaving EMS. The proposed paramedic practitioner would allow for people who are public servants to continue to serve and retain experienced leaders in the field of EMS, while meeting what has become even a more acute need to provide mid-level provider services to underserved and rural areas. Additionally, this innovation provides the ability to tap current health care professional who are often well known in their rural underserved community where they have the community trust and therefore increasing the probability these populations would seek out mid-level medical care from these paramedic practitioners.

I have served in volunteer Fire and EMS services in New Mexico, Tennessee and currently in Kentucky. I also serve as an adjunct professor in the Eastern Kentucky University Center for Wilderness Medicine and Outdoor Public Safety. I know first-hand what the needs of rural health care are having worked in Santa Teresa, NM and now for the last 18 years living and working in rural eastern Kentucky which has two of the poorest counties in the United States. Again, getting the population in these underserved and rural areas access to primary care mid-level provider care will help decrease overall costs to Medicare and Medicaid services and decrease the strain on the 911 system and emergency departments/ hospitals across the U.S.

Again, there was a time years ago when the NHTSA decided to take on an innovative new program that would create EMT & Paramedics and I see this innovation a natural evolution to paramedic practitioner that can have an immediate impact on the current needs especially of underserved and rural communities for mid-level provider health care.

Sincerely,
Dr. Eric J. Fuchs, FNAP, ATC, AEMT, SMTC, CIDN

August 10, 2023

Given the lack of data that shows an improvement in patient centered outcomes - see the OPALS studies, studies on pediatric airway management, etc. - and that many interventions with proven patient benefit are now skills taught to EMTs, what is the data showing that this new level of provider will improve patient outcomes? Use of clinicians with more advanced training will cost municipalities more money, many of which may not be able to afford to hire these clinicians. This could lead to greater disparities in healthcare accessibility between adjacent communities. I am in 100% support of ways to advance the practice of pre-hospital medicine, establish it as a formal profession (e.g. requiring a degree), better incorporate EMS into our nation's healthcare system, and improve the pay and benefits of those in EMS. However, if we are going to ask the country and communities to pay for such a profession, the education, training of our pre-hospital clinicians should be evidence based and focused on what leads to safer and healthier communities.

--Anonymous

August 10, 2023

All,
I would like to voice my support in favor of the Master of Science in Paramedicine. I am an IAFF member, but I do NOT support their refusal to consider and appreciate appropriate career paths for experienced paramedic providers. I am currently assigned to an ALS engine company however I have recently performed my duties as an EMS supervisor and advanced practice paramedic, as defined by our OMD and VA state protocols having skills and medications beyond that of a standard paramedic. I am

expected to provide critical care in a variety of high stake and stress situations and have gained significant knowledge beyond the minimum and maximum allowable skills.

I am fortunate that my current system and OMD appreciate that knowledge, education and experience as I work directly with our other healthcare partners. Specifically at the physician and pharmacist level directly interfacing with them. We have been a leader in our region for many years including POCUS, with some cases bypassing the ER staff for OR staff. We are well trusted by our hospital to provide this level of assessment and treatment because of the investments of physician level support that we have received.

I am one of the fortunate ones, there lacks a national standard that allows all appropriately trained providers from practicing at this level. I have also hit the ceiling for available advancement in my career because there exists no other option except for me to consider a completely different field. If I were to consider PA school it would completely ignore the skills and achievements I have already endured in favor of a different system. I believe that as prehospital providers continue to provide excellent care and hospital environments continue to need additional support from their prehospital partners there exists an opportunity to expand our healthcare system to meet the desperate needs of our population.

Please consider David Fifer's proposal for the MSP credential as a means of addressing this critical need. I would be happy to discuss this further after David's proposal and I have also included the excellent contact of my medical director as a forward thinking and experienced OMD. Dr Wilcoxson has experience in both the prehospital as a paramedic, ER physician, OMD and military roles and is well acquainted with multiple states worth of EMS agencies.

Best,

Colt Freeman B.Sc. NRP
Master Firefighter | Enterprise Software/Hardware Team Lead
Lynchburg Fire Department Station 2C

August 10, 2023

I would also like to offer support. While just a partner with EMS, I do a lot of healthcare workforce recruitment in our state and feel this would be valuable!

Anonymous

August 10, 2023

First, I would like to thank all involved in drafting the *Designation of Graduate-Prepared Paramedics as Federally Recognized Practitioners* recommendation. It shows foresight in providing for the future of EMS. When NHTSA representatives to NASEMO spoke about this proposal in Reno earlier this year at NASEMSO's conference, I was pleased to see our federal partners helping to move EMS toward becoming a true profession, like physicians, nurses, and others.

Having opportunities within the professions for advancement is a key feature that will allow EMS to attract and retain competent providers, instead of telling them they can go elsewhere if they want to better themselves.

While federal and local funding for EMS preparedness is essential, the solution to our current provider crisis is not restricting the profession but expanding it. Many cite a current shortage of EMS providers as the issue. All of the state officials I spoke with a NASEMSO don't have a shortage of licensed EMS

providers; they have a shortage of EMS providers staffing ambulances. It may be time to look to reclaim the EMS providers who are working elsewhere in healthcare and the public safety sector by allowing EMS to grow and mature as the NEMSAC proposal allows.

J. Todd Vreeland, MPA, NRP
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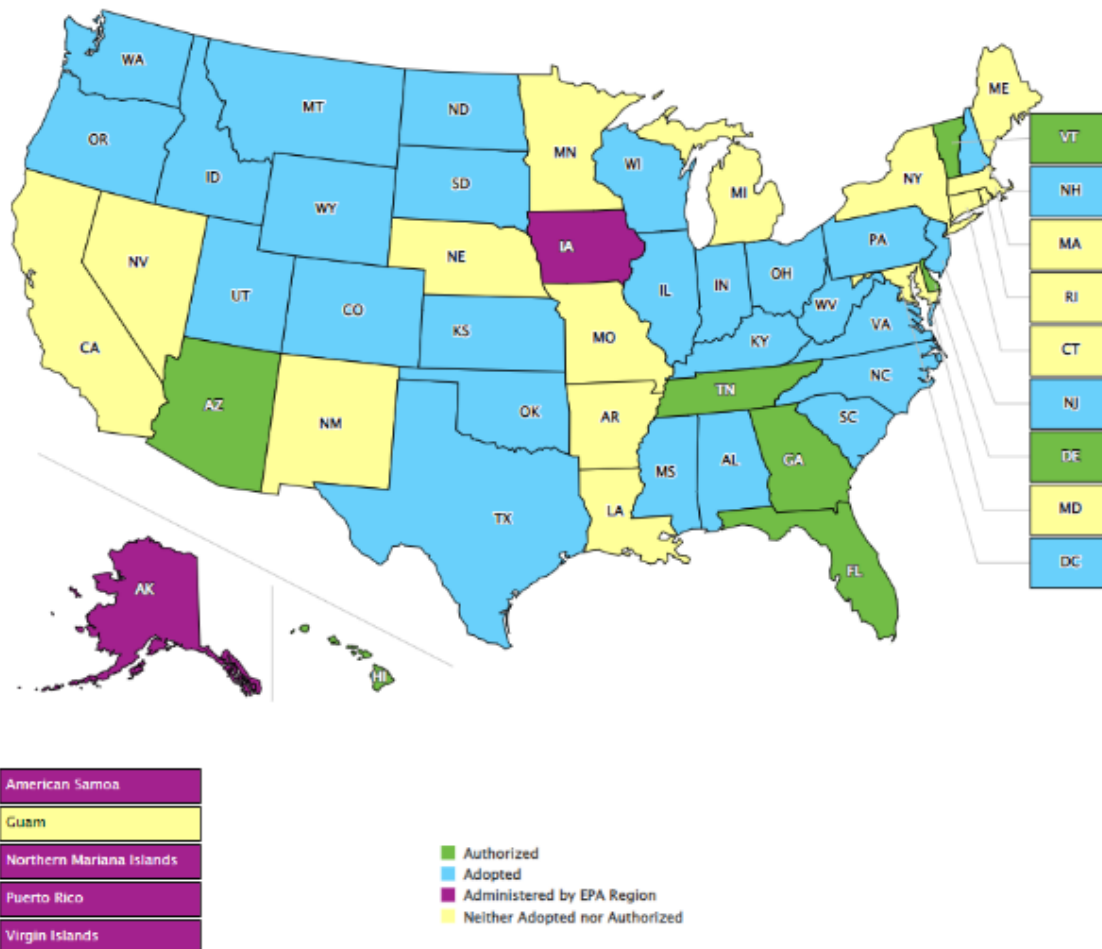


August 9, 2023

Any update on the recalled airbags...EPA IFR updates on recalled airbags.

Anonymously submitted

Answer:



Map of Where the Final Rule for the Safe Management of Recalled Airbags is in Effect

The map shows which states:

- have become authorized for the Safe Management of Recalled Airbags Rule,
- have adopted the rule,
- have not been authorized or adopted the rule, and
- in which states the EPA administers the rule.

From: <https://www.epa.gov/hwgenerators/where-safe-management-recalled-airbags-rule-effect#map>
Cite accessed: 8/14/2023

August 9, 2023

Any updates on air ambulances?
-Anonymous

Regarding Air Ambulance Service Complaint Data: <https://www.transportation.gov/individuals/aviation-consumer-protection/air-ambulance-service>

Regarding Air Ambulance Data Collection (AADC): <https://www.cms.gov/ccio/programs-and-initiatives/other-insurance-protections/air-ambulance-data-collection>
