

Emergency Medical Service (EMS) Education Pipeline

National Highway Traffic Safety Administration (NHTSA) staff prepared this summary document on the status of the Emergency Medical Services (EMS) education pipeline during a series of recent conference calls with EMS stakeholder organizations. Included is a list of national, State, and local considerations for EMS stakeholders. These considerations do not necessarily reflect official policy positions of the organizations that participated during the conference calls. This document is intended to serve as an informational resource for EMS stakeholders. This summary does not establish legal requirements or obligations, and its content does not necessarily reflect agency recommendations or policy.¹

Contributors to its content included representatives from the National Registry of Emergency Medical Technicians (NREMT), the National Association of EMS Educators (NAEMSE), the Committee on Accreditation for the EMS Professions (CoAEMSP), the Commission on Accreditation for Pre-Hospital Continuing Education, the National Association of State EMS Officials, the International Association of Fire Chiefs, the American Ambulance Association, the National Association of Emergency Medical Technicians, the American College of Surgeons, and the Interstate Commission for EMS Personnel Practice.

Challenges Facing EMS Education

Nationwide social distancing measures have led to closures, delays, and other impacts on the national EMS education system. National, State, and local EMS organizations are collaborating to address these challenges, but prolonged delays are likely in the education, certification, and licensing of tens of thousands of entry-level EMS clinicians.

EMS Education Programs Closed

Community colleges, universities, fire academies, and other programs that provide EMS education throughout the country closed in response to social distancing measures. Many of these institutions created distance learning programs to help current students complete their didactic education. However, not every EMS education program has the resources to support online or distance learning alternatives.

To assist EMS education programs, NAEMSE has led a webinar series on transitioning to the online classroom² and is collaborating with NREMT to develop best practices for distance education.

EMS students must also complete in-hospital and pre-hospital clinical rotations to graduate. Unfortunately, most clinical and field internship sites remain closed to students based on a combination of factors, such as government restrictions and recommendations on traveling and social distancing, lack of personal protective equipment (PPE) for students, or the decision of the clinical site to restrict student access.

CoAEMSP acknowledged the need for its 706 accredited paramedic education programs to modify current graduation requirements.³ On April 5th, 2020, the CoAEMSP Board of Directors issued a statement regarding Coronavirus Disease 2019 (COVID-19) to clarify that Paramedic educational

¹ This document does not have the force and effect of law and is not meant to bind the public in any way. It is offered for informational purposes only.

² <https://naemse.org/forums/Topics.aspx?forum=245511>

³ <https://coaemsp.org> Accessed April 16th, 2020.

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programs may employ a broad array of approaches, including simulation, in determining competency in didactic, laboratory, clinical, field experience, and capstone field internship.

Another option suggested by stakeholders for increasing the number of competent, entry-level EMS clinicians to enter the workforce with advanced life support (ALS) skills may be allowing paramedic students to graduate early and be tested as Advanced EMTs (AEMTs).

Testing and Certification Delayed

NREMT is the national certification agency for EMS clinicians. NREMT testing and certification (after completion of approved education) is a requirement for EMS clinician licensure in most States. NREMT's cognitive (computer-based written) exam is administered by Pearson VUE. On March 17, 2020, Pearson VUE closed most of its nearly 700 testing centers nationwide. Over the subsequent weeks, approximately 450 of Pearson VUE's testing centers have re-opened at reduced capacity, with more projected to open in the future. Many testing sites remain closed under State government orders that closed State colleges and universities. Allowing sites to remain open for the sole purpose of testing EMS and other healthcare professionals would help alleviate the lack of testing capacity. Open testing centers are operating at approximately 50% capacity due to social distancing measures.

NREMT is temporarily not requiring the psychomotor (hands-on skills) examination due to social distancing guidelines. It is offering a provisional certification that requires only successful completion of the EMS education course and the cognitive exam. NREMT has accelerated plans for remote proctoring of the cognitive exam, which will be available for the AEMT examination and the EMT examination in May 2020. These emergency measures will help to continue certifying new EMS professionals. Historically, the NREMT tests over 60,000 EMS clinicians in the spring season. NREMT projects that a significantly lower number of EMS clinicians will be tested this year due to the cancellation of EMS education courses. Consequently, local EMS agencies will face a severe workforce supply shortage within the next three months.

Recertification Deadlines Extended

NREMT has approved a 90-day extension on EMS certifications that were due to expire on March 31, 2020, and waived continuing education requirements for face-to-face instruction. States are beginning to modify relicensing requirements in line with NREMT's actions.

Specialty certification courses (such as Cardio Pulmonary Resuscitation, Pediatric Advanced Life Support, Pre-Hospital Trauma Life Support, Advanced Cardiac Life Support, etc.) are often required as part of EMS education, certification, licensure, or affiliation. Many specialty certification course providers have created online courses for didactic materials, and either waived hands-on skills requirements or provided guidance on safely facilitating in-person instruction. Most have also extended or waived current expiration dates.

Licensure Modifications Underway

State EMS offices license EMS clinicians, regulate local EMS agencies, and support EMS system development. Many State EMS staff are currently deployed to state operations centers supporting the COVID-19 response, including guiding statewide efforts to support crisis standards of care (CSC) planning for EMS. Multiple States have temporarily waived or modified licensure policies to streamline licensure.

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Twenty States are accepting NREMT provisional certification as a condition of licensure; however, some States⁴ have reported that their laws and rules prohibit issuing licenses to holders of the NREMT provisional certification.

A few States require fingerprinting and a criminal background check as a condition for licensure; however, social distancing measures and public building closures have made fingerprinting services largely unavailable. Some States⁵ are offering provisional licensure that defers a criminal background check until the public health emergency ends. Employers cannot assume a provisional licensee had a background check and may now need to do this as part of their hiring process. States are also reactivating expired licenses within specified time frames.

Twenty States are members of the Interstate EMS Licensure Compact (Compact), which was formally activated in response to COVID-19. The Compact will enable interstate recognition of EMS clinician licensure between member States. However, the Compact does not address practice by EMS clinicians in non-traditional settings, such as hospitals. Many States⁶ grant physicians authority to delegate certain aspects of medical practice, which may give hospitals flexibility to use EMS personnel in an expanded clinical role.

Service Impact⁷

In the United States, more than 18,200 EMS agencies, staffed by a total licensed workforce of more than 1.03 million EMS clinicians, provide ubiquitous 24/7 coverage of the entire Nation. In 2019, these EMS agencies responded to more than 28.5 million 911 dispatches.⁸

Stakeholders have reported an average 30 percent decline in EMS transports in areas not yet severely impacted by the public health emergency, which they attribute to less public willingness to be transported to hospitals. This decline in EMS transports has led to a decline in insurance reimbursement revenue⁹ accompanied by an anticipated decline in State and local tax revenue. As a result, EMS stakeholders have reported widespread hiring freezes and potential future furloughs and layoffs.

Despite the need for 24/7 service, stakeholders anticipate that the inability to hire, coupled with workforce supply shortages (attributed to the shutdown of EMS education programs), will lead to prolonged EMS staffing shortfalls. In some cases, these staffing shortfalls may take effect as COVID-19 peaks locally resulting in potentially insufficient staffing to respond to an expected surge of EMS calls.

As components of the workforce pipeline partially resume operations, employers will face additional challenges, such as delays in fingerprint-based background checks and remedial education and testing for provisionally certified and licensed EMS personnel.

⁴ <https://www.nremt.org/rwd/public/document/covid-19>, accessed on April 27, 2020

⁵ <https://www.ncsl.org/research/labor-and-employment/covid-19-occupational-licensing-in-public-emergencies.aspx>, accessed April 27, 2020.

⁶ <https://www.astho.org/preparedness/astho-ems-and-law-report/>

⁷ The information collected on possible economic and service impact is based on discussion with stakeholders. These do not necessarily reflect official policy positions of these entities.

⁸ <https://nasemso.org/news-events/news/news-item/nasemso-releases-2020-national-ems-assessment/>

⁹ The anticipated decrease in insurance reimbursements is based on discussion with stakeholders based on anecdotal examples.

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The long-term impact of system accommodations (e.g., deferred background checks, proctored exams, provisional certification and licensing) is unknown. In addition, there is also growing concern that the pandemic may increase EMS workforce turnover.

State and Local Considerations for EMS Stakeholders

Based upon the issues and challenges discussed above, stakeholders may consider the following measures at the State and local levels:

1. Enable EMS clinicians with a NREMT provisional certification to pursue provisional State licensure.
2. Enable EMS clinicians with expired licenses to pursue provisional State licensure.
3. Prioritize reopening of EMS clinical skills labs when reopening educational institutions.
4. Encourage EMS education programs to provide distance learning resources to all students. Front load didactic education for EMS students until clinical skills labs, clinical internships, and field internships can resume.
5. Enable States, colleges, and educational programs to allow modified approaches to clinical skills labs, clinical internships, and field internships, when they can be conducted safely.
6. Encourage the sharing of best practices by State and local authorities.
7. Encourage collaboration between educational programs to develop online education capabilities.
8. Permit public and private education testing centers to administer the NREMT examination within local jurisdictions, while following strict social distancing protocols.
9. Explore ability to verify course completion and/or testing paramedic students at the AEMT level, provided the state has approved an AEMT course.

National Considerations for EMS Stakeholders

In addition, stakeholders may consider the following measures at the national level to the extent permitted by applicable law:

1. Permit fingerprinting centers to open to support criminal background checks for EMS clinicians as a condition of licensure or employment. Explore other innovative solutions for conducting criminal background checks.
2. Continue convening national EMS organizations to facilitate collaborative and innovative problem solving. Engage additional stakeholders, such as the Accreditation Council for Graduate Medical Education, to coordinate healthcare education efforts.
3. Consider, as essential critical infrastructure workers, those workers involved in the certification, licensing, and credentialing of EMS personnel and other healthcare workers.
4. Consider, as essential critical infrastructure workers, those workers supporting public and private education testing centers for EMS personnel and other healthcare workers.
5. Share EMS educational best practices nationally.
6. Support technology for EMS education programs to conduct remote training, high-fidelity simulation, and other tools to effective training while also supporting social distancing.