

Emergency Medical Services Regulatory Board
Post-Transition Education Standards Work Group
Recommendations
(to be presented to the EMSRB Board
at its meeting on February 18, 2016)

1. Recommend – continued use of National Registry of Emergency Medical Technicians (NREMT) cognitive and psychomotor examination process for initial EMT, AEMT, & Paramedic Certification.

- This is no change from what presently is required for initial certification in Minnesota

2. Recommend - Minnesota require the same recertification requirements as the NREMT for EMT, AEMT, and Paramedic or proof of a valid NREMT Certification.

- This will eliminate the now-required psychomotor exam at the EMT level
- This will follow the National Continued Competency Program (NCCP) model
 - o National Component = 50%
 - o Local Component = 25%
 - o Individual Component = 25%
- This may increase the hour requirement for those who hold state certification only, but will decrease the hours required for those that maintain national certification.
 - o 40 hrs – EMT (from a 24-hour refresher or 48 hours of continuing education)
 - o 50 hrs – AEMT (from 48 hours of continuing education)
 - o 60 hrs – Paramedic (from 48 hours of continuing education)
- Because of the design of the NCCP, it will help individuals get their total hours by allowing credit for things they are already doing that did not count for recertification in the past.
- This model allows for more hours of distributive education (on-line) than has been accepted in the past.

3. Recommend – The EMS Regulatory Board request that the NREMT designate the State of Minnesota as a NCCP State as of April 1, 2016, for EMT, AEMT, and Paramedic.

- This would put this model into effect at the end of the designated transition period to the new Education Standards for Minnesota, effective April 1, 2016, thereby eliminating the recertification requirement for the psychomotor examination for EMTs.
- This would decrease the hours required for those that hold national certification from the 72 hours required to 40 hours for an EMT, 50 hours for an AEMT, and 60 hours for a paramedic.

4. Recommend - The EMS Regulatory Board use the NCCP model for recertification regardless of whether the NREMT designates the State of Minnesota as a NCCP state after March 31, 2016.

- This motion is tied directly to #3 above. If the recommendation made above is not adopted by the Board by April 1, 2016, then all other recommendation would need to be revisited as they are all tied together.

5. Recommend – All National Continued Competency Requirements (NCCR) components are taught by Minnesota Approved Education Programs or educators as approved by the Board.

- This would ensure consistent delivery of the required education, which also includes evaluation of skills competency.
- This does reduce the number of hours required for classroom, face to face contact. The NCCR requires 50% of the total number of hours for recertification.

6. Recommend - The EMS Regulatory Board adopt the Mark King Initiative and adopt implementation to national certification by April 1, 2030, at which time all EMS personnel (EMT, AEMT and Paramedic) in Minnesota must have and maintain national certification.

- The Mark King Initiative (MKI) is an initiative through the NREMT that allows anyone who had previously held NREMT certification to regain that certification without testing.
- This pertains to almost every Minnesota-certified personnel as most had to obtain national certification in order to obtain initial state certification.
- Once national certification is regained through the MKI, it must be maintained. If the certification lapses again, the individual would need to go through the regular re-entry process of the NREMT.
- The timeline of April 1, 2030 is an arbitrary number, but the intent is to give all services and individuals the appropriate timeframe and opportunity to determine if this is a viable option for them.
- This would allow for a “sunset” date of state only certification.
- More and more outside entities as pushing for national certification (FEMA, state compacts)

7. Recommend - The EMS Regulatory Board require beginning April 1, 2016 and thereafter that all nationally certified EMS providers in Minnesota (EMT, AEMT, and paramedics) shall maintain national certification going forward.

- This would require any EMS personnel in the state, who hold national certification, as of April 1 2016, to maintain it without the option of state only certification.
- This would require anyone obtaining [initial certification](#) as of or after April 1, 2016 to maintain national certification.
- It was generally felt by the work group that if an individual intended to let their national certification lapse that would happen after the first certification period. Once an individual renews their national certification for one or more cycles – they tend to keep it whether required or not.
- Many organizations are beginning to require national certification for employment.
- This allows for easier reciprocity across state lines.

8. Recommend - The EMS Regulatory Board explore the risks and benefits of Licensure v. Certification of Minnesota EMS Providers.

- Certification is proof of entry level, clinical competency.
- Granting a license allows for one to engage in professional practice.
- State could add additional requirements to obtaining that license such as minimum age, valid driver's license, HS diploma or equivalent, background checks and the like.
- Could raise the level of professionalism.
- Eliminates confusion between the certifying body and the licensing body. Just because you have national certification", does not mean you are "licensed" to practice in the state.

Note: The Work Group also has been charged with evaluating the initial and refresher education requirements for the Emergency Medical Responder (formerly known as the First Responder). The Work Group has yet to begin such an evaluation but plans to start this process at its next meeting date scheduled for March 3, 2016, at 10:00 a.m. at the EMSRB offices.