1
2
3
National Emergency Medical Services Advisory Council
4
DRAFT
5
Advisory and Recommendations
6
7
Title: Designation of Graduate-Prepared Paramedics as Federally Recognized Practitioners
8
9
As prepared by the Subcommittee on Adaptability and Innovation
10
11
1. Executive Summary
12
13 Emergency Medical Services (EMS) systems across the country have struggled to recruit and retain qualified paramedics for at least the past decade. This challenge has evolved into a crisis, with media in nearly every state, and nationally, reporting on EMS staffing levels that are persistently insufficient and grossly so. Funding for EMS systems nationwide is also chronically insufficient, with most EMS agencies relying on reimbursement schemes from the Centers for Medicare & Medicaid Services (CMS) and private insurers that are based primarily on transports, and which fail to meet the costs of readiness, response, and the treatments delivered. These dynamics are linked at the nexus of workforce compensation, which many EMS professionals cite as being inadequate and a key driver of their exodus from the field.
14
15 Additional research reveals that lack of professional opportunities, lack of autonomy, and a desire for higher education are also leading reasons for the attrition of EMS personnel. Numerous surveys indicate that paramedics enjoy the nature of their work, but possess a desire to apply their skills and knowledge in ways beyond the predominant service delivery model of ambulance-based response to 911 calls. As recognition grows of the value of alternatives to ambulance-based prehospital healthcare (referred to in this advisory as Community Paramedicine), many experienced paramedics are attracted to this burgeoning specialty. However, sustainable funding for Community Paramedic programs remains elusive for many EMS systems that have sought to implement it, given the limited opportunities for financial reimbursement associated with it.
16
17 To address these challenges, this advisory proposes the creation of graduate-prepared Paramedic Practitioners as a new, optional role within the national EMS educational scheme, intended to complement— but not replace— the role of technician paramedics. This advisory further proposes
that federal recognition of these individuals as “practitioners” by the Secretary of the United States Department of Health and Human Services (HHS) and by Congress would be a powerful driver of increased recruitment and retention of paramedics, expanded access to Community Paramedicine services nationwide, and improved financial sustainability of EMS services generally.

2. **Recommendations**

**Federal Interagency Committee on Emergency Medical Services**

**Recommendation 1:**

FICEMS should amend its Strategic Plan to include the creation and federal recognition of paramedics who possess clinically focused graduate-level degrees as Paramedic Practitioners in Objective 4.3, “Evaluate and promote innovative EMS delivery and payment models that may be applicable across EMS systems.”

**Recommendation 2:**

FICEMS should ask the Secretary of HHS to designate paramedics-who possess clinically focused graduate-level degrees as qualified practitioners through the Secretary’s authority under Section 1842 of the Social Security Act.

**Recommendation 3:**

FICEMS should ask the Secretary of HHS to direct CMS to designate paramedics who possess clinically focused graduate-level degrees as qualified practitioners in all applicable regulations.

**Recommendation 4:**

FICEMS should ask the Secretary of HHS to direct the Health Resources and Services Administration (HRSA) to designate funding for the establishment of clinically-focused Master of Paramedic Science programs at accredited colleges and universities to prepare Paramedic Practitioners, in cooperation with the Department of Education.
Secretary of the Department of Transportation

Recommendation 1:

The Secretary of the Department of Transportation should propose to Congress that CFR 42 §405.400 and CFR 45 §160.103 be amended to include Paramedic Practitioners, defined as Paramedics who possess a graduate degree in clinical paramedicine from an accredited college or university.

National Highway Traffic Safety Administration

Recommendation 1:

The National Highway Traffic Safety Administration, through its Office of EMS, should engage stakeholder organizations to establish educational standards and core curriculum for Master of Science in Paramedicine programs, including recommendations for minimum credit hours, clinical experiences, and terminal objectives.

3. Scope and Definition

“Graduate-prepared paramedic” means an individual who holds certification or licensure as a paramedic and who has also earned a clinical master’s degree or higher in the study of prehospital paramedicine. It is proposed that a Master of Science in Paramedicine (MSP) be the standard minimum academic degree required to meet this definition, although doctoral programs focused on clinical paramedicine may also do so. An MSP degree would be equivalent in concept to a Master of Science in Nursing (MSN) or Master of Science in Physician Assistant Studies (MSPAS), as peer examples. Whereas individuals who hold an MSN degree are trained to work as mid-level providers in the Nursing model, and individuals who hold MSPAS degrees are trained to work as mid-level providers in the medical model and predominantly in the hospital or clinic setting, individuals who hold an MSP degree and are trained as Paramedic Practitioners would function as mid-level providers who specialize in the delivery of acute care in the prehospital setting.

Paramedic Practitioner education would build on the National EMS Education Standards, the National Paramedic Instructional Guidelines, and baccalaureate education to equip practitioners with the knowledge required to provide services such as common and basic prescriptions, patient education, referrals for additional care, care planning, minor procedures associated with treatment in place, and decisions of patient disposition- all in the context of the uniquely challenging prehospital environment.
It is envisioned that students in MSP programs could obtain graduate certificates, or complete residencies and fellowships, in specialties such as Prehospital Mental Healthcare, Rural Prehospital Healthcare, Critical Care, and others. Board certification in such areas should be required from entities such as the International Board of Specialty Certifications (IBSC) and comparable organizations.

Much of the work of Paramedic Practitioners would likely fall into the category of activities commonly known as Community Paramedicine. As published in the journal Paramedicine, the international consensus definition of a Community Paramedic is “one who provides person-centered care in a diverse range of settings that address the needs of the community. Their practice may include the provision of primary health care, health promotion, disease management, clinical assessment, and needs-based interventions.” (Shannon, et al., 2023). The Global Curriculum and Career Pathway for Community Paramedics, published in 2018, proposes that Community Paramedics holding master’s degrees should operate similarly to Physician Assistants and Nurse Practitioners, with the autonomy to prescribe care plans and make treatment decisions “under the guidance of an independent practice care practitioner” (Paramedic Health Solutions, 2018).

D. Analysis

The problem of poor EMS personnel retention dates back approximately a decade, if not longer. In the 2015 Longitudinal EMT Attributes and Demographics Study (LEADS), the National Registry of EMTs (NREMT) found that 44.2% of EMS providers leave the profession due to a lack of opportunities to advance and that 65% do so to pursue higher education. (NREMT, 2016). Seven years later, the National Association of Emergency Medical Technicians (NAEMT) Report on Engagement and Satisfaction in EMS found that 47% of paramedics plan to leave the field entirely within six years (NAEMT, 2022), and the Fitch & Associates report, “What Do Paramedics Want?”, conducted the same year, found that 69% of respondents planned to leave their employer in the next four years (Fitch, 2022). This data supports the findings of an American Ambulance Association (AAA) survey, conducted the year before, in which annual EMS turnover is as high as 30%, resulting in a four-year turnover rate of 100% (AAA, 2021).

NAEMT’s 2022 study also found that 40% of paramedics left the field due to “lack of opportunities for growth and professional development” (ibid.). These findings correlate with those of McKinsey & Company, who found that the leading reason why employees of any profession leave their jobs is “lack of career development and advancement” (McKinsey & Co,
2022). Rivard, et al, found that 28.5% of Paramedics left EMS due to lack of advancement
opportunity, and that the overall leading factor for EMTs and Paramedics alike in leaving the
profession was to further their education. Of these, 53.8% became Nurses and 14.5% became

Taken together, these survey findings paint a picture of a deeply unsatisfied workforce that
craves opportunities to advance beyond their initial training and to enjoy a broader array of
practice abilities. The data constructs a compelling argument that more paramedics would be
likely to remain in the prehospital arena if provided a well-defined clinical ladder with
opportunities to advance in their careers, and that which values degree attainment. In fact, EMS
professionals explicitly embrace higher education: 65% of Paramedics believe that an
Associate’s degree should be the minimum level of education required to perform their jobs, as
do 55% of EMT’s (Fitch & Associates, 2019). The establishment of the Paramedic Practitioner
role, and federal recognition thereof, represents the validation of achieving the higher education
that EMS professionals desire for themselves.

Sustainable funding is an additional problem for EMS nationwide, as has been extensively
documented. In fact, since 2016 this council has issued three advisories on the insufficiency of
the transport-based reimbursement models upon which EMS agencies predominantly rely.
(EMS.gov). Whereas other healthcare organizations and healthcare professionals enjoy access
to diversified streams of revenue through the ability to bill for a range of services, EMS
agencies and the paramedics they employ do not. The reliance on reimbursement for transport
(plus limited, compressed tiers of service levels and settings) creates a moral hazard in which
EMS agencies are incentivized to transport patients to hospital emergency departments
regardless of the true need for such transports to such destinations. This construct is neither
efficient, effective, nor patient-centered.

Other forms of service, such as treatment in place with appropriate follow-up and referral (a
service model included within Community Paramedicine), are not uniformly reimbursed. Yet,
such services are highly effective: properly trained Community Paramedics can reduce
ambulance transportation and emergency department visits by as much as 78% among patients
with commonly encountered conditions such as dementia, diabetes, congestive heart failure,
and chronic obstructive pulmonary disease (Abrashkin, Washko, et al., 2016), with less than 6%
of such patients requiring ambulance transportation within the 48 hours after Community
Paramedic care at home (Abrashkin, Washko, et al., 2019). Communities around the country
have utilized Community Paramedics to reduce hospital surges during disasters and to close

June 27, 2023
gaps in care for underserved populations, further reducing ambulance transports and emergency
department visits that are inefficient, and costly to providers. Such efficacy is worthy of payer
reimbursement, and the ability of Paramedic Practitioners to enroll in CMS as billers afford a
ready-made mechanism for achieving this.

E. Strategic Vision

If federally recognized, Paramedic Practitioners would enjoy the same legal status as existing
graduate degree-holding practitioners, such as Nurse Practitioners, Physician Assistants, and
Clinical Psychologists. They would be eligible to receive National Provider Identification (NPI)
numbers and to enroll as Medicare and Medicaid providers.

When federal recognition of this role is reflected in state laws and regulations, Paramedic
Practitioners and the EMS systems that employ them could deliver a greatly expanded range of
services within their defined scopes of practice to populations in need, and be reimbursed for
those services based on complexity, value, and outcomes, rather than merely for transport.

By recognizing Paramedic Practitioners, the federal government has an opportunity to
simultaneously address multiple challenges facing EMS: recruitment of new paramedics
through the establishment of an attractive career ladder; retention of paramedics who leave the
field of EMS in large numbers for higher education and in search of opportunities to apply it;
diversified streams of funding for EMS agencies; and sustainable funding of Community
Paramedic programs.

Federal recognition of Paramedic Practitioners is not a panacea, but a progression. Moreover,
Paramedic Practitioners would be but one additional role in the national EMS schema. EMTs
and Paramedics who lack college degrees- or who practice at the technician level- are valued
members of the EMS workforce and vital members of the healthcare system. Paramedic
Practitioners are not intended to supplant these individuals. Rather, Paramedic Practitioners are
intended to supplement them.

Becoming a Paramedic Practitioner would not be required of any individual. Only Paramedics
who wish to conduct the activities of a practitioner would be required to meet the qualifications
of this role (namely, completion of graduate-level, clinically focused education in paramedicine),
and the only EMS systems that would employ such individuals would be those that wish to.
However, it should be clearly understood that to practice at the practitioner level and enjoy the benefits thereof, paramedics would be required to possess a clinically focused graduate degree from an accredited college or university. This level of education is necessary to make their care efficient, reliable, effective, and safe. The core curriculum of these degrees should be defined through the consensus of subject matter experts.

F. Strategic Goals

1. Within one year, FICEMS should amend its Strategic Plan to include the creation and federal recognition of paramedics who possess clinically focused graduate-level degrees as Paramedic Practitioners in Objective 4.3, “Evaluate and promote innovative EMS delivery and payment models that may be applicable across EMS systems.”

2. Within one year, FICEMS should ask the Secretary of HHS to designate paramedics who possess clinically focused graduate-level degrees as qualified practitioners through the Secretary’s authority under Section 1842 of the Social Security Act.

3. Within one year, FICEMS should ask the Secretary of HHS to direct CMS to designate paramedics who possess clinically focused graduate-level degrees as qualified practitioners in all applicable regulations.

4. Within five years, HRSA should designate grant funding for the establishment of clinically focused Master of Paramedic Science programs at accredited colleges and universities, in cooperation with the Department of Education. These funds should encompass the need to hire qualified faculty at the doctoral level to instruct such programs.

5. Within five years, Congress should amend CFR 42 §405.400 and CFR 45 §160.103 to include Paramedic Practitioners, defined as paramedics-who possess a clinically focused graduate degree in paramedicine from an accredited college or university.

G. References


H. Appendices

National EMS Advisory Council Position Statement
Adopted 3 June 2009
Addresses the need for core funding for EMS regardless of delivery model.

NEMSAC Advisory: Recognizing the EMS Workforce as Essential Decision Makers within the Health Care Industry and Assuring Adequate Fiscal Support
December 2, 2016
Recommends that FICEMS should pursue discussions with CMS to recognize EMS services as Providers under Medicare regulations and develop a plan for comprehensive payment reform to account for changes in prehospital standards of care, inclusive of technology and clinical care advancements as well as more delineated classifications of patient severity and practitioner scope of practice.

NEMSAC Advisory: EMS Provider Formalized Educational and Credentialing Process: Strategy for the transition of EMS providers into a more formalized educational and credentialing process.
December 2, 2016
Recommends that The U.S. Department of Transportation and the National Highway Traffic Safety Administration should convene a multidisciplinary task force to craft the essentials of the core curriculum for the supplemental content in the formal paramedicine degree, to enable parity with similar allied health professions. Additionally, recommends that they should consider the development of a strategic plan for the creation of additional tiers of paramedic education to yield a formal degree that include the associate, baccalaureate, and various graduate degree levels.

NEMSAC Advisory: EMS Funding and Reimbursement
December 2, 2016
Recommends that NHTSA, in coordination with FICEMS, should support efforts to update CMS regulations such that emergency medical services is identified as a “provider” type, in part to establish a foundation for payment reform which could include establishment of new performance metrics and payment models.
NEMSAC Advisory: Support of the Center for Medicare & Medicaid Innovation (CMMI)
Emergency Triage, Treat and Transport (ET3) Model
January 2020
Supports the ET3 project, and encourages CMS to consider rule and definition changes that would be inclusive of all types of EMS delivery models.

NEMSAC Paper: The EMS Star of Rights
November 3, 2022
Recommends to FICEMS that it work with its CMS committee partner to amend ambulance reimbursement policies to permanently enable reimbursement for Ambulance based Treatment In Lieu of Transport.

NHTSA Document: EMS Agenda 2050
Recognizes that EMS clinicians in the future likely need additional clinical and public health education, and calls upon EMS systems to create healthy workplace cultures that create joy in the work of prehospital practitioners. Envisions that licensed EMS professionals are able to practice at the level that their education prepares them for.