

POINT PAPER

Paramedics in Alaska: State Medical Board Versus the State Section of EMS

Historical Perspective:

1. Prior to 1974, paramedics did not exist in Alaska.
2. After 1974, the term "Mobile Intensive Care Paramedic (or MICP)" was developed to address the new scope of practice at Anchorage Fire Department (AFD) and Fairbanks Fire Department (FFD).
3. There was no vehicle available to credential this level of care within the State of Alaska.
 - a. The Section of Emergency Medical Services (EMS) within the Department of Health & Social Services did not fully exist in Alaska Code until 1981.
 - b. The remaining governing authority at the time, was the State Medical Board.
4. Scope of Practice had been developed by medical doctors who were on the licensing board at the time and was based on skills recommended by the 1968 US DOT National Highway Transportation Administration's White Paper.
5. The requirement for training-hours for relicensure of paramedics was based solely on the aggregate training hours conducted by AFD & FFD annually, which was 60-hours.
 - a. So, for the biennial relicensure in the State of Alaska, a paramedic must then accrue 120-hours.
6. After 1984, when the Section of EMS was fully functional, the existing paramedics at the time were comfortable with the current State Medical Board arrangement, and did not want to relinquish their independence to the State Section of EMS, to remain this mysterious entity to the State Medical Board.

Current Reasons to Move MICPs to the State Section of EMS:

1. This proposed move would bring all of Alaska EMS under one roof, and one regulation.
2. The Section is managed by practicing paramedics, who know what paramedics do.
3. The Section of EMS is governed by State of Alaska Administrative Codes versus Alaska Statute with the State Medical Board.
 - a. The move would allow agility in changes to Scope of Practice as new technologies and procedures are vetted nationally. Currently, MICP scope of practice is mired in the 1980's and 1990's and is resistant to change to the benefit of paramedics, as well as to their communities & villages.
 - b. EXAMPLE: During the influenza pandemic scare, it was realized that administration of routine immunizations is outside the scope of practice for paramedics under the Board, and the board was unwilling to amend the statute.
 - i. FACT: Paramedics routinely provide life-saving subcutaneous (under the skin), intramuscular, as well as intravenous medications, whose lethal contra-indications far outweigh those of routine immunizations.
4. Alaska is famous nationwide for the utterly frustrating process for initial licensure with the state medical board, and that process often is in excess of 18-months.
 - a. The Section of EMS already is the subject matter experts for initial license application review for the Division of Corporations, Business and Professional Licensing, before getting to the State Medical Board. The move will cut out administrative overhead and will streamline the process. This brings the entirety of licensing (certification) under the one house. It will be managed 100%, by actual paramedics in the application review process, just as they do for EMTs.

- b. **EXAMPLE:** One paramedic, Brian Webb of Anchorage, came back to Alaska in 1984 after serving as a US Navy Hospital Corpsman and as a National Registry Paramedic.
 - i. Even though the NREMT serves at the basis certification to gain licensure in the state of Alaska, it took Mr. Webb 28-months to get through the process.
 1. The process was halted due to Mr. Webb then expiring as a paramedic.
 2. Mr. Webb then had to enroll in a basic Alaska EMT-1 course, taking the next 6-years to reach the final EMT level within the Section of EMS as an EMT-3.
 3. In 1995, the first paramedic course in Alaska since 1985 was held in Alaska, and Mr. Webb successfully earned the right to apply as a paramedic once more in the State of Alaska. That process then took 9-months.
 4. This story is not unusual for paramedics in Alaska. By moving from statute to an AAC-regulated process within the Section of EMS, would alleviate the wait, as well as any request for re-evaluation. This will save pre-hospital medical careers.
5. The Section currently allows for public EMT input on proposed regulation changes and incorporates that input into future changes. That would also apply to changes in Paramedic regulations.
 - a. The Alaska Paramedics have been informed by the State Medical Board for over 20-years, that the they would not gain representation at that table, unless another medical practice would give up a seat. The answer to that option has been painfully obvious.
 - i. Therefore, medical doctors and physician assistants on the board decide without input on what should be added to licensure and relicensure of paramedics.
 1. **EXAMPLE:** In 2016, a pediatrician on the Board, decided that paramedics must have 6-hours of pediatric care for relicensure, even though, there already is in excess of 8-hours of pediatrics within the required 40-hour paramedic refresher track for relicensure. However, no amount of input from paramedics nor the Section of EMS was considered. That requirement is now in statute.
6. Continuing Education Hours for Relicensure (or if in the Section of EMS, it would be "recertification"):
 - a. The current biennial requirement for 120-hours was not based on any study or standard.
 - i. Within the National Registry of Emergency Medical Technicians (NREMT), the national standard for paramedic reregistration for continuing education is 60-hours.
 - ii. The State of Alaska biennial requirement for all levels of Emergency Medical Technicians (EMT) under the Section of EMS continuing education requirement is 48-hours. This program is managed within the State Section of EMS. Paramedics under the Section of EMS should follow the national standard.
 - iii. Other licensed medical practices in Alaska have varying biennial continuing education requirements, such as;
 1. Licensed Medical Doctors: 50-hours
 2. Licensed Registered Nurses: 30-hours
7. The current requirement for 120-hours, is expensive, unnecessary, and requires that a large portion is completed out-of-state at great expense.

8. Concerns regarding taking paramedics from “licensure” to “certification” will reduce competency or standard of care:
- a. The move would realistically increase oversight and increase the stand of care.
 - i. The Governor’s Alaska Council on EMS (ACEMS) is chartered to provide planning and implementation of a statewide EMS system. It includes members from the EMS community and have close ties within the Section of EMS.
 - ii. Within the Section of EMS is the “State EMS Training Committee”, which gathers on a quarterly basis, and includes member from major EMS organizations and the regional and sub-regional EMS offices.
 - iii. The quasi-state Regional EMS Councils (and regional sub-offices) provide day-to-day interface with EMS agencies in their regions, provide regulatory guidance, and manages EMS training standards with their regions.
 - 1. The State Medical Board has no capability to do what 7.a.(i&ii) provides.
 - 2. The Board relies on the Section of EMS to provide day-to-day-oversight.
 - b. The Section of EMS already provides the credentialing of EMS professionals to teach basic paramedic courses and paramedic refresher courses.
 - i. Within this credentialing process, there is also the requirement to provide credentialed paramedic exam coordinators, to test the students upon completion of their training requirements.
 - c. By moving paramedics from the State Medical Board to the Section of EMS increases oversight, competency verification, and the standard of care.
 - i. Most importantly, it will reduce the financial as well as certification frustrations of the existing process.
 - d. Any discussion regarding this move decreasing competency or standard of care is simply semantics in terminology.
 - i. Please refer to the National registry of EMTs (NREMT) website, and it will briefly explain the legal terms for licensure versus certification of paramedics at: https://www.nremt.org/rwd/public/document/certification_licensure.
 - 1. Quite simply, once the move is made, and paramedics go from AS to AAC oversight, there is no difference.
 - a. All that is required, is that a governmental body puts the program into written regulations.