



American Paramedic Association

23 W Central Entrance, PMB 321 • Duluth Minnesota 55811

<http://americanparamedics.org>

October 26, 2023

National Highway Traffic Safety Administration
Office of Emergency Medical Services
EMS Advisory Council
1200 New Jersey Avenue SE
Washington, DC 20590

RE: NEMSAC Subcommittee on Adaptability and Innovation's *Designation of Graduate-Prepared Paramedics as Federally Recognized Practitioners Version 4.0*.

The American Paramedic Association (APA) is committed to professionalizing paramedic clinical practice across America and ensuring the public's safety while promoting the profession's advancement through professional autonomy and self-regulation. Paramedicine is a unique body of knowledge and skills that must be advanced as a healthcare profession. The EMS Agenda 2050 (*EMS Agenda 2050: A People-Centered Vision for the Future of Emergency Medical Services*, 2019) envisioned that paramedics would be given the education and training that adequately prepares them to meet the needs of the people they are called to help. EMS systems will be an integral piece of a public health and healthcare system focused on preventing injuries and illnesses rather than simply responding to and treating them. The APA, therefore, enthusiastically supports the *Designation of Graduate-Prepared Paramedics as Federally Recognized Practitioners*.

An international definition of paramedicine is the "domain of practice and health profession that specializes across various settings including, but not limited to, emergency and primary care. Paramedics possess complex knowledge and skills, a broad scope of practice, and are an essential part of the healthcare system. Depending on location, paramedics may practice under medical direction or independently, often in unscheduled, unpredictable, or dynamic settings" (Williams et al., 2021).

American paramedics are among the most versatile healthcare providers worldwide, providing healthcare in all environments without regard for reimbursement schemes. Paramedics provide care in local communities, including but not limited to homes, workplaces, clinics, and hospitals across urban, rural, and remote environments. Our care is delivered in ambulances, aircraft, and marine environments.

The EMS Agenda 2050 is nearly five years old. Yet, it warned of EMS professionals who fear or impede change. The authors envisioned future paramedics providing lifesaving, disease-treating care that reduces physical, emotional, and psychological suffering. These human conditions benefit from

paramedics' care and attention but often do not require hospitalization. These people would benefit from graduate-prepared advanced practice paramedics.

Paramedics are close to their client's problems and likely know what works in local environments and for particular groups. Paramedics are an essential source of innovation, even though the vast majority have little formal authority to make programmatic decisions. Making innovation more challenging, those in charge often ignore good ideas from street-level clinicians. EMS Agenda 2050 also described that “no matter how exactly their education is delivered, or what the patch on their shoulders might say, these EMS professionals must be prepared to play a much larger role in managing the health of the patient and the community.”

Paramedics who understand the healthcare gaps and community needs seek the requisite education and pre-professional training opportunities that prepare them to serve in new roles. Graduate-prepared advanced practice paramedics would be educated to be equipped with the knowledge, skills, and attitudes that enable system-level change for improved outcomes and health measures.

The curriculum for graduate-prepared advanced practice paramedics in the United States should be evidence-based and person-centered. Prior to independent practice, graduate-prepared advanced practice paramedics should enter a supervised clinical residency or apprenticeship that should not be confused with an employer's field training program. The residency or apprenticeship prepares graduate-prepared advanced practice paramedic students for their role in the paramedicine discipline. This occurs through an applied demonstration of skills and knowledge on real-world calls versus simulations in the academic environment. These should focus on accountability, collaboration, communication, incident command, integrity, leadership, patient navigation, problem-solving, resiliency, resource management, and scene dynamics.

The public, including the media, government, and other health and public safety organizations (E.g., fire services) do not understand the significance of the paramedic's role. This role has often been described as being at an intersection of public safety, public health, and healthcare. Since the Nixon administration (Clark et al., 1966), the public has been told that public safety agencies have their best interests at heart and should provide more funding for their “workforce.” This ‘contract with the public’ has resulted in a transactional environment focusing on simple-to-measure metrics like response times and number of alarm activations. These non-healthcare-focused measures do not inform the public about paramedics' vital role in community health.

Employers then contract with this “workforce” to be available for those activities through collective bargaining agreements. A resulting power imbalance between the workforce and their chiefs results in an “inability to do things differently” - to innovate (McGinn, 2009). These arrangements are not passively avoiding innovation but are actively resistant to it. This establishes a culture of avoiding risk that prevents paramedics from using their training or skills in new ways or seeking new roles ideally suited for graduate-prepared advanced practice paramedics.

The U.S. Fire Administration published a report written by the International Association of Fire Chiefs, International Association of Firefighters, National Fallen Firefighters Foundation, National Fire Protection Association, National Volunteer Fire Council, and the North American Fire Training Directors restating the adage that the fire service is “200 years of tradition unimpeded by progress” (*National*

Safety Culture Change Initiative: Study of Behavioral Motivation on Reduction of Risk-Taking Behaviors in the Fire and Emergency Service, 2015).

American paramedics are finding opposition from fire service associations to graduate-prepared advanced practice paramedics. This is not surprising when fire service leaders even acknowledge that “there is no question that the fire and emergency service culture strongly resists being told what to do” (*National Safety Culture Change Initiative: Study of Behavioral Motivation on Reduction of Risk-Taking Behaviors in the Fire and Emergency Service, 2015; Slaughter, 2017*). Paramedics do not seek to tell fire service leaders what to do but do ask them to refrain from opposing and retract their opposition to efforts for progress and advancement in graduate-prepared advanced practice paramedics.

The EMS Agenda 2050 vision is much more than a transactional “you call, we haul” approach to the needs of the public that some organizations espouse and even lobby for while opposing the efforts of others to move the graduate-prepared advanced practice paramedic advisory forward. That should not sway the Federal Interagency Committee on EMS (FICEMS) from moving ahead with the advisory, as it is responsible to the public for all their healthcare needs, not just their transportation. America’s paramedics stand ready to fulfill this vision.

The APA envisions a future where paramedics provide care in place or determine optimal patient disposition based on patient needs while working within a peer-based, interdisciplinary model to provide the most appropriate care. American paramedics are uniquely located to identify and address healthcare disparities within their communities. Paramedics should strategically work towards providing healthcare equity within the communities we serve. This should include graduate-prepared advanced practice paramedics.

The graduate-prepared advanced practice paramedic concept was presented during the 2005 National Scope of Practice Model town hall meetings. Advanced practice paramedics were imagined as behavioral health, primary care, critical care, and advanced trauma providers. During these deliberations, the AEMT level was designed to provide a scope of practice suited for first-response advanced life support (non-transport) roles. Neither of these have been widely adopted in those ways but were elegant solutions that should be re-explored today.

The American Paramedic Association would like to thank you for your time and consideration of our comments.

Sincerely,

A handwritten signature in blue ink, appearing to read "Nikiyah Nudell".

Nikiyah Nudell, PhD(c), MS, MPhil, NRP, FACPE
President
nnudell@americanparamedics.org

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