

**State EMS Advisory Board
Executive Committee Meeting
National Registry vs. Virginia Certification
Virginia Office of EMS
1041 Technology Park Drive, Glen Allen, VA
August 25, 2016
9:00 a.m.**

COMMITTEE MEMBERS:	OEMS STAFF:	OTHER ATTENDEES:
Gary Critzer, Chair	Gary R. Brown	Jason Sweet
David Hoback	Scott Winston	Donna Galganski Pabst
Marilyn McLeod	Warren Short	Melissa M. Doak
Ron Passmore	Debbie Akers	James Rhodes
Christopher Parker	Greg Neiman	Jason Rodman
	Peter Brown	Thomas Lucas
	Wanda Street	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to Order:	Gary Critzer called the meeting to order at 9:03 a.m.	
Welcome & Introductions - Chair:	Gary welcomed everyone to the meeting. As an intro, Gary Critzer explained that several EMS Advisory Board Executive Committee meetings ago he brought this issue up as he has received comments and questions over the last year or so about why Virginia has two EMS certification processes? He felt it was important to explore the pros and cons of having one or the other or both. He feels that the EMS system should be able to make its own decisions regarding this and not have someone or some entity do it for us. This is an informal discussion and everyone is invited to provide feedback, suggestions and comments.	
Approval of the Agenda:	The agenda was approved as submitted.	
Overview of State EMS certifications in Virginia:	<p>Warren has gathered the information that was requested by various committee members. The first chart was the total number of certifications issued by calendar year. It shows the certifications issued from 2009 through the middle of August 2016. This is all levels of certification combined. The next chart shows recertification's by year. The following chart shows initial certifications for each year. National Registry started July 2012. There was a steady decline from 2012 to 2013 in initial certifications. There was a loss of approximately 2000 providers after July 2012. The committee discussed instructor issues as one reason for the drop in certifications. Gary Critzer said the drop in certifications and the underperforming instructor issue has concerned him for some time. He feels that as a system we need to find ways to address this?</p>  <p>Charts Provided 08-25-2016 (3).docx</p> <p>Should Virginia be a National Registry state, a Virginia certification state or both? The committee also discussed two-year certification versus four- year certification. What are the costs associated with the Virginia recertification? Warren pointed out that the costs are minimal. The only costs involved are the printing and mailing of the Virginia EMS</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>certification cards and the CE bubble cards. Soon there will be electronic CE scanning and the hand-held scanners will cost \$100 to \$150. Warren then explained the spreadsheet which involved the costs associated with National Registry and the registry requires the State to have some involvement. The committee also discussed the costs of having both systems in Virginia. Would it be cost effective to only have National Registry? There was discussion regarding a suggestion by some in the system who desire to go to the General Assembly to make all EMS training in Virginia free. As a board we have an obligation to ensure that EMS funds are used in the best interest of the system. Greg Neiman said there is no duplication of processes. He asked for clarification of this. Gary Critzer stated there was a duplication that providers received both a NREMT and a Virginia certification initially. Greg stated that regulations require the Virginia certification. The choice is up to the provider if they want to maintain both. It gives the provider the benefit and flexibility of working in other states. The cost is the cards and mailing them, which is about \$1800 per year. If we were to eliminate State certification, would every provider who does not have National Registry have to obtain it? Chief Hoback pointed out that if we are leaving money on the table through EMSTF, it could possibly be taken away. Warren continued to explain the data on the attached graphs and charts.</p>	
<p>Open discussion on the topic:</p>	<p>A National Registry State Only</p> <p>Pros: Being part of the national certification Supporting the discussion on Interstate Compact Increases our professionalism Provides continuity and consistency Better student understanding of different levels and CE requirements Students gain advanced knowledge Easier to recertify</p> <p>Cons: Costs; every two years a provider pays \$35 to be recertified Driven by a model that we have no control over No certification under 18 (high school students) issued by NR Lose control of educators Differences in length of certification period Recertification is not automated CE documentation is not tracked Limitations on extensions</p> <p>The committee talked about being a state such as North Carolina who does not use NREMT and decided that was not in the best interest of Virginia. We would lose the ability to be a part of Recognition of EMS Personnel Licensure Interstate Compact (REPLICA) and the resources and costs to create validated exams are significant. Gary Brown stated that the NREMT has indicated that the intermediate assessment exam will be eliminated at some point in the future and that we need to be prepared. NREMT will require that Nationally Certified Intermediates will have to transition to paramedic or they will revert to an Advanced EMT level or Virginia will have to maintain its own EMT-I re-certification process.</p>	
<p>Disposition:</p>	<p>Gary Critzer asked the will of the group moving forward. Do we want to pursue the move towards the National Registry platform or maintain what we have? Should we consider transition of the current intermediates to Paramedic? The committee discussed ways to assist with the transition such as using some EMSTF money or RSAF grant funding as well as the possibility of using Return to Locality funds. It was suggested to start an EMSTF scholarship program to</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>assist those desiring to transition.</p> <p>The consensus of the group is to do the following: Move forward with moving away from the I99 for new certifications once the NREMT stops using the EMT-Intermediate assessment test. Establish a time table and educate the EMS system as to why. Establish funding resources to support transition from I to P</p> <p>Do we want to consider allowing the current Virginia Intermediates to maintain certification or do we want to add a sunset clause for those who choose not to transition? What would be a reasonable time frame for a sunset clause? It was suggested and agreed not to include a sunset clause, but to allow Virginia EMT-I's to maintain Intermediate certification as long as they kept it current. If it was allowed to expire there would be no mechanism for re-entry. We need to meet with and educate the stakeholders of the facts and obtain input before moving forward. The question was raised about paralleling the NREMT certification period. There would need to be a regulatory change put in place to do this. This should be vetted by the system.</p> <p>The next question is do we maintain a hybrid system (National Registry & Virginia Certification) or move to National Registry state only? Gary Critzer is confident that the hybrid (what is currently in place) is a good mix. There may be opportunities to parallel it closer to the registry that can be explored. It was suggested that the certification periods should align. It would make it less confusing for the providers.</p> <p>Concern was expressed by Gary Critzer regarding the National Registry's continued unwillingness to allow all continuing education to be on-line based like Virginia does. He would like to see a resolution from the state EMS Advisory Board to the chair of the National Registry that indicates that we strongly encourage NREMT to consider allowing 100% of continuing education to be distributive in nature like the remainder of the healthcare industry.</p> <p>A motion was made by Marilyn McLeod to request the state EMS Advisory Board adopt a resolution encouraging the National Registry to allow 100% of CE to be distributive in nature. The motion was seconded by David Hoback. All committee members were in favor of the motion.</p> <p>Once the resolution has been completed and forwarded to the National Registry, Gary Brown will take it to the National Association of State EMS Officials (NASEMSO) for their endorsement.</p>	<p>Meet with and educate stakeholders about the transition.</p> <p>Investigate the possibilities for closer alignment with NREMT certification.</p> <p>A motion was made by Marilyn McLeod to request the state EMS Advisory Board adopt a resolution encouraging the National Registry to allow 100% of CE to be distributive in nature. The motion was seconded by David Hoback. All committee members were in favor of the motion.</p>
Recap/Next Steps:	<ol style="list-style-type: none"> 1) Begin process of developing criteria for the cessation of I99 testing and phase out by the NREMT and allocate funding for those desiring to transition 2) Investigate interest of EMS community to issue VA EMS certifications that coincide with the two year 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	certification period utilized by National Registry 3) Maintain the current hybrid (NR & VA certifications) 4) Approve a motion to ask the state EMS Advisory Board to send a resolution to National Registry to allow 100% of CE to be distributive in nature. 5) Gary Brown/OEMS staff and Gary Critzer will meet with stakeholders to educate and solicit input. 6) Ron Passmore will reassign the I99 transition to TCC and the workgroup investigating the issue. 7) Warren Short will review what regulatory changes would be necessary to implement changes to the Virginia EMS certification process.	
13) Public Comment:	None.	
14) Adjournment:	The meeting adjourned at approximately 1: 50 p.m.	

DRAFT