

**Department of State Health Services
Council Agenda Memo for State Health Services Council
February 23, 2012**

Agenda Item Title: Amendment to a rule concerning Emergency Medical Services (EMS) training and course approval

Agenda Number: 4.e

Recommended Council Action:

For Discussion Only

For Discussion and Action by the Council

Background:

EMS Trauma Systems Coordination Unit in the Regulatory Services Division:

- regulates EMS and designates trauma hospitals of approximately:
 - 60,000 EMS personnel licensees,
 - 2500 EMS educators,
 - 1200 EMS providers (ambulance services),
 - 165 EMS training programs, and
 - 265 designated trauma facilities;
- performs inspections, site surveys, and investigations and provides technical assistance; and
- operates on general revenue and fee funds.

During the past three years, EMS Compliance field staff have reviewed 312 training program in-depth self-studies, performed 103 comprehensive site visits, made 39 follow up site visits, and spot-monitored training programs in 221 instances. During that period, 54 new initial training programs were reviewed and approved. A total of 2811 individual course desk reviews/approvals were conducted. From November 2008 through November 2011, there were 11 investigations of training programs and 25 investigations of individual educators. The training program investigations yielded three letters of concern. The remaining eight investigations were closed with no action. The investigations of the educators resulted in 4 letters of concern, 2 department/board withdrawals, and 19 closed with a resolution of the problem or with no action.

Summary: The purpose of the amendment is to defray a significant cost to DSHS for reestablishing an exam development group or paying another agency to develop and administer paramedic exams. The amendment also updates terminology changed by the 2004 reorganization of DSHS and revises references to EMS personnel levels of care to be consistent with national EMS educational standards. The rule changes address paramedic training program accreditation by the Commission on Accreditation of Allied Health Education Programs through its EMS training program accrediting body, the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP). Since 2002, DSHS has utilized the National Registry of EMTs (NREMT) as the qualifying examination for EMS personnel, since DSHS could no longer afford the costs to administer or develop valid and reliable examinations. Further, the NREMT exam is considered to be the nationally preeminent EMS exam.

In 2009, the NREMT announced a decision to examine only paramedics who graduate from accredited programs or programs in active pursuit of accreditation, effective January 1, 2013. This decision followed a recommendation by the National Association of State EMS Officials (NASEMSO) that, after December 31, 2012, all paramedic training should occur in accredited programs. If DSHS chose not to meet that deadline, the agency would have to incur the costs associated with either directly developing and administering paramedic exams or contracting for those services. After much stakeholder input, DSHS decided to require accreditation or active pursuit of accreditation of Texas paramedic training programs by December 31, 2012, and continue utilizing the NREMT paramedic exam.

Although the NREMT decision to implement a mandate for paramedic training accreditation increased the urgency, the benefits of accreditation are substantial on their own. Accreditation is embraced by a wide array of educational communities, including health education. It enhances the regulatory effect by adding a dimension of educational expertise not attainable by most regulatory bodies. In this case, educational oversight by an unbiased third party, CoAEMSP, provides national and transnational recognition and requires programs to demonstrate a level of continuous quality improvement that cannot be effectively managed or monitored by state EMS regulators. Educational consistency, broader recognition, and acceptance are major hallmarks of accreditation.

Key Health Measures:

DSHS expects an increasing pass rate for the students taking the NREMT qualifying examination since the new national educational standards will likely result in a more discriminating exam. DSHS will continue to monitor the pass rates and publish them in the Texas EMS magazine and survey EMS providers to determine if they feel they are getting a better prepared applicant. The adoption of this rule will allow Texas to keep pace with the evolution in national standards and improve patient outcomes across the state.

Summary of Input from Stakeholder Groups:

Over the past decade, there has been significant discussion of paramedic program accreditation by the Governor's EMS Trauma Advisory Council (GETAC) and its committees. In May 2008, GETAC unanimously passed a motion to support the adoption of national accreditation of advanced EMS (paramedic) programs by January 1, 2013. In May 2011, GETAC reaffirmed this decision to require paramedic program accreditation. Several GETAC committees provided written input for this rule in September 2011. This rule is a result of the committee input, the 2008 and 2011 advisory council motions, and the NREMT decision to test only graduates of accredited training programs.

Paramedic training program accreditation is supported by NASEMSO and the National Association of EMS Educators. Accreditation was recommended in the National EMS Education Agenda for the Future, a 1996 document written by a national task force representing the full range of professions involved in EMS education, including EMS administrators, physicians, regulators, educators, and providers, with the support of the National Highway Traffic Safety Administration.

Rule proposals are routinely announced on the EMS Trauma Systems website, at GETAC and committee meetings, in the Texas EMS Magazine, through an automated e-mail delivery system and on list server groups monitored or maintained by the EMS Trauma Systems Coordination Unit.

Proposed Motion:

Motion to recommend HHSC approval for publication of rules contained in agenda item #4.e

Approved by Assistant Commissioner/Director: Kathryn C. Perkins, R.N., M.B.A. **Date:** 2/1/2012

Presenter: Maxie Bishop **Program:** EMS and Trauma Systems **Phone No.:** 512.834.6737

Approved by CCEA: Carolyn Bivens **Date:** 1/31/2012

Title 25. Health Services
Part 1. Department of State Health Services
Chapter 157. Emergency Medical Care
Subchapter C. Emergency Medical Services Training and Course Approval
Amendment §157.32

Proposed Preamble

The Executive Commissioner of the Health and Human Services Commission, on behalf of the Department of State Health Services (department), proposes an amendment to §157.32, concerning Emergency Medical Services (EMS) training and course approval.

BACKGROUND AND PURPOSE

The amendments to §157.32 are necessary to incorporate terminology changes brought about by the 2004 department reorganization, and the National EMS Education Standards terminology changes that renamed EMS levels of practice: Emergency Medical Responder (EMR) and, Advanced Emergency Medical Technician (AEMT). The most significant rule revision is a requirement for all paramedic training programs to be accredited by a national EMS accrediting agency or in active pursuit of accreditation before January 1, 2013.

The primary issue of the rule addresses paramedic training program accreditation by Commission on Accreditation of Allied Health Education Programs (CAAHEP) through its EMS training program accrediting body, the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP). In 2009, the National Registry of Emergency Medical Technicians (NREMT) announced a decision to examine only paramedics who graduate from accredited programs or programs in active pursuit of accreditation, beginning on January 1, 2013. Because of this decision the department was faced with either reestablishing an exam development group or finding another agency that could develop and administer exams. Further, the NREMT exam is considered to be the nationally preeminent EMS exam.

Accreditation contributes toward nationwide consistency and enhances the EMS profession in Texas. EMS is one of the few, if not the only licensed healthcare field that does not currently require graduation from an accredited training program. Currently, 56 of 72 state approved paramedic training programs are either accredited or pursuing accreditation.

Paramedic training program accreditation is supported by the National Organization of State EMS Officials (NASEMSO) and the National Association of EMS Educators (NAEMSE). Accreditation was first recommended in the National EMS Education Agenda for the Future, a 1996 document written by a national task force representing the full range of professions involved in EMS education, including EMS administrators, physicians, regulators, educators, and providers, with the support of the National Highway Traffic Safety Administration (NHTSA).

Over the past decade, there has been significant discussion of these issues by the Governor's EMS Trauma Advisory Council, (GETAC) and its committees. There has been some evolution of concerns, with recent discussion and recommendations supportive of the accreditation

proposal. In May of 2008, GETAC unanimously passed a motion to support the adoption of national accreditation of paramedic EMS programs by 2013. Several GETAC committees provided written input for this rule in September, 2011. This proposal is the result of committee input, the 2008 advisory council motion, the NREMT decision to test only graduates of accredited training programs, and the routine four year review of rules to consider re-adoption. This proposal was discussed at the November 2011 quarterly Governor's EMS Trauma Advisory Council (GETAC).

Government Code, §2001.039, requires that each state agency review and consider for re-adoption each rule adopted by that agency pursuant to the Government Code, Chapter 2001 (Administrative Procedure Act). The rule was most recently reviewed and revised in 2004. Section 157.32 has been reviewed and the department has determined that reasons for adopting the section continue to exist because a rule on this subject is needed.

SECTION-BY-SECTION SUMMARY

Amendments to §157.32(a) and (b) update terminology such as referral to the Texas Department of Health with the corrected reorganization language. The curriculum terms describing the new national education standards for EMS First Responder, Emergency Medical Technician Basic (EMT-B), Emergency Medical Technician - Intermediate (EMT-I) were changed to Emergency Medical Responder (EMR), Emergency Medical Technician (EMT) and Advanced Emergency Medical Technician (AEMT), respectively.

Section 157.32(f) was amended to mandate a December 31, 2012, deadline for all paramedic training programs to become accredited and provide proof of accreditation or the pursuit of accreditation by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) through its training program accrediting body, the Committee on Accreditation of Educational Programs (CoAEMSP), or through another national accrediting organization recognized by the department. (No other accrediting bodies currently exist.)

Subsections (c) (m), (n), (o), (p), and (t) in §157.32 were revised to include and address paramedic accreditation requirements as they relate to the national accreditation documentation, denial of program approval, program responsibilities, program re-approval, course approval and disciplinary actions, respectively.

Section 157.32(u) was revised to delete the reference "or the board" because the "Texas Board of Health" no longer exists, and also to update the website for application processing to texas.gov.

FISCAL NOTE

Renee Clack, Section Director, Health Care Quality Section, has determined that for each year of the first five years the section is in effect, there will be no fiscal implications to the state or local governments as a result of enforcing or administering the section as proposed.

MICRO-BUSINESSES AND SMALL BUSINESSES IMPACT

Ms. Clack determined that for each year of the first five years the section is in effect, there will be some fiscal implications to training programs that qualify as small or micro-businesses or persons as a result of enforcing or administering the section as proposed. Based on the number of currently unaccredited paramedic training programs, a few small or micro-businesses will incur increased costs associated with achieving national accreditation. Fees for initial accreditation include a \$1200 initial fee, \$500 for a self-study report evaluation, a \$250 technology fee, and \$1000 for a site-visit. Each of these fees (except for the technology fee) is required annually for re-accreditation.

Currently, 56 of 72 state approved paramedic training programs are either accredited or pursuing accreditation. The fees outlined above would be new and additional for the remaining 16 programs and/or any new programs seeking to teach paramedic courses.

When comparing the cost of compliance for micro-businesses and small businesses to the cost of compliance for the largest business, the cost for each \$100 charge for student tuition and fees will likely have a proportional impact. The cost-per-student ratio would increase proportionally to the number of students enrolled to absorb the additional costs of accreditation. If the number of students enrolled is proportionally more the larger the business/training program, the cost-per-student for the largest programs is least and highest for micro-business. For example, the \$2950 accreditation fee costs for a micro-business training program enrolling 10 students annually would be \$295 per student, a small business training program enrolling 50 students would be \$59 per student and a large program enrolling 100 students would be \$29.50. Each program might have to increase student tuition and fees to offset the additional cost.

IMPACT ON LOCAL EMPLOYMENT

There is no negative anticipated impact on local employment.

REGULATORY ANALYSIS

The department has determined that this proposal is not a "major environmental rule" as defined by Government Code, §2001.0225. "Major environmental rule" is defined to mean a rule the specific intent of which is to protect the environment or reduce risk to human health from environmental exposure and that may adversely affect, in a material way, the economy, a sector of the economy, productivity, competition, jobs, the environment or the public health and safety of a state or a sector of the state. This proposal is not specifically intended to protect the environment or reduce risks to human health from environmental exposure.

TAKINGS IMPACT ASSESSMENT

The department has determined that the proposed amendment does not restrict or limit an owner's right to his or her property that would otherwise exist in the absence of government action and, therefore, does not constitute a taking under Government Code, §2007.043.

PUBLIC BENEFIT

Ms. Clack has also determined that for each year of the first five years the section is in effect, the public will benefit from adoption and enforcement of this section. The public benefit anticipated is that it defrays a significant cost for reestablishing an exam development group or paying another agency to develop and administer paramedic exams.

Since 2002, the department has utilized the NREMT as the qualifying examination for EMS personnel. The NREMT exam is administered statewide through Pearson VUE computerized test centers. In 2009, the NREMT announced a decision to examine only paramedics who graduate from accredited programs or programs in active pursuit of accreditation, beginning on January 1, 2013. Because of this decision the department was faced with either reestablishing an exam development group or finding another agency that could develop and administer exams. It is our decision to continue utilizing the NREMT exam. The NREMT exam was chosen because the department could no longer afford the costs incurred to administer or develop valid and reliable examinations.

Additional public benefits include nationwide consistency and EMS profession enhancement. EMS is one of the few, if not the only licensed healthcare field that does not currently require graduation from an accredited training program. The public will benefit from the continuous quality improvement component of accreditation that will be accomplished without increases in department labor and staff.

PUBLIC COMMENT

Comments on the proposal may be submitted to Jane Guerrero, Office of EMS/Trauma Systems Coordination, Health Care and Quality Section, Division of Regulatory Services, Department of State Health Services, Mail Code 1876, P.O. Box 149347, Austin, Texas 78714-9347, (512) 834-6700, or by email to Jane.Guerrero@dshs.state.tx.us. Comments will be accepted for 30 days following the publication of the proposal to the *Texas Register*.

LEGAL CERTIFICATION

The Department of State Health Services General Counsel, Lisa Hernandez, certifies that the proposed rule has been reviewed by legal counsel and found to be within the state agencies' authority to adopt.

STATUTORY AUTHORITY

The amendment is authorized by the Health and Safety Code, §773.050, which authorizes the Executive Commissioner to establish rules for emergency medical services personnel certification; and Government Code, §531.0055, and Health and Safety Code, §1001.075, which authorize the Executive Commissioner of the Health and Human Services Commission to adopt rules and policies necessary for the operation and provision of health and human services by the department and for the administration of Health and Safety Code, Chapter 1001. Review of the rule implements Government Code, §2001.039.

The amendment affects Government Code, Chapter 531; and Health and Safety Code, Chapters 773, and 1001.

Legend: (Proposed Amendments)

Single Underline = Proposed new language

[Bold, Print, and Brackets] = Current language proposed for deletion

Regular Print = Current language

(No change.) = No changes are being considered for the designated subdivision

§157.32. Emergency Medical Services Education Program and Course Approval.

(a) Emergency medical services (EMS) Education Program Standards. The Texas Department of State Health Services (department) **[Bureau of Emergency Management (bureau)]** shall develop and publish an EMS Education and Training Manual (manual) outlining standards for EMS education that address at least the following areas:

(1) - (11) (No change.)

(b) Consideration of training standards.

(1) The department **[Texas Department of Health (department)]** shall base the manual on applicable standards and guidelines for evaluation and approval of EMS education programs adopted by national accrediting organizations.

(2) - (3) (No change.)

(c) Curriculum.

(1) Emergency Care Attendant (ECA)

(A) The minimum curriculum shall include all content required by the current national Emergency Medical Responder (EMR) **[EMS First Responder]** educational standards and competencies as defined in the National EMS Education Standards by the United States Department of Transportation (DOT).

(B) - (C) (No change.)

(2) Emergency Medical Technician (EMT) **[Technician-Basic (EMT-B)]**.

(A) The minimum curriculum shall include all content required by the current national EMT **[EMT-B]** educational standards and competencies as defined in the National EMS Education Standards by DOT.

(B) (No change.)

(3) Emergency Medical Technician-Intermediate (EMT-I).

(A) The minimum curriculum shall include all content required by the **[portions of the]** current national Advanced Emergency Medical Technician (AEMT)

[paramedic education] standards and competencies as defined in the National EMS Education Standards by DOT [which address the following areas]. The following areas must be addressed as outlined in the AEMT national educational standards and the Health and Safety Code, §773.048:

(i) - (xiii) (No change.)

(B) The course shall include a minimum of 160 clock hours of classroom, laboratory, clinical, and field instruction which shall include supervised experiences in the emergency department with a licensed EMS provider and in other settings as needed to develop the competencies defined in the AEMT national educational standards [minimum curriculum].

(C) A student shall have a current EMT certification from the department or National Registry prior to beginning and throughout field and clinical rotations in an EMT-I course.

[(C) Certification as an EMT-Basic shall be required prior to beginning field and clinical rotations in an EMT-I course.]

(4) Emergency Medical Technician-Paramedic (EMT-P).

(A) The minimum curriculum shall include all content required by the current national paramedic education standards and competencies in the National EMS Education Standards as defined by DOT.

(B) (No change.)

(C) A student shall have a current EMT or EMT-I certification from the department or current EMT, EMT-I or AEMT certification from the National Registry prior to beginning and throughout field and clinical rotations in an EMT-P course.

[(C) Certification as an EMT-Basic shall be required prior to beginning field and clinical rotations in an EMT-P course.]

(d) - (e) (No change.)

(f) Currently approved programs. Programs that have obtained approval as of the effective date of this rule shall be considered to have met the requirements of subsections (g) or (h) of this section appropriate to their current level of approval. Paramedic programs must become accredited by December 31, 2012, and provide proof of accreditation by the Commission on Accreditation of Allied Health Education Programs (CAAHEP)/Committee on Accreditation of Educational Programs (CoAEMSP), or a national accrediting organization recognized by the department. Alternatively, the program may provide a letter from CAAHEP/CoAEMSP or a national accrediting organization recognized by the department stating the education program has submitted the appropriate documentation that indicates it being in pursuit of accreditation as defined by that organization.

(g) - (l) (No change.)

(m) National accreditation for paramedic education/training programs.

(1) In addition to the requirements listed in subsection (h) of this section, all EMS education/training programs currently conducting paramedic education and training must meet the following requirements to receive approval as a paramedic education and training program:

[(1) If a program has been accredited through a national accrediting organization recognized by the department, the department may exempt the program from the program approval or re-approval process. If a program is denied, the program has an opportunity to request a hearing in accordance with §§1.21-1.34 of this title (relating to Formal Hearing Procedures).]

(A) on or before December 31, 2012, become accredited and provide proof of accreditation by the CAAHEP/CoAEMSP, or a national accrediting organization recognized by the department; or

(B) provide documentation from CAAHEP/CoAEMSP or a national accrediting organization recognized by the department stating the education program has submitted the appropriate documentation that indicates it being in pursuit of accreditation as defined by the CAAHEP/CoAEMSP or a national accrediting organization recognized by the department on or before December 31, 2012. The education/training program that is deemed as pursuing accreditation may be temporarily approved by the department. In order to receive program approval, the education/training program must be accredited and provide proof of their accreditation by the national accrediting organization to the department.

(2) If the education/training program does not become accredited or has their accreditation revoked by the national accrediting organization the program will not be allowed to conduct a paramedic education or training course until the program becomes accredited or the program is recognized by the national accrediting organization as being in pursuit of accreditation.

[(2) Nationally accredited programs shall provide the department with copies of:]

[(A) the accreditation self study;]

[(B) the accreditation letter or certificate; and]

[(C) any correspondence or updates to or from the accrediting organization that impact the program's status.]

(3) Initial or current education programs that are not accredited and would like to offer paramedic education and training on or after January 1, 2013 must:

(A) be approved by the department as an EMS basic education program, according to subsection (g) of this section;

(B) submit the appropriate application and fees to the department;

(C) meet the accreditation standards set by CAAHEP/CoAEMSP or another department approved national accrediting organization in order for the department to issue the applicant a temporary approval to conduct paramedic education or training courses;

(D) provide proof of accreditation by CAAHEP/CoAEMSP or another national accrediting organization recognized by the department. If the training program does not become accredited the program will not be allowed to conduct another paramedic education or training course until the program becomes accredited or the department receives notification from the accrediting organization that the program is recognized as being in pursuit of accreditation as defined by the accrediting organization.

[(3) On request of the department, programs shall permit the department's representatives to participate in site visits performed by national accrediting organizations.]

(4) If a program has been accredited by CAAHEP/CoAEMSP or a national accrediting organization recognized by the department, the department may exempt the program from the program approval or re-approval process.

[(4) If the department takes disciplinary action against a nationally accredited program for violations that could indicate substantial noncompliance with a national accrediting organization's essentials or standards, the department shall advise the national accrediting organization of the action and the evidence on which the action was based.]

(5) Programs accredited by CAAHEP / CoAEMSP or another national accrediting organization recognized by the department shall provide the department with copies of:

(A) the accreditation self study;

(B) the accreditation letter or certificate; and

(C) any correspondence or updates to or from the national accrediting organization that impact the program's status.

[(5) If a program's national accreditation lapses or is withdrawn, the program shall meet all requirements of subsection (g) or (h) of this section within a reasonable period of time as determined by the department.]

(6) On request of the department, programs shall permit the department's representatives to participate in site visits performed by national accrediting organizations.

(7) If the department takes disciplinary action against a nationally accredited program for violations that could indicate substantial noncompliance with a national accrediting organization's essentials or standards, the department shall advise the national accrediting organization of the action and the evidence on which the action was based.

(8) If a program's national accreditation lapses or is withdrawn, the program shall meet all requirements of this subsection or subsections (g) or (h) of this section within a reasonable period of time as determined by the department.

(n) Denial of program approval. A program may be denied approval, provisional approval, or re-approval for, but not limited to, the following reasons:

(1) failure to meet the requirements established in subsection (g), **[or]** (h) or (m) of this section;

(2) - (9) (No change.)

(10) having disciplinary action imposed by the department on the provider license, personnel certification or licensure, or program for violation of any provision of Health and Safety Code, Chapter 773 or 25 Texas Administrative Code, Chapter 157; or

(11) failure of a paramedic program to become accredited or maintain their accreditation by CAAHEP/CoAEMSP or another national accrediting organization recognized by the department.

(o) Responsibilities. A program shall be responsible to:

(1) - (18) (No change.)

(19) provide the department with information and reports necessary for planning, administrative, regulatory, or investigative purposes; **[and]**

(20) provide the department with any information that will effect the program's interaction with the department, **[;]** including but not limited to changes in:

(A) - (E) program director;

(F) program's physical and mailing address; and

(21) provide proof of accreditation by CAAHEP/CoAEMSP or another national accrediting organization recognized by the department.

(p) Program Re-approval.

(1) - (3) (No change.)

(4) To be eligible for re-approval, the program shall meet all the requirements in subsections (g), **[or]** (h) or (m) of this section as appropriate to the level of approval requested; and

(A) (No change.)

(B) document progress toward correction of any deficiencies identified by the program or the department through the self-study and on-site review process; **[and]**

(C) host an on-site review if one is deemed necessary by the department or requested by the program; and

(D) a paramedic program must provide documentation of current accreditation from CoAEMSP or another national accrediting organization recognized by the department.

(q) - (s) (No change.)

(t) Disciplinary actions.

(1) (No change.)

(2) Non-emergency suspension or revocation. A program's approval may be suspended or revoked for, but not limited to, the following reasons:

(A) - (U) (No change.)

(V) committing a violation within 24 months of being placed on probation; **[and/or]**

(W) offering or attempting to offer courses during a period when the program's approval is suspended; and/or

(X) a paramedic program receiving revocation of their accreditation by CAAHEP/CoAEMSP.

(3) - (6) (No change.)

(u) For all applications and renewal applications, the department **[(or the board)]** is authorized to collect subscription and convenience fees, in amounts determined by the Texas Online Authority, to recover costs associated with application and renewal application processing through texas.gov **[Texas Online]**.