

Why advocating for EMS is important

by Scott Kier, NAEMT State Advocacy Coordinator, Massachusetts

Have you ever felt unsettled in your career? Have you had a discussion about the state of EMS today where somebody said, "I wish I could change that"? It happens to me all of the time, but I have made the decision to take my fate into my own hands. What I say is, "I am going to change that."

I cannot, however, do it alone. With a little bit of help, though, there is nothing that can't be accomplished. There is strength in numbers, and although change can take time, the ingredients to make it happen are in each of us. All it takes is a little motivation, dedication and a common voice. This is where grassroots advocacy comes in.

It's up to us

So why is grassroots advocacy so important? It gives the street level EMS practitioner who deals with the heart of what we do, patient care, a chance to be heard by those who make the decisions that determine much of what their job entails. It gives every EMT, paramedic and first responder a way to control their own fates, rather than leave it up to someone else.

From the day that I spent on Capitol Hill last year at EMS on the Hill Day, and the reading that I have done since, I have made one determination: our legislators need us as much as we need them. Many of the decisions they make are based on assumptions. They vote the way that they do, and back the bills that they do, because no one is willing to tell them otherwise. It is up to us to change that.

When I talk with friends and colleagues about getting involved in advocating, I commonly find that they want to do whatever they can; however, their reluctance to get involved has a lot to do with the time they have available. Many EMS

practitioners work long hours and sometimes multiple jobs. Factor that in with making time for family and commitments outside of EMS, and finding time to visit legislators and attend meetings is difficult.

What they do not understand is that the beauty of a grassroots movement is that no matter how big or small their involvement is,

they can make a difference for the organization as a whole.

Don't want to go to Washington? Visit your congressional representatives' local offices. Maybe public speaking and meeting with officials is not your thing. Write a letter. Maybe writing is not your thing either. Sign a petition to show your support for a cause. The key is to remember that if each of us pitches in just a little bit, we will have the opportunity to move mountains and create a lot of vital change.

The opportunity to be part of something great is just a click or two away. Visit the NAEMT web site, and contact your state's Advocacy Coordinator. Introduce

yourself to them. Ask them what you can do to help them, and let them know you want to be involved. **Together, we can move mountains and create the change we want to see.**

I have made the decision to take my fate into my own hands. What I say is, "I am going to change that."



See page 17 for information on registering for EMS on the Hill Day 2012.

The only child of two New Jersey EMTs, Kier started volunteering in EMS in 1993 and realized it was his calling. He became certified as a paramedic in 2000, and a year later he graduated from college with a degree in EMS Management. He now works in a mid-sized urban system. Kier is active in social media, sharing his views through Twitter, on EMS podcasts and through his web site MedicSBK.

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NAEMT is ready for the future

I am pleased to share with you that 2011 was another very good year for our association. Our successes include:

- A more than six percent growth in membership;
- Six new benefits added to our individual membership package;
- 47,979* EMS practitioners trained through our AMLS, EPC, EMS Safety, PHTLS and TCCC courses;
- and our second successful EMS on the Hill Day, hosted by NAEMT.

Beyond these tangible indicators of success, we all can take pride in how our association has matured into an organization that is operated with transparency, integrity and stewardship.

Our annual candidacy and election process is one of the most democratic and open processes used by associations. The results of our annual voting were announced within a few days of the close of voting, and a certified tally of the votes from our independent voting contractor was posted on our web site.

Each year, we publish and distribute NAEMT's annual report containing the highlights of our activities and our association's year-end financial reports certified by our independent auditor.

The 2011 NAEMT Annual Report will be sent to all members this spring. Prudent use of our association's funds has allowed us to invest in many important projects such as EMS on the Hill Day, our new EMS Safety Course, and additional member benefits.

The official minutes of our Board meetings are posted in the Member Resources section of our web site so that members can see the action that their Board is taking on their behalf, and major actions taken by our Board are posted almost immediately on our web site home page.

Our Board members now receive training each year to ensure that NAEMT is operating using best practices in association leadership.

Our Board met last August in Las Vegas in conjunction with EMS World Expo to discuss

how we can build upon these successes to strengthen and enhance our association and EMS in the future. As part of this process, the board reviewed the results of a survey sent to all active members to learn your thoughts and feelings about the future direction of NAEMT.

Based on the responses you provided to this survey, a new strategic plan was developed for 2012 through 2014. This plan will set the direction of our organization over the next three years and will serve as a guide to how we invest and utilize our time, energy and resources. All of the programs and activities we undertake will support the achievement of our mission, vision and goals. You can read a full copy of the strategic plan on this issue's back cover.

NAEMT has come a long way since our beginning in 1975. There certainly have been some rough patches along the way and I am sure that we will encounter new challenges as we move forward. But, our organization is now positioned to capitalize on all of our past experiences and the work of many members who have come before us.

We are ready to address the key challenges that impact EMS. We are ready for the future. I look forward to working with you this year to achieve our goals.

* As of 11-30-2011



Connie A. Meyer
President



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NAEMT News is the official quarterly publication of the NAEMT Foundation, a not-for-profit corporation of the National Association of Emergency Medical Technicians (NAEMT). NAEMT is the only national membership association for EMS practitioners, including paramedics, EMTs, first responders and other professionals working in prehospital emergency medicine. Education, Membership and Advocacy are the three tenets of the NAEMT strategic plan.

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Winter 2012

Volume 25, Number 1

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Joshua Stapleton, Fire Captain, Rancho Cucamonga Fire District, CA

HOT TOPICS IN EMS (ALS)

Scott Snyder, BS, NREMT-P

I'LL DRINK TO THAT! RESPONDING TO BINGE-DRINKING KIDS (BLS)

Arthur Hsieh, Faculty, NREMT-P, Santa Rosa Junior College

SHOTS FIRED! ARE YOU READY? (OPERATIONS)

Zachary Goldfarb, EMT-P, CHEP, CHSP, CEM

SOCIAL MEDIA BEST PRACTICES FOR EMS AND FIRE AGENCIES (OPERATIONS)

Nick Schuler, Field Battalion Chief, CAL FIRE; Mike Mohler, Captain & PIO CAL FIRE/San Diego County Fire Authority and CAL FIRE Incident Command Team 9

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Ron Moore, Battalion Chief/Training Officer (ret.), McKinney, TX FD

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Photo by: Jeff Zimmerman

Education news

In 2011, our education programs continued to reach new EMS students worldwide. With updated editions and new materials, NAEMT education programs are continually recognized as leading EMS continuing education. Now, NAEMT offers a variety of affordable education available as classroom-only teaching and hybrid courses.

Following are reports and plans for 2012 from our program chairs.



Advanced Medical Life Support

– Sarah Seiler, MSN, RN, EMT-P, CCRN, CEN, Chair

AMLS enjoyed an exciting year in 2011, producing a new edition textbook with a new publisher. The AMLS

Committee has begun long-term strategic planning for the course. Building on our progress over the last year, our projects for 2012 include:

- Developing online AMLS content;
- Developing a hybrid AMLS provider course that incorporates the online content as Day 1 of the course;
- Developing a refresher course consistent with the new AMLS provider course and textbook.

Our goals for 2012 are to:

- Achieve 15% growth in the program;
- Develop a network of state AMLS coordinators to assist the AMLS committee and regional coordinators in promulgating the course and supporting our course sites and students.

We are able to accomplish these projects and goals only with your continued feedback and support. NAEMT and AMLS appreciate your commitment to the program and the association.



EMS Safety

– Glenn Luedtke, EMT-P, Chair

Since the introduction of the EMS Safety Course last March, more than 95 courses have been conducted throughout the country, resulting in more than 835 EMS practitioners, educators and

administrators learning important skills and tips to help keep them be safe.

Moving forward in 2012, we hope to train more instructors and bring the course to more practitioners. Our goals for 2012 are to:

- Train at least 1,500 EMS practitioners and administrators; and identify and recognize a sufficient number of instructors to ensure the course's availability in all parts of the United States.

- Work with our international partners to continue expanding the course in other countries.
- Establish a timetable and methodology for the first revision of the course.
- Establish and institute a methodology for monitoring instructor performance and adherence to the course curriculum.
- Continue to identify and post on the course web page new resources and developments in EMS safety.

Emergency Pediatric Care

– Chris Cebollero, EMT-P, Chair

In 2011, the EPC Committee released an updated and upgraded PowerPoint presentation for the course on a flash drive. EPC instructors now have a great tool that can assist them in conducting courses. EPC also has appointed new regional coordinators that will assist in promulgating the program in the United States.

As EPC continues to deliver the highest quality pediatric education to all EMS practitioners, the committee's goals for 2012 include:

- Transitioning instructors from other standardized emergency pediatric care courses to EPC utilizing the new EPC transition course that was recently completed.
- Completing the development of a new EPC student manual, as well as beginning development of additional online study materials, including presentations, research, articles and podcasts.

As 2012 begins, we hope that all NAEMT members will participate in EPC, either as students or instructors, as we strive to provide the best in pediatric EMS continuing education.

Prehospital Trauma Life Support

– Will Chapleau, EMT-P, RN, Chair

In 2011, PHTLS launched the two-day hybrid course with great success. This exciting new format allows students to easily fit eight hours of online continuing education



into their busy schedules, and then attend only eight hours of hands-on classroom skills.

Additionally, the TCCC course continues to expand to new course sites across the nation.

For 2012, PHTLS's plan includes:

- Implementing a new committee organizational structure, make assignments to committee members and review individual and structural performance for possible revisions.
- Assisting in the development of PHTLS international regions - currently Europe and Latin America, and likely in the Middle East.
- Holding the World Trauma Symposium – the first symposium will debut on November 1 in New Orleans. We will begin a continuous process of review and redesign to make this the most important prehospital trauma symposium in the world.
- Monitoring the use of the new online course content, determining the need for edits and enhancements, and investigating other e-course opportunities using the PHTLS brand.
- Continuing domestic development – assisting the regional coordinators in establishing a PHTLS presence and enhancing opportunities within the regions.
- Developing a TCCC organizational structure – assisting new TCCC regional coordinators in promulgation within their regions and with establishing relationships with state and national coordinators.

To learn more about NAEMT education programs, go to www.naemt.org.

Attend NAEMT courses at EMS Today

If you plan on attending EMS Today, February 28 - March 3 in Baltimore, be sure to register for the hybrid NAEMT educational courses being held on Wednesday, February 29, from 8 a.m. – 5 p.m. Each course offers 16 hours of CECBEMS credit and meets NREMT recertification requirements. Courses being held include:

Prehospital Trauma Life Support Hybrid Course

This PHTLS Hybrid course allows students to obtain PHTLS hands-on skills instruction in one day. By taking the lectures online prior to EMS Today, you will spend one day perfecting your trauma skills and honing your critical thinking ability to treat trauma patients. The online portion of the program consists of the same lecture topics as the original PHTLS course, but allows you to take the course at your own pace, either while on-duty or in the quiet of your own home. The onsite workshop takes the knowledge gained during the online portion of the program and applies it to actual trauma scenarios. This Hybrid course is open to all levels of EMS practitioners.



Emergency Pediatric Care Hybrid Course

The EPC Hybrid course provides students with the opportunity to gain insight into the evaluation and treatment of pediatric patients. From Common Medical Emergencies to Hypoperfusion and Shock to Cardiac Emergencies, EPC offers a look at the best way to treat and manage pediatric patients. With this unique Hybrid course, students take the first eight hours of the course within a two-week period prior to EMS Today, and then attend the one-day hands-on and skills component. This lets students gain 16 hours of this much-needed continuing education while attending class on site for only eight hours.

The early bird price before February 3 is \$285, and is \$310 after that date. Register now at <http://emstoday.com/Register-Now/2012-Registration-Notification-Form/>.

NAEMT working to streamline and consolidate instructor training

by KC Jones, NAEMT Education Committee Chair

LIKE MANY ORGANIZATIONS THAT TEACH MULTIPLE courses, we at NAEMT often hear questions like, “Why do I need all these instructor courses to teach? How many times must I learn about pedagogy and the domains of learning?”

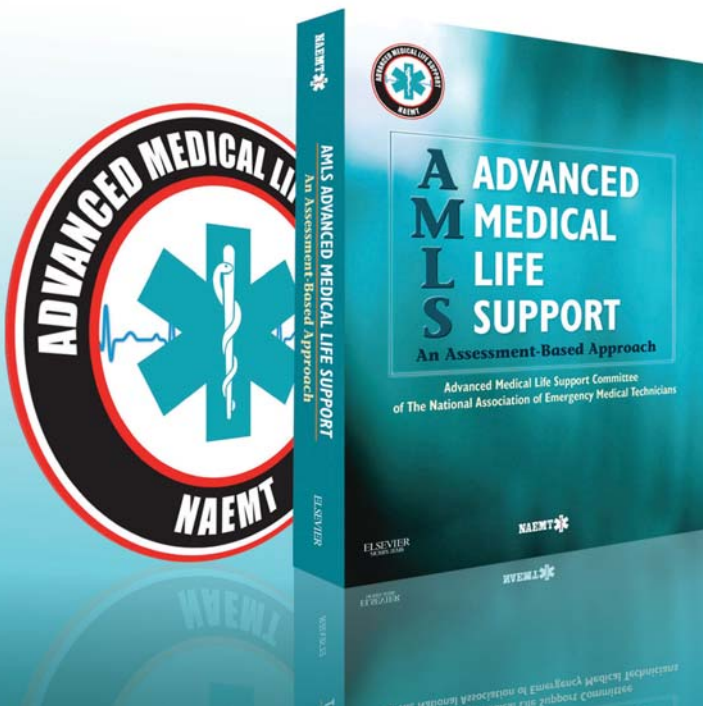
While I may not have the answer to all of these questions, I am pleased to let you know that NAEMT has been working on ways to streamline our instructor process. To make teaching a little easier for our valued instructors, the NAEMT Education Committee is taking on the task of consolidating our current instructor programs into one NAEMT Instructor Course.

The idea for this new project came when the NAEMT EMS Safety Program Committee was pressed with the daunting task of rolling out our new national EMS Safety course. The course leaders, with the approval of the NAEMT Board of Directors,

chose to take a novel approach and allow certified EMS instructors to teach the course after successful completion of the provider course. This has worked well, and led to the decision to streamline our instructor credentialing process for other NAEMT courses.

Education is a skill taught like any other, and in my 30 years as an EMS educator, I have seen several innovations through media distribution. However, general education concepts have remained constant. The Education Committee’s goal is to develop a core instructor course that will incorporate all the commonalities of our three instructor courses into one course. We hope this process will move quickly and we are sure that NAEMT will continue to offer outstanding EMS continuing education for the future. It is exciting, and we look forward to this challenge.

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*As defined in the National Emergency Medical Services Education Standards, 2010



The move to new EMS provider levels is NOW

by Heidi J. Erb & Ann Marie Mecera,
National Registry of Emergency Medical Technicians

NEW EMS PROVIDER LEVELS ARE BEING IMPLEMENTED across the nation, changing the way EMS education develops and how EMS practitioners practice their profession.

Why the switch? This move was guided by the document *EMS Education Agenda for the Future: A Systems Approach*, which replaces the current National Standard Curriculum with the new National EMS Scope of Practice Model. EMS leaders believe that by following a **scope of practice model**, rather than a standard curriculum model, EMS education can develop and progress more quickly. This ultimately means providing more effective patient interventions and care, among other significant benefits.

The move to new provider levels collaboratively involved the entire EMS community, and has been in the works over the past decade, during which time hundreds of EMS leaders have worked on improving the EMS education process. They recognized two important factors: 1) that health care and its delivery had changed, and 2) the public's expectations of EMS also had changed. If EMS education was going to keep up, they reasoned, it needed to change.

As part of the EMS community, the NREMT and its Board of Directors are committed to supporting this new model, but also helping the EMS community to make the transition as smooth as possible. As a result, the Transition Policy developed by the NREMT Board was promptly announced to over 10,000 EMS education program directors, state EMS officials, and the EMS community following its adoption on June 8, 2011, to help prepare them for the transition.

Improving efficiency and quality for national EMS education

The National EMS Scope of Practice Model supports a system of licensure common in other allied health professions. Such a system offers the following benefits:

- Standardization of provider levels
- Uniform state licensure standards
- An established national EMS education system
- Instructor flexibility and ability to adapt to local needs and resources
- Consistent quality of education throughout the country
- Consistent program accreditation standards
- Education based on practice analysis rather than perceived needs

- Ability to make frequent and appropriate updates based on new information and research
- An up-to-date practice analysis and method of identifying entry-level competency
- An EMS education system compatible with an academically-based approach to education

Currently, certified EMS practitioners, educators and training officers have questions regarding how the new provider levels – a result of the National Scope of Practice model – will affect them.

The NREMT is ready with the answers and resources the EMS community will need to make this important transition. While all of the details can be found on the NREMT web site, here are important points to remember in approaching the transition to the new levels:

- The NREMT has developed a transition plan that it believes gives EMS practitioners adequate time for obtaining the education they need and assures standardization among the states in reporting transition education.
- The transition dates and processes current EMS practitioners will follow to maintain National EMS Certification vary according to their level.
- The transition plan will adequately assure licensing agencies, employers and the public that current EMS practitioners have been exposed to the same knowledge, skills and abilities that new EMS practitioners will possess after completing courses taught according to the new National EMS Education Standards.

How will EMS practitioners make the transition?

The NREMT will require current practitioners to attend and successfully complete a state-approved transition/refresher course (or continuing education). States also will be required to issue certificates that contain a prescribed statement unique to that particular provider level. These courses allow current practitioners to meet the new requirements. The EMS community has been instructed on the details of each course and certificate, but this information is also available on the NREMT web site, www.nremt.org.

The NREMT, however, does not determine the content of these transition/refresher courses. "Our goal isn't to dictate what a state's transition/refresher course must contain," explains

Continued on next page >>

The move to new EMS provider levels

> > continued from page 9

NREMT Executive Director William E. Brown, Jr. “We are leaving that up to each state. Our responsibility lies in assuring that current EMS practitioners possess the same competency as new practitioners.”

Here are some particulars regarding how the NREMT will recognize state-approved transition/refresher education:

- Transition hours may be used toward the current refresher hour requirements for recertification.
- If the course is longer than the Section I refresher hours, the additional required hours can be applied toward the Section II continuing education requirements.
- If the transition/refresher course is less than the required refresher hours, then you must make up the remaining hours of your refresher. The hours taken should focus on “refresher” type topics that will improve local EMS patient care.

Regardless of how long your transition course may be, EMT-Basics are required to have 24 hours of transition refresher education; EMT-Intermediate/85s and EMT-Intermediate/99s will need 36 hours; and EMT-Paramedics must have 48 hours of transition/refresher education.

For over a decade, the EMS community has been working to improve the EMS education process in order to keep up with the vast improvements in health care, its delivery, and the public’s expectations of EMS.

Finally, a model has been developed that improves the education process, allows for frequent and appropriate updates based on new information and research, provides a contemporary method for assuring entry-level competency, allows for consistency and standardization in a number of ways, and much more.

Detailed information on the Transition Policy can be found on the NREMT web site at www.nremt.org/nremt/about/transition_policy.asp.

Remember to use your education course voucher!

As a full NAEMT member, you received a non-transferable voucher upon joining or renewing your membership. Your voucher is valid for one-time use during your membership year and is valued up to \$15 toward a NAEMT continuing education course, including AMLS, EPC, EMS Safety and PHTLS.

All NAEMT courses are accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) and recognized by the National Registry of EMTs (NREMT).

If you have questions about your education voucher, please contact us at info@naemt.org or 1-800-346-2368.

NAEMT education programs continue expansion

NAEMT continues to offer the best in EMS continuing education through Advanced Medical Life Support (AMLS), Emergency Pediatric Care (EPC), EMS Safety and Prehospital Trauma Life Support (PHTLS).

In 2011, these cutting-edge NAEMT courses educated **47,979*** students – 37,822 within the United States and 10,157 internationally.

In 2012, NAEMT education looks to further expand and grow, bringing the very best in EMS continuing education to even more EMS professionals.

* As of 11-30-2011

Current Provider Level	New Provider Level
NREMT First Responder	Emergency Medical Responder (NREMR)
NREMT-Basic (NREMT-B)	Emergency Medical Technician (NREMT)
NREMT-Intermediate/85 (NREMT-I/85)	Advanced Emergency Medical Technician (AEMT)
NREMT-Intermediate/99 (NREMT-I/99)	Advanced Emergency Medical Technician (AEMT) or Paramedic (NRP)
NREMT-Paramedic (NREMT-P)	Paramedic (NRP)

Congratulations to scholarship winners

NAEMT congratulates our most recent scholarship recipients:

EMT-B to Paramedic (Up to \$5,000) – Bradley Blackwell, Telluride, Colo.; Katherine Brown, Chicago, Ill.; Sarah Gray, Hancock, Mich.

Paramedic to Advance EMS Education (up to \$2,000) – Robert Sullivan, Wilmington, Del.



Blackwell

“To be able to say to someone who has called 911 and is obviously not having their best day, ‘Hello, my name is Brad and I’m an EMT. I’m here to try to help you.’ is why I love being an EMT,” says **Blackwell**, who is an EMT for Telluride Fire Protection. “We do EMS because we love EMS and we love being of service to our community. My goal is to become a nationally registered EMT-P and eventually return to my small community in southwest Colorado. I want to be able to help people in my community full time and have a career that I love.”



Brown

Brown, who is an EMT-B with DK&A CPR Courses, says, “My career as an EMT incorporates lifelong learning, passion for patient care, and a commitment to our profession via professional memberships. This scholarship will benefit my employment goals of being able to transition to a paramedic and will enable me to pursue career aspirations of becoming an EMS educator and an instructor for NAEMT courses.” Brown

notes that a passion for EMS runs in her family. “Immediately following graduation from high school, my son completed his

EMT-B program, passed the NREMT, and joined NAEMT, and my husband currently is enrolled in an EMT-B program.”

In explaining her interesting career path, **Gray**, an EMT-B with Michigan Tech University whose father and grandmother are retired EMTs, notes, “When I entered college, I thought I had some idea of where I was going with my life. I was going to earn a degree in biomedical engineering and get some prestigious job designing hip implants or pacemakers or some other life-saving device. Five years later, my goals have shifted tremendously. Biomedical engineering was exciting work, but it was not for me. I came to the life-altering realization that I’d rather make a big difference in the lives of a few than a small difference in the lives of many.”



Gray

Sullivan, a paramedic with New Castle County EMS, says, “As I enter my twelfth year in EMS, I think about how lucky I am to have such a rewarding career. I have the privilege of being invited into people’s lives when they are sick and injured, and I enjoy helping them feel better.” He adds, “I also am fortunate to be in a young profession with the opportunity to shape its future. I continue to seek better ways to help people feel better, which is why I’m pursuing a master’s degree.”



Sullivan

The next deadline for all scholarship applications is March 15. Full NAEMT members may complete an application by logging in to the EMS Scholarships page in the Member Benefits section of our web site.

EMS services: Enjoy new squad membership benefit

Now, members of our squad membership program have a new benefit to enjoy: membership in the North Central EMS Cooperative (NCEMSC). This cooperative allows EMS organization members to purchase EMS products and services from participating vendors at significantly discounted prices. (NCEMSC membership is open to EMS squads, not to individuals.)

This benefit is being provided as part of the squad membership package at no additional cost to squads. The list of vendors providing discounts is long, and includes Bound Tree Medical, Braun Industries, Medtec Ambulance, ZOLL Data Systems and ZOLL Medical Corporation, and many more. View the complete list of NCEMSC vendors at www.ncemsc.org/vendors/default.cfm. This benefit is offered in addition to the thousands of dollars in numerous other benefits that NAEMT’s squad membership program offers.

Learn more and view the full list of benefits on the Squad Membership page of our web site – and enroll your EMS service today.

NAEMT Annual Meeting offered networking, learning opportunities

UNDER THE WELCOMING LIGHTS OF LAS VEGAS, the NAEMT Annual Meeting took place August 29-31 at the Las Vegas Convention Center in conjunction with EMS World Expo 2011.

NAEMT members attended NAEMT committee meetings, the Affiliate Advisory Council meeting, the General Membership Meeting and Reception, preconference courses, the annual PHTLS, AMLS and EPC meetings and the Scott B. Frame Memorial Lecture. They learned about all of the NAEMT activities being undertaken and enjoyed networking with colleagues.

Member events

Committee meetings held on August 29 and 30 included Advocacy, Education, Finance, Health & Safety, Membership, Military Relations and more. The NAEMT Board of Directors, Affiliate Advisory Council and the NAEMT Foundation also met. Members attended meetings of interest to them.

The General Membership Meeting and Awards Presentation and Reception were held on the evening of August 30, bringing together the NAEMT family to hear from President Connie Meyer on the activities and successes of the association during the year. At the meeting, Board members were introduced, goals for the coming year were outlined, volunteers and sponsors were thanked, and outstanding individuals working in EMS were recognized with national awards. (Please see the Fall 2011 issue of *NAEMT News* for details on the award winners.)

Immediately following the General Membership Meeting, members and invited guests enjoyed a gracious "EMS Nation" reception, sponsored by The College Network and the National Registry of Emergency Medical Technicians, where attendees networked with other EMS professionals and enjoyed a delicious spread of food and drinks.

Educational opportunities

On Wednesday, August 31, the PHTLS, AMLS and EPC committees each held their annual meetings. Attended by regional, state and course site coordinators and instructors, these meetings provided an update on the status of each educational program and recognized individuals for their outstanding contributions to the success of these programs.

The Scott B. Frame Memorial Lecture on the afternoon of August 31 addressed Guidelines for Field Triage of Injured Patients: Making a Difference, presented by Richard C. Hunt, M.D., FACEP, Director, Division of Injury Response, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, and Professor of Emergency Medicine, Emory University School of Medicine.

Dr. Hunt described the development, dissemination, implementation and evaluation of these CDC guidelines, and successes and challenges in the journey to make a difference in the outcomes of trauma patients throughout our nation. This lecture is held each year to honor Scott B. Frame, MD, FACS, FCCM, EMT-P, who made significant contributions to NAEMT and its Prehospital Trauma Life Support (PHTLS) program.

Preconference courses held just prior to the Annual Meeting included the all new, two-day Advanced Medical Life Support (AMLS), Emergency Pediatric Care (EPC), and Tactical Combat Casualty Care (TCCC) provider courses, the one-day EMS Safety Course for all EMS professionals, and the Prehospital Trauma Life Support (PHTLS) Seventh Edition Instructor Course.

We thank all members who attended the Annual Meeting. See you at the 2012 Annual Meeting in New Orleans!

Mike Newburger



President Connie Meyer presents an award for dedicated service to former Region IV Director KC Jones.

Mike Newburger





Glen E. Ellman



Glen E. Ellman



Mike Newburger

NAEMSE's Joe Grafft speaks to attendees of the Affiliate Advisory Council's panel discussion.

The Tactical Combat Casualty Care course gave participants hands-on experience through skills stations.

Region I Director Jim Slattery and NAEMT Assistant Business Manager Keshia Robinson man the Silent Auction, which raises funds for EMS scholarships.



Glen E. Ellman

(Below) Immediate Past President Patrick Moore and EPC's Lisa Bennett enjoy the Member Reception.

A delicious buffet was enjoyed by attendees of the NAEMT "EMS Nation" Member Reception following the General Membership Meeting and Awards Presentation.



Glen E. Ellman

(Below) NAEMT courses offered hands-on skills stations.



(Left) NAEMT preconference courses were well attended.



Glen E. Ellman

New Board takes office

Taking office this month with the full NAEMT Board of Directors are two new members of Board and three recently re-elected directors:

New

Region I Director: Scott Matin, New Jersey

Region IV Director: Bruce Evans, Colorado

Re-elected

Region II Director: James A. (Jim) Judge II, Florida

Region III Director: Sue Jacobus, Nebraska

At-Large Director: Chuck Kearns, Michigan



Matin

“This position will allow me to help grow and support NAEMT and the professionals that the organization represents,” says **Matin**.

He is Vice President of Clinical & Business Services at MONOC Mobile Health Services, Wall, N.J., New Jersey’s largest provider of EMS, ambulance and aeromedical services, covering over 1,800 square miles and servicing more than 2.8 million residents. Matin also is Adjunct

Faculty at Fairleigh Dickinson University, Teaneck, N.J., and Site Review Team Leader, Commission on Accreditation of Ambulance Services (CAAS), whose purpose is to perform an independent review of each organization applying for accreditation and to verify that each meets all of the standards set forth by CAAS.

“I have a passion for the issues and challenges that EMS is facing,” **Judge** says. “Having spent the last year on the Board, I have great respect for the other Board members and the work we have before us. I look forward to continuing to serve and continuing my commitment to the NAEMT President, Board of Directors and membership.”



Judge

Judge, C.E.M., EMT-P, BPA, is executive director for Lake EMS, Inc., where he is responsible for the administration, financial management, and operations of the not-for-profit organization formed to provide quality, community-based EMS services. The agency operates 25 advanced life support units throughout Lake County with an operating budget of \$17 million. Judge has 39-plus years of experience in EMS, fire services and emergency management, and has received numerous state and national awards for administrative and

operational excellence in public safety.



Jacobus

“A focus for all of us as EMS practitioners is recognition as a profession, regardless of role or pay. Our growing strength as a unified voice is key to implementing change on a national level,” says **Jacobus**. “These past four years have been a continual progressive period of growth for NAEMT and all of its members. The positive direction we are taking ensures a better future for all EMS practitioners, and continued positive and professional growth for NAEMT. It is, and has been, an honor to be a vital member of this very progressive Board.”

Re-elected NAEMT Region III Director, and active in EMS education, Jacobus serves as PHTLS National Faculty, a PHTLS/TFR Instructor, and AMLS, EPC and TCCC Provider/Instructor. She also serves on the NAEMT Education Committee, Leadership Development Committee and Strategic Planning Committee. Jacobus also is City Councilman, First Ward, in Schuyler, Neb., and is Past President of the Schuyler Fire Department and serves on its Executive Board. She is the Colfax County Zoning & Flood Plain Administrator and Deputy Director, Colfax County Emergency Management, and is a Firefighter/Volunteer and EMT I/99, an EMS Skills Instructor/Evaluator, and an American Heart Association CPR instructor and First Aid Instructor.

“NAEMT has emerged as the collective voice for EMS within the United States, with a focus on the most important aspect of EMS, the provider,” **Evans** notes. “The delivery of EMS requires a lot of giving of oneself, and it is NAEMT that is here to support that provider who gives their time and labor to help another. The key challenges and opportunities that NAEMT and EMS is facing will continue to be how to ensure the EMS provider is protected, fairly compensated and well educated.”



Evans

Evans, NREMT-P, BS, MPA, is the Deputy Chief at the Upper Pine River Fire Protection District outside of Durango, Colo. He retired this year as the EMS Chief at the North Las Vegas, Nevada Fire Department after serving 27 years in the Southern Nevada EMS system. He is an adjunct faculty member of the National Fire Academy in the EMS, Incident Management, and Terrorism Training programs. Evans also is the recipient of the prestigious 2010 James O. Page EMS Achievement Award and

New Board takes office >> continued

is a member of NAEMT's EMS Safety Program Committee. He is a NFPA Fire Instructor III and is a certified faculty member for the International Public Safety Leadership and Ethics training program. Evans has coauthored texts in EMS management and crew resources management, and writes a bimonthly column on EMS in *Fire Chief Magazine*.

"When first elected to the NAEMT Board three years ago, I had some goals I wanted to accomplish. I am pleased to say NAEMT has acted upon those, making great progress! I want to continue our strong, positive momentum," says **Kearns**. He has been involved in EMS for more than 30 years, beginning his career as a Florida open-water lifeguard and becoming certified as an EMT two years later.

Kearns is a certified paramedic and has worked most of his career in Pinellas County, Florida - EMS/Sunstar. He is the former Pinellas EMS & Fire director and currently works for a hospital-based, not-for-profit ambulance provider based in the Midwest. Kearns also holds an MBA in Marketing and Information Systems. Two of the many honors he has received include the 2005 Florida Department of Health, EMS Lifetime Achievement Award and a Lifesaving Award from President Ronald Reagan for rescuing five drowning persons.



Kearns

Active members voted in elections from October 15-28 for open positions on the NAEMT Board of Directors and then were notified of Votenet-certified results via e-mail in early November.

"We greatly appreciate all who stepped up to serve our national association in a leadership position, and I thank all the candidates for their interest in serving on our Board and for their dedication to NAEMT," says **Connie Meyer**, NAEMT President. "Please join me in congratulating our new and continuing Board members."

The 2012 Board of Directors took office on January 1. View the full 2012 NAEMT Board of Directors in the About Us section of our web site.

New membership benefits introduced

To further enhance NAEMT's value-added membership benefits package, NAEMT is introducing four new benefits for full individual members. These include:

Discount at La Quinta Inns & Suites – Hotel rates at a **10 percent discount** off the best available rate listed for all hotels nationwide. La Quinta Inns & Suites properties are located across the U.S., Canada, Puerto Rico and Mexico for business and leisure travel and offer comfortable beds, free breakfast and free Internet access. **Learn more at www.lq.com.**

Medic-CE – Two free online continuing education courses and a **15 percent discount** off the regular price of any individual subscription. Medic-CE serves America's EMTs, licensed paramedics, first responders and other fire and rescue personnel by providing high-quality, easy-to-use and affordable online continuing education. **Learn more at www.medic-ce.com.**

Skyscape – Online medical resource applications at a **20 percent discount** off the regular price of any single title. Skyscape, Inc. is the worldwide leader in mobile medical information. Utilizing only the most trusted, valuable resources and tools, Skyscape delivers customizable content by specialty to medical professionals directly at the point of care. **Learn more at www.skyscape.com.**

ICEdot – Premium membership free for one year for when you are at the other end of an emergency situation. When members register, they have the ability to input important demographic and medical information into Icedot's HIPAA compliant database and receive an Icedot card and key tags with their unique identifier. This allows access to key information and instant notification to emergency contacts using a unique text messaging system anywhere in the country when you are involved in an emergency situation. Icedot offers a full range of emergency identification and notification services, utilizing the Internet, mobile applications and SMS technology to quickly identify a patient, relay important medical information and provide emergency contacts in the case of any accident or medical incident. **Learn more at www.icedot.org.**

Full, individual members are encouraged to enjoy these valuable new benefits. Simply use your member login information to log in to the Access Your Benefits section of our web site.

Leading change in EMS is a marathon, not a sprint

by John Brophy

WITHOUT CHANGE, EMS WOULD NOT BE WHERE IT IS TODAY. Over the past 40 years, EMS leaders, both nationally and locally, envisioned a better future for EMS. In order to realize their vision as a reality, they created a sense of urgency for what they sought to accomplish and buy-in from key stakeholders to assist with moving their agenda.

Today, when we look back at some of the ways we performed patient care, the equipment we used, and the protocols that were considered at least “progressive”, if not “radical” at the time, we often wonder, “What were they thinking?” because of what we now know to be better or safer procedures. Hopefully, 20 years from now people will look back at some of what we consider to be “state-of-the-art” and ask the very same question about us. I hope they do, because that will be a reflection of the fact that EMS has continued to embrace change and strives to improve all aspects of it every day.

As in triage, when leading change we need to “start where we stand.” As EMS practitioners, our training conditions us to quickly identify issues and take action to fix them. This skill set is both a blessing and a curse. It is a blessing because we have what it takes to see things that need fixing, but a curse because in the acute care world in which we operate, we are conditioned to working more of a sprint than a marathon. We spend a relatively short period of time with our patients and most times we pass them to the next echelon of care in better condition than when we first encountered them. Our work is done; now someone else has to take it from there.

Unlike in acute prehospital care where time is often short like a sprint, leading change is a marathon that requires everyone, from top to bottom in the organization, to contribute. Only in that way can long-term, sustained success be achieved. While a leader may have a vision as to where he or she sees your organization five years from now, it will require a coalition of people who believe in the change and want to follow it through in order to make it happen. To create and sustain this coalition, the leader must be sure to clearly communicate the vision and be open to feedback from all stakeholders in the process. All too often, visionary projects fail because of poor communication – a potential pitfall of which everyone needs to be aware.

Since people both inside and outside of organizations are often uncomfortable with the uncertainty that the idea of change may bring, it is important that there is a commitment to seeing the vision through. This commitment, however, cannot be a blind devotion to the idea. It must be tempered with an openness to suggestions and modifications that will eventually achieve the best possible outcome.

Overcoming resistance to change is perhaps one of the greatest challenges facing organizations today, but it is not a new problem.

In 1876, there was reportedly an internal Western Union memo that noted something to the effect of “This ‘telephone’ has too many shortcomings to be seriously considered as a means of communication. The device is inherently of no value to us.” From this communication, it is clear that someone brought forth the invention of the telephone as something to consider as a “new” project that involved a change to how they did business, but whoever wrote the memo did not share that person’s vision.

People like to feel comfortable. Consistency breeds comfort, and the thought of change takes people out of their comfort zone. While consistency is a good thing, it sometimes brings with it an atmosphere of complacency. When people in an organization only see the changes in relationship to how they affect their own personal position, they resist the changes due to the impact on them individually. Unfortunately, they do not see the “big picture” and the potential positive impact on the overall organization.

For this reason, when preparing to implement change, it is important that leaders take the time to listen and to empathize with their people. In so doing, not all of their fears and objections will be put to rest, but perhaps a better understanding will be established for both leaders and followers and each will adjust their approach somewhat and thereby minimize the effects of the process. This allows all parties to work together more collaboratively and with a deeper trust in one another’s actions and motives.

Leading change is perhaps the most difficult and challenging of all leadership responsibilities. Sometimes obstacles are issues like cost, while other times they are issues such as beliefs that change is not possible, needed, or feasible. Change is nothing new to EMS. Every few years we all learn a new way to do CPR. New medications and equipment are developed that change the way both ALS and BLS personnel approach the same medical and trauma calls they have handled for years with different meds, different equipment, and different protocols and procedures.

To make change possible, a leader must not only set the vision, he or she must understand the change process and guide their people and their organization through it.

John R. Brophy is Director of Operations and Communications at Community EMS in Southfield, Michigan. He is the author of Leadership Essentials for Emergency Medical Services, which is a continuing education text designed for the development of new and aspiring EMS leaders. Brophy is a former U.S. Navy Corpsman and Fire Department Captain with 29 years of experience in EMS.

Leading change is perhaps the most difficult and challenging of all leadership responsibilities.

Register now for EMS on the Hill Day

Be sure to register for EMS on the Hill Day 2012, to be held on March 21 in Washington, D.C. **You can register right now using the button on the home page of www.naemt.org.**

Hosted by NAEMT, this event is the only national EMS advocacy event. It welcomes EMS professionals from across the nation to come together and tell their members of Congress about the challenges they face in providing emergency medical care, and to advocate for the passage of key EMS legislation.



EMS on the Hill Day:

- Includes representation from all sectors of the EMS community
- Sends a consistent message to our elected leaders on the important issues facing EMS in our country
- Builds and strengthens our relationships with Senate and House leaders and their staff

Program highlights include:

March 20, 2 p.m. — Bonus event: As an added benefit for 2012, attendees will be able to participate, free of charge, in the Reimbursement Task Force meeting of the American Ambulance Association at 2 p.m. on Tuesday, March 20, at the Washington Plaza Hotel. The meeting will address reimbursement issues affecting EMS and will discuss health care reform, Medicare ambulance relief and other hot topics.

March 20, 5 p.m. — Participants meet for an informative pre-Hill visit briefing.

March 21, morning/afternoon — Participants attend scheduled appointments with their Senate and House leaders and their staff to talk about challenges they face and EMS legislation that can help.

March 21, evening — Participants relax and gather together for a post-Hill visit reception.

The Washington Plaza Hotel serves as headquarters for the event.

“This event is hosted by NAEMT to help ensure that EMS has a strong voice in the nation’s capitol and in government decisions that affect EMS practitioners and their ability to

provide quality care to their patients,” says Jim Judge, Director, Region II, and NAEMT Advocacy Committee Chair. “Please join me and EMS professionals from throughout the nation as we work to educate our congressional leaders on EMS issues and advocate for the passage of key EMS legislation. The success of this event depends on participation from the EMS community, so please join us as we work to make EMS on the Hill Day 2012 the best year yet.”

Grants offered to members

NAEMT recognizes that the cost of participation may be beyond the means of some members. To assist them, NAEMT will provide grants of up to \$1,200 each to four active members to subsidize the cost of participation. The grant application deadline is **February 1**. These grants are open only to NAEMT active members.

A grant application is located on the EMS on the Hill Day web page in the Advocacy section of www.naemt.org.

Visit the NAEMT web site to register for EMS on the Hill Day by February 15!



Board supports critical EMS bills

In October and November, the NAEMT Board of Directors voted to actively support three congressional bills: House bill (H.R.) 3144, the Field EMS Quality, Innovation and Cost-Effectiveness Improvement Act, also known as the “Field EMS Bill”; H.R. 2853 and Senate Bill (S.) 1154, the Emergency Medic Transition (EMT) Act of 2011; and S. 1680, the Craig Thomas Rural Hospital and Provider Equity Act of 2011.

Field EMS Quality, Innovation and Cost-Effectiveness Improvement Act

H.R. 3144 was introduced by Minnesota Rep. Timothy Walz and sponsored by North Carolina Rep. Sue Myrick, to provide a path toward the vision outlined by the Institute of Medicine (IOM) for the provision of EMS in our nation.

In a letter of support to Rep. Walz, NAEMT emphasized how EMS saves lives and is a unique and critical part of the health-care delivery system. “EMS is a public benefit provided by both governmental and nongovernmental providers that citizens assume will always be there to serve them,” the letter noted. The landmark 2006 IOM Report *Emergency Medical Services: At the Crossroads* identified systemic problems that undermine the public trust and reliance upon EMS to protect them in their greatest hour of need.

Today, while fire and police first responders have several targeted federal support programs, there is no dedicated federal funding stream for field EMS responders to ensure their capability to respond to medical emergencies as part of a coordinated emergency care system. In many areas, EMS services are highly fragmented, poorly equipped and insufficiently prepared for day-to-day operations, let alone natural or man-made major disasters.

H.R. 3144 addresses many of the challenges EMS systems face while trying to fulfill public expectations that all who need EMS can depend upon the highest quality of care and transport to the most appropriate clinical setting. NAEMT lauded Walz’s efforts to include specific grants for field EMS agencies and EMS education and training.

H.R. 3144 would provide a path out of the crossroads and toward the vision outlined by the IOM. The bill will improve access to essential and life-saving EMS services and better integrate EMS within the larger health care system. More specifically, the bill would:

- Establish the Department of Health and Human Services (HHS) as the primary federal agency for EMS and trauma, consistent with the IOM recommendation, and consolidate

and align EMS and trauma functions within HHS to improve federal efficiency and coordination;

- Establish three essential new grant programs for field EMS agencies (providers), States and field EMS educational entities to improve field EMS quality, innovation and cost-effectiveness;

- Enhance quality of field EMS care through improved medical oversight and direction, including evaluation of medical liability and reimbursement issues that may impede medical direction, and enhance data collection and analysis;

- Improve patient outcomes, evidence-based care and cost-efficient delivery to patients with emergency medical conditions in the field through enhanced and dedicated research;

- Evaluate innovative models for access and delivery of field EMS for patients, including alternate dispositions of patients for whom transport to the hospital is not medically necessary which will lower costs and streamline efficiency of care;

- Enable the Secretary of HHS – on a budget neutral basis – to utilize discretionary funding to start up both the new field EMS programs created by the bill as well as already authorized but unfunded federal trauma and emergency care programs.

- Establish an EMS Trust Fund to be funded by voluntary contributions made by taxpayers when filing their federal income tax forms for the purpose of funding the field EMS programs created in this legislation on a budget neutral basis.

“H.R. 3144 is the result of collaboration between multiple EMS stakeholders and strives to correct some fundamental problems within field EMS (outside the hospital) by finally creating a lead agency to oversee EMS,” says NAEMT President **Connie Meyer**. “It also provides a mechanism for grant programs to support field EMS agencies, and state and regional coordination of EMS through state EMS offices, and supports education through grants to EMS educational programs. It is important to remember that the bill addresses multiple problems in EMS, but the first priority will be to educate Congress about what field EMS is, and how it needs to be a viable part of the EMS and healthcare system in the future. EMS is a system in great danger of collapse if we don’t make some serious changes to

“EMS is a system in great danger of collapse if we don’t make some serious changes to fix it.”

Board supports critical EMS bills > > continued

fix it. This is the first bill to seriously look at EMS problems since the 1960s.”

EMT Act of 2011

H.R. 2853, introduced in September by California Rep. Lois Capps, passed the House in the 111th Congress by a vote of 412-5 and is going to the Senate as S. 1154. The bill would make it easier and faster for veterans who served as medics to earn certification as civilian EMTs, rather than requiring experienced military medics to take entry-level curricula to receive certification for civilian jobs as they are now required to do. The bill addresses this by:

- Encouraging State Health Departments, through federal grants, to create a fast-track EMT certification path for honorably discharged members of the Armed Forces with military EMS training, and to provide reimbursement for the cost of a certification fee;
- Giving priority to applicants who will serve in areas with high demand for emergency care;
- Providing required coursework and training to military veterans that take previous coursework and training into account, thus avoiding wasting time and expense;
- Building partnerships between states and universities, colleges, and technical schools to establish a fast-track certification path by developing appropriate curricula to build on military medical training.

“Our military men and women receive some of the best technical training in emergency medicine – and they prove their skills on the battlefield every day. However, when they return home, experienced military medics are often required to begin their training completely over at the most basic level to receive certification for civilian jobs,” said Capps. “This keeps our veterans out of the workforce and withholds valuable medical personnel from our communities.”

NAEMT wrote a letter to Capps thanking her for introducing this legislation and stating support for its passage.

“Military veterans receive some of the best medical training and experience available when serving our country. Their sacrifices, commitment to duty, and ability to get the job done in austere environments make them exceptionally well suited for working as EMTs and paramedics in our communities upon their release from the armed services,” says **Ben D. Chlapek**, Chair, NAEMT Military Relations Committee and Lt. Colonel (ret.), U.S. Army.

“This bill has the potential to help veterans return to work upon their completion of military duty and reduce unemploy-

ment among veterans. I wholeheartedly support any process and legislation that helps military medics transition into the civilian world and use their skills and expertise to make our communities safer. I firmly believe this bill is a move in the right direction and an excellent investment to help our military veterans, our emergency response agencies, and our country.”

Craig Thomas Rural Hospital and Provider Equity Act of 2011

S. 1680 was introduced by North Dakota Sen. Kent Conrad to provide desperately needed rural ambulance relief.

According to the May 2007 GAO report on the costs of providing ambulance services, rural ambulance service providers are reimbursed on average six percent below the cost of providing services to Medicare patients.

Providers in “super rural” areas are reimbursed a staggering 17 percent below their costs. This legislation would temporarily correct these problems by extending and raising temporary increases for rural providers and extending the bonus payment for “super rural” providers.

NAEMT wrote to Sen. Conrad letting him know that it strongly supports his efforts and those of his fellow Senators Pat Roberts, Tom Harkin and John Barrasso to ensure that rural ambulance service providers receive additional relief immediately so that these providers can continue to furnish high quality health care to their communities.

“Named for the late Sen. Craig Thomas, S. 1680, known as R-HoPE, expresses the idea that residents of rural and frontier communities should have access to affordable, quality health care. Rural EMS practitioners are the public safety net for their communities, and it is essential that they are able to provide high quality care to their patients. This legislation would improve Medicare reimbursement for the nation’s thousands of rural health care providers,” says **Jim Judge**, Chair of NAEMT’s Advocacy Committee and Director, Region II.

To read the full version of each bill, visit the [Legislative Priorities](#) page in the Advocacy section of the NAEMT web site.

To let your congressional representatives know that you support these bills, visit the [Contact Congress](#) page, also in the Advocacy section, that will help you send an e-mail to your members of Congress. It is critical that they hear from you to understand how much these issues matter to EMS practitioners.



National Association of Emergency Medical Technicians
Foundation
P.O. Box 1400
Clinton, MS 39060-1400



Board adopts new strategic plan

In October, the NAEMT Board of Directors adopted a new NAEMT strategic plan for 2012 through 2014. The plan is directly based on the responses members provided to the Strategic Planning Survey distributed last June.

This plan will set the direction of NAEMT over the next three years, guiding how we invest and use our time, energy and resources. All programs and activities will support NAEMT's mission, vision and goals. The plan, which was e-mailed to all members in November, is as follows:

Our Mission

The mission of the National Association of Emergency Medical Technicians is to represent and serve EMS practitioners, including paramedics, emergency medical technicians and emergency medical responders, through advocacy, educational programs and research.

Our Vision

NAEMT is the national leader in creating solutions to the challenges facing EMS practitioners.

Our Values

- We believe that EMS is a distinct and essential service to the public and a fundamental component of our nation's health care system.
- We believe that all patients are entitled to high quality and safe medical care delivered by qualified EMS practitioners.
- We believe that all EMS practitioners are entitled to a safe, healthy and respectful work environment.
- We believe that all EMS practitioners are entitled to adequate and equitable compensation.

- We believe that professional education, national education standards and EMS research are essential to the consistent delivery of high quality, evidence-based medical care.
- We believe that each community should determine the EMS delivery model that best meets their needs and resources.
- We believe that collaboration within the EMS profession is essential to addressing the key challenges facing EMS.
- We shall represent the views and concerns of all EMS practitioners regardless of delivery model.
- We shall conduct all NAEMT business with integrity and transparency, and adhere to the ethical standards of our profession.

Our Strategic Goals

By the end of 2014 we shall:

- Recruit and retain 10,000 full members.
- Develop and implement strategies to address the key EMS challenges identified by our members.
- Develop and sustain relationships with institutions and organizations that advance our advocacy efforts.
- Increase participation at EMS on the Hill Day to at least 300, to include representation from every state and the District of Columbia and Puerto Rico.
- Streamline our instructor process to make it more affordable to serve as a NAEMT instructor.
- Develop and implement strategies to increase access to NAEMT courses.