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On behalf of the working EMS professionals that comprise our membership, this letter expresses our opposition to any plan to depart from the NREMT certification process and related accreditation requirements. We implore the Kentucky Board of EMS to maintain NREMT as the mechanism for initial Paramedic licensure and to maintain national accreditation requirements for ALS training programs in the Commonwealth.

The NREMT stands as a beacon of reliability for initial licensure testing, providing an exam that is psychometrically valid, legally defensible, highly secure, and reflects a national consensus of best practices in patient care. This rigorous exam is crucial to safeguarding the health and well-being of our patients. Its stringent development and validation procedures ensure that the examination accurately evaluates the knowledge of EMS professionals. Passing the exam means that the certified individual possesses the same knowledge as a Paramedic in the 47 other states that have long since adopted the NREMT standard.

The development, validation, maintenance, administration, and security of the NREMT exam are thorough and expensive undertakings, in which several KEMSA members have been privileged to participate. Through this experience, we understand how resource-intensive it is to write and deliver an exam of similar rigor. We do not believe that the Kentucky Board of EMS possesses the financial and human resources to match those of the NREMT, whose exam maintenance and delivery expenses amounted to more than \$16,000,000 in 2022¹.

Furthermore, the requirement of national accreditation for Paramedic programs is vital to ensuring the quality and uniformity of EMS education. CAAHEP accreditation means that any Paramedic program in Kentucky meets the same basic standards as any Paramedic program taught in any other state. This ensures that consumers- be they individuals spending personal money, or agencies spending tax dollars to send employees to Paramedic school- are enrolling in programs that are professionally run, adequately resourced, and delivering education in a manner that achieves sufficient exam pass rates. Graduates of CAAHEP-accredited Paramedic programs have 51% greater odds of passing the NREMT on their first attempt than students from non-CAAHEP programs². Moreover, data from Kentucky indicates that while there are approximately half as many Paramedic programs today as there were in 2013 (when CAAHEP accreditation became mandatory), Kentucky is now producing more paramedics than were produced

¹ NREMT Annual Report, 2022, pg. 21, retrieved from <https://www.nremt.org/about/annual-reports>

² Rodriguez S, Crowe RP, Cash RE, Broussard A, Panchal AR. Graduates from Accredited Paramedic Programs Have Higher Pass Rates on a National Certification Examination. *J Allied Health*. 2018 Winter;47(4):250-254. PMID: 30508835.

then.³ These statistics underscore the positive impact of national accreditation requirements, and the significance of upholding accreditation standards going forward.

We note that no meaningful plan for an alternative model to national accreditation and testing has been proposed by those wishing to abandon them. No actual plan has been proposed, no impact analysis or financial analysis has been performed, and no meaningful root-cause analysis has been conducted by the entities calling for alternatives to NREMT and CAAHEP. Opponents of national standards have claimed that NREMT and CAAHEP are impediments to Paramedic production without any factual data to support that claim, or their alternative proposal. Other states that have considered moving away from the NREMT standard have done such analysis and have found it to be too costly to create and maintain defensible test, let alone ensure that each Paramedic program is operating in accordance with rigorous standards via compliance inspections. If Kentucky were to do so independently from NREMT and CAAHEP, we would simply be recreating the systems that these organizations have built and doing duplicative work.

In addition to yielding superior testing outcomes with accreditation requirements, the continued utilization of the NREMT as the testing mechanism for initial licensure enhances recruitment opportunities for agencies seeking out of state applicants. By implementing a state-specific certification process, Kentucky would be making it more difficult to recruit Paramedics from adjoining states and across the nation.

Lastly, during the Joint Legislative Task Force on EMS initiated by HB777, our organization was the sole stakeholder advocating against lowering the standards for EMS education, but we were pleased to witness near-unanimous agreement from the legislators on the task force, who acknowledged that lowering these standards would ultimately be detrimental to EMS professionals and the citizens we serve. Moving away from NREMT and CAAHEP would be contrary to the stated wishes of the legislature.

In conclusion, we urge the Kentucky Board of Emergency Medical Services to prioritize the preservation of the NREMT as the sole testing mechanism for Kentucky Paramedics and uphold national accreditation requirements for Paramedic programs. We also hope that the Board will cease to entertain the same arguments repeatedly raised without factual analysis and redirect efforts towards elevating standards for educators, training institutions, and services to attract future healthcare providers to the profession.

Sincerely,

Board of Directors
Kentucky EMS Association

³ Data collected by J. VanCleve from NREMT and KBEMS