

Response to the Public Comments Questions by the DHSS – Office of EMS

Introduction

In 2018, the Alaska Administrative Code (AAC) that governs Emergency Medical Services (EMS) witnessed a significant proposed regulations improvement plan not seen since 2002. These revisions focused on three core areas: 1) addition of an Advanced EMT provider level; 2) revision to the EMS providers' scope of practice, and 3) improvement to the educational system and addition of an instructor level.

Lack of successful regulatory change has challenged Alaska EMS system's ability to progress. Unsuccessful attempts to revise EMS regulations over the past 16 years has required special accommodations to meet local needs, such as expanded scope permissions or approval for variances in educational courses. These long-overdue regulation amendments are a first step to release the persistent logjam that has impeded EMS improvement. With stakeholder involvement and the addition of emerging EMS standards for better-quality patient care, Alaska can set the lead. Therefore, these updated regulations should be considered a beginning, not an end, to improving the Alaska EMS system.

To the public, an equal partner in improving EMS, thank you for making the efforts to review these regulation amendments, providing comment and giving suggestions to better these proposed emergency medical services regulations. The public comment period is not only a legal step in the regulatory process but invaluable for feedback of EMS system rules development.

Background

In June 2015, under the authority of [Alaska Statute AS 08.080](#), the State of Alaska Department of Health and Social Services, Office of Emergency Medical Services, began the process of defining outdated, conflicting and regressive regulations to the statewide EMS system, [7 AAC 26.010 – 7 ACC 26.999](#). The Administrative Procedures Act ([AS 44.62](#)) for drafting these proposed regulations as defined in the [State of Alaska Department of Law Drafting Manual for Administrative Regulations August 2015](#), were followed.

These proposed regulation amendments were founded on the February 6, 2014, approval by the Governor's Alaska Council on EMS (ACEMS), with support by EMS stakeholder groups, to follow [National EMS Education Standards](#) (NEMSES) and the recommendations by the [National Highway Traffic Safety Administration Reassessment of Alaska EMS, May 2014](#) (NHSTA). National standards, evidence-based research, and consensus-based medical best practices are benchmarks against which Alaska EMS can measure prehospital patient care. National EMS Education Standards comprise measurable goals for Alaska EMS providers to target and keeps pace with emerging patient care strategies and the educational requirements that support them.

Although regulations cannot be written by committee, information from stakeholder group meetings have been an invaluable weathervane in the development of the proposed regulations contained herein. These 2018 proposed regulations amendments initiate the beginning for improvements in the structural framework of the Alaska EMS system. Predictably, other additional regulation updates will be necessary. Therefore, adopted by reference support documents are an invaluable resource as they may be amended 'from time to time,' requiring review by the department annually. This process is a permitting and simplified process that allows for the amendment to adopted by reference documents ([AS 44.62.245](#)).

These regulation revisions are timely, as national organizations who contribute to the development of EMS standards are in the midst of publishing the next round of EMS improvement guidelines. In May 2018, the National Highway Traffic Safety Administration embarked on a request for proposal to rewrite the [national EMS education standards](#). Already the [EMS Agenda for the Future, 2050](#) and the [National Scope of Practice Model](#) are being finalized. These documents provide evidence that Alaska is aligning well to the emerging scope and direction of EMS.

It is imperative for prehospital care in Alaska to follow reliable science and best practice recommendations. Using robust continuing quality improvement resources of national models with data from providers, EMS can adapt to the specific needs of diverse communities.

Statement to Public’s Frequently Submitted Comments

Clarifications:

1. There is nothing in these proposed regulations package that eliminates the EMT-2 or EMT-3 certification levels.
2. It is true, the EMT-2 and EMT-3 education content do not follow current NHTSA National EMS Education Standards; however, it is possible to update them to the terminal objectives or content outlined in the National EMS Education Standards.¹
3. The use of EMT-Advanced was intended as an Alaska licensure title, not a curriculum. Comments from the public prefer the use of AEMT as a title for education and both state and national certification. This change will be considered to these proposed regulations.
4. National Registry certification is not mandatory for Alaska certification. In the Fall of 2016, ACEMS voted to have a dual pathway for initial certification (State and NREMT) while assessing an implementation strategy. EMS Regional Councils are evaluating NREMT cognitive testing in their respective regions. State Office of EMS is collaborating with NREMT for a mobile testing system.

The Office of EMS drafted the proposed EMS regulation amendments and the State of Alaska adopted by references documents: *Guide for EMS Instructors and Certifying Officers* and *Scope of Practice*. These two Alaska adopted by reference documents and the other national adopted by reference documents may be amended from time to time without a full regulatory process.

The State of Alaska Medical Director and the ACEMS EMS Medical Directors are still refining the content of the Scope of Practice. The ACEMS Board is assembling a Task Force to implement these guidelines when approved.

Record of public comments received on proposed changes to regulations

¹ NHTSA reference to educational objectives and ability to customize EMS education content:

- “The National EMS Education Standards outline the minimal terminal objectives for entry-level EMS personnel to achieve within the parameters outlined in the National EMS Scope of Practice Model. Although educational programs must adhere to the Standards, its format will allow diverse implementation methods to meet local needs and evolving educational practices.” Page 1, NHTSA EMS Education Standards, 2009.
- “While each State has the right to establish its own levels of EMS personnel and their scopes of practice, staying as close to this model as possible, and especially not going below it for any level, will facilitate reciprocity, standardize professional recognition, and decrease the necessity of each State developing its own education and certification materials. The Education Standards, national certification, national educational program accreditation, and publisher-developed instructional support material provide States with essential infrastructure support for each nationally defined EMS licensure level.” NHTSA Scope of Practice Model, May 15, 2018

**7 AAC26.010 – 7 AAC 26.999
EMERGENCY MEDICALSERVICES**

	Regulation Reference or Category	Commenter(s)	Aggregated Question	Agency Decisions After Review of Comments
1	General	Howard Pitts 209 Lake Street Sitka, AK 99835	<i>“Would [EMTs in Alaska] spend the extra time to do this new NREMS course? New requirements may lose good EMS providers”</i>	Changes in EMS should always consider the impact on recruiting and retention issues. These proposed regulations are intended to be permissive to accommodate the needs of low volume services. The AEMT course is an option, continuing education remains the same.
2	General	Sandy Dixon sdixon@petersburgak.gov	<i>“I am very concerned about the increased cost of testing if we are forced to go to NREMT. Living in Petersburg, we do not have access to a testing facility in the community which would force volunteers to travel to Ketchikan, Juneau, or Sitka for testing. Who would bear that cost?”</i>	EMS providers are not required to be NREMT certified.
3	General	ACEMS Training Committee Anjela Johnston education@serems.org	“It seems likely that this proposal would have increased training, certification, testing, and in some cases, travel costs for some municipalities and individuals in order to maintain the existing level of service to communities.”	Scope of Practice when completed will require increased education. Certifying Officers and EMS Instructors will require an update. Creative education systems should be evaluated to increase learning and lessen travel cost.
4	General	ACEMS Training Committee Anjela Johnston education@serems.org	Use Arabic numerals throughout documents	The EMT-I, EMT-II, EMT-III (Arabic or other font) should be changed to EMT-1, EMT-2, EMT-3 in future regulation revisions. It causes confusion and recognition issues in information technology (IT) related projects. At the recommendation of DHSS legal, EMT numerals should be changed in future regulations project.
5	General	ACEMS Training Committee & Dave Rockney	AEMT v. EMT-A: This is too confusing. Title: AEMT = EMT-4	Consensus consideration is to amend to “Advanced EMT” and eliminate EMT-Advanced use.
6		ACEMS Training Committee Anjela Johnston education@serems.org	In current regulations, this section references an ETT-to- EMT training course. In the Proposed Changes to Regulations, it is not listed as being omitted, but is not in this section at all. What is the intention?	A Bridge course, not only ETT to EMT, is beneficial to Alaska. This section allows for the flexibility to develop other bridge courses, e.g. ETT to EMT-1 and EMT-2 to AEMT, etc.

7	7 AAC 26.030(b)(3)	ACEMS Training Committee Anjela Johnston education@serems.org	Current regulations list requirement for 10 intravenous sticks during/after EMT-2 classes. This is not listed as an omission in changes but is not in this section at all. What is the intention?	The intent and compliance of 10 IVs have occasionally have not been followed as designed. The numbers are arbitrary. This requirement is a Prerequisite and should be written in the Guide for EMS Instructors and COs which carries the weight of Regulations. Furthermore, other recommendations for prerequisites should be evaluated and discussed.
8	7 AAC 26.030(b)(5)	ACEMS Training Committee Anjela Johnston education@serems.org	Current regulations list requirement for 10 patient contacts for EMT-2 class candidates. This is not marked as an omission in changes but is not in this section at all. What is the intention?	As stated above, this too would be a prerequisite to a course.
9	7 AAC 26.030(h)	ACEMS Training Committee Anjela Johnston education@serems.org	Issuance of an EMT-3 or Alaska EMT-A to "certified paramedic." This is confusing. The intent of this is unclear; "certified paramedic" is unclear as well. Does this belong under 26.150 Reciprocity?	Some EMT-3s are paramedics who have chosen not to be a MICP. A person who obtains a paramedic certification from an accredited program or successfully completes paramedic education may have the ability to apply as an AEMT. A certified paramedic will be allowed to apply as an EMT-3 and AEMT through reciprocity.
10	7 AAC 26.040	ACEMS Training Committee Anjela Johnston education@serems.org	26.040(2); Why do we have this; how is it different from .040(1)?	<ul style="list-style-type: none"> .040(1) prescribes the activities allowed for an EMS provider within their certification to use medication and procedures under (direction of physician [direct], written protocol [indirect] and when any physician says [26.010]. Existing language in 7 AAC 26.690(c) "<i>an EMT-I, EMT-II, EMT-III, or EMT-Advanced who is without a medical director may perform only those basic life procedures as defined in 7 AAC 26.999 that are with scope of activities for a state-certified EMT-1.</i>" This always allowed the EMT-1 to function without a medical director. Agreed, language of 26.690 might be best restated in 26.040. .040(2) establishes the Scope of Practice document and process required for adoption by reference and the ability to be amended from 'time to time'. This is the lists of medications and procedure as required in 26.640(a).

11	7 AAC 26.050(b)(9)(A)	ACEMS Training Committee Anjela Johnston education@serems.org	This refers to (6) but that does not address the issue. Delete or clarify? How does (6) set out EMS provider level for which an instructor is approved to teach?	An adopted by reference document must be placed in a regulation and added to this section. The Guide for Instructors/Certifying Officers provides the details to this section. Sub-subsection needs clarification – suggestions taken.
12	7 AAC 26.050(h)	ACEMS Training Committee Anjela Johnston education@serems.org	This refers to an Instructor Refresher course. This course is not referenced elsewhere in regulations or CO Guide. Remove? Or support elsewhere? And if this is real, in (f) of this section, add "Provider" to the title of Refresher.	26.050(h) This reference will be (d) not (f). A Refresher for an EMS instructor course should be outlined in the Guide for Instructors... Stakeholder group(s) should define specifics of Refresher courses with regard to the adoption of NCCP criteria for providers (to be developed) and for EMS Instructors. A provider's refresher is outlined in 26.110(a).
13	7 AAC 26.050(h)	ACEMS Training Committee Anjela Johnston education@serems.org	Requires "acceptable training and educational methodologies." How is acceptability determined? Not required for other courses. Current regulations are referencing the Alaska EMS Instructor Orientation. Which course does this refer to?	.050(h) "acceptability": an educator writes the training course and the department approves it. This subsection intent is to allow flexibility for the EMS Instructor to be creative in methodology and use content that is evidence-based.
14	7 AAC 26.060(f)	ACEMS Training Committee Anjela Johnston education@serems.org	Can the certifying officer designate someone to verify an examination?	26.060(f): <i>"Examinations will be verified by a department-approved certifying officer or designee."</i> Only the department can approve a designee to 'verify' an examination., e.g. State Trooper, Librarian for cognitive exams. No CO can designate a person, unless an 'unforeseen circumstance' occurs. As outlined in the Guide for Instructors and Certifying Officers: "[instructors] Agree to assist the Certifying Officer during the administration of the cognitive and psychomotor examination for certification under 7 AAC 26.060; the department will, in its discretion, grant a waiver, by policy, for a certification official who is unable to attend the examination because of unforeseen circumstances." Also, a general philosophy of the CO is: <i>"Certifying Officers are empowered to use their good judgment and will be supported in those decisions when executed in the best interest of the public and State of Alaska."</i>

15	7 AAC 26.100(a)(1)	ACEMS Training Committee Anjela Johnston education@serems.org	Unclear language is this one certification or two? "an EMT-1 and ETT Instructor applicant". Replace "and" with "or" or clarify another way EMT-1 should say Provider.	Agreed, this subsection and with others comments requiring grammar edits. Thank you.
16	7 AAC 26.110(a)	ACEMS Training Committee Anjela Johnston education@serems.org	Two hours of pediatric specific education is no longer in this regulation. Text of original regulation (removed) is not in proposed packet. Was this intentional? Does the SoA EMS Office no longer want pediatric education?	Hour requirements were removed from regulation and included into an adopted by reference document. Specific to the pediatric education needs for Alaska, education criteria will focus to acquiring specific learning, e.g. airway, patient assessment, etc., versus an arbitrary two hours of unspecific education on pediatrics. Specific CME content is best when defined in the Guide for EMS Instructors and Certifying Officers, which can be amended from 'time to time' as needed.
17	7 AAC 26.110(a)(3)	ACEMS Training Committee Anjela Johnston education@serems.org	What level NREMT would apply as recertification for EMT-2, EMT-3, or Alaska EMT-A? Works EMT to EMT 1 only. AEMT does not correspond to EMT-2 or EMT-3 or Alaska EMT-A.	There is no NREMT certification that matches to EMT-2 and EMT-3. AEMT will match Alaska AEMT with additions required by the new Scope of Practice. NCCP may be helpful in this regard.
18	7 AAC 26.110(b)	ACEMS Training Committee Anjela Johnston education@serems.org	"...written statement, provided by the department, of sponsorship from a medical director..." Through online certification management system rather than written?	As a general rule, the State of Alaska allows 'written statement' to apply to electronic means also. The intention of the department is to move from a paper statement to an online approval system as it relates to medical director sponsorship.
19	7 AAC 26.110(c)(3)	ACEMS Training Committee Anjela Johnston education@serems.org	This is ambiguous: which of these 5 options are required for recertification? It says, "one of the following," but several options are followed by "and" rather than "or." Are those options combined with others? Unclear.	Refer to previous statement related to grammatical issues.
20	7 AAC 26.110(e)(1)	ACEMS Training Committee Anjela Johnston education@serems.org	Language in item (1) is unclear: instructor continuing education sources are determined by the EMS Instructor. How does EMS Instructor verify compliance with instructor continuing education requirements? For an extreme example, would watching 24 hrs. of YouTube videos meet the requirement?	The EMS Instructor has several methods of obtaining CME, e.g. symposium, internet learning, teaching, and skills evaluation. This subsection was written as permissive for low volume service EMS instructors to remain certified with methods that improve them without requiring them to teaching a full EMT course (1 in three years). Resources for the EMT Instructor need to be developed by stakeholders and made available.

21	7 AAC 26.110(f)(2)	ACEMS Training Committee Anjela Johnston education@serems.org	Exams only after certification has lapsed for more than 2 years? Make examination requirement after one year expired.	Persons who exceed one-year past certification are not require re-test, especially when finding a place to test may be too onerous that they don't want to recertify. Better is to require increased continuing education which actually updates them to current standards.
22	7 AAC 26. 010	ACEMS Training Committee Anjela Johnston education@serems.org	Grounds for denial, etc.- this section seems to be missing but is not listed as being deleted. Clarify intent. Was this left in?	Grounds for denial, etc. still exists and is not deleted. Sections not amended are not allowed to be included in a proposed regulations amendment package.
23	7 AAC 26.130(a)	ACEMS Training Committee Anjela Johnston education@serems.org	This refers to 26.110(f)(2), which links back to this one. Can this be simplified?	These two subsections must refer to each other to require specifics as to the testing requirement for those providers who are past two years of certification.
24	7 AAC 430(a)(7)	ACEMS Training Committee Anjela Johnston education@serems.org	Skills competence removed from ETT instructor requirements. Keep this critical requirement. Many ETT Instructors are from rural areas with low call volume. Assuring skills competence in instructors is essential to ensuring quality skills instruction. What would be the benefit of removing this requirement?	ETT providers are not certified by the State of Alaska and therefore does not have authority over the ETT provider skills. Didactic content and practical skills application should be included in the instructor training program as outlined in 26.430(a)(5) as submitted for approval by the department.
25	7 AAC 26.585(b)(4)	ACEMS Training Committee Anjela Johnston education@serems.org	ILCOR- adopted by reference. Does this section need, "as amended from time to time"?	Yes, edits should be included in this reference addition.
26	7 AAC 26.670(a)(2)	ACEMS Training Committee Anjela Johnston education@serems.org	"... and the method of continuing education and assuring continued competence"?	<i>"if the request is approved, following the training and evaluation, send the department a list of individuals who are authorized to use the additional medications or procedures, and the method of continuing education and competence."</i> If it is grammar, '...method of competence' or 'method of assuring competence' could be used; latter is better.
27	7 AAC 26.999 (32)	ACEMS Training Committee	"EMS bridge" - Does this definition preclude RN to EMT bridge classes? Clarify.	EMS Bridge course is between two EMS courses. RNs are not required to attend a bridge course and under Article 2 and 3 of these regulations for providing EMS care.
28	7 AAC 26.999 (57)	ACEMS Training Committee	Mid-level practitioner - outdated language? Consider replacing with	Edit of "mid-level practitioners" as defined in 26.999 (51) to physician

		Anjela Johnston education@serems.org	advanced practice practitioner or PA/ANP.	assistant (PA) and nurse practitioner (NP) should be changed in the future. This was kept at this time, as many documents still refer to 'mid-levels'.
29	Guide for EMS Instructors & Cos	ACEMS Training Committee Anjela Johnston education@serems.org	Guide for EMS Instructors & COs p.8 - Chart 1. Under Alaska EMS Certification – Language in the Alaska EMT-Advanced does not make sense, i.e., what is trying to be stated?	Consensus – "EMT-Advanced or EMT-A" will be considered for change to "AEMT". See Statement to Reply Guide for EMS Instructors and Certifying Officers requires additional content and amendment by the ACEMS Task Force of State and Stakeholders.
30	Guide for EMS Instructors & COs p.8. Chart 3	ACEMS Training Committee Anjela Johnston education@serems.org	NREMT AEMT* Instructor – There is a reference star, but no footnote found. Also, what is the significance of the "i.e., military (via reciprocity) in this chart?	The State of Alaska Office of EMS is the approving body for NREMT programs in Alaska, even on military/federal installations. * reference is posted at the top of the matrix.
31	Guide for EMS Instructors & COs p. 10 Advanced Emergency Medical Technician (AEMT)	ACEMS Training Committee Anjela Johnston education@serems.org	Last line states NREMT AEMT meets Alaska EMT- A. Without a bridge course, how is this possible as the scope of practice is so much greater with Alaska EMT-A?	EMT-A must be amended to AEMT. Agreed, the regulations must address the scope of practice education criteria, although it is not considered a bridge course.
33	Guide for EMS Instructors & COs p. 10	ACEMS Training Committee Anjela Johnston education@serems.org	Second sentence – an individual can be credentialed as a Medevac Escort Technician in Alaska without being certified as Alaska EMS provider?	Written in the first paragraph: <i>"Medevac Escort Technician is a credential on an EMS provider's certification"</i> . An example would be, ACLS is a credential. .
34	Guide for EMS Instructors & COs p. 10	ACEMS Training Committee Anjela Johnston education@serems.org	Third sentence – what is the process or mechanism to become a Medevac Escort Technician Instructor?	A recognized Medevac instructor submits a course request application, as is done now. Nothing in this was changed. To that point, the Medevac criteria is in need for revision in the future.
35	Guide for EMS Instructors & COs p. 11	ACEMS Training Committee Anjela Johnston education@serems.org	Does an individual need 3 years' experience as EMS Instructor Coordinator to submit an application to teach a MOI/Alaska EMT Instructor course? As is read, you must be an instructor for 3 years to be a coordinator, then a coordinator for 3 years to teach MOI? 6 years to be a MOI instructor?	An EMT Instructor with 3 years of experience may become an Instructor Coordinator who can teach EMS train-the-trainer type courses. A MOI course includes basic instructor principles and methodology. MOI should meet or exceed the NHTSA Guidelines for an EMS Instructor which offers a minimum guideline for how to instruct. A benefit of MOI could be providers who teach public education classes.
36	Guide for EMS Instructors & COs p. 11	ACEMS Training Committee Anjela Johnston	Does the Alaska Fire Standards Council Fire Service 1 instructor meet NHTSA guidelines for educating EMS instructors?	Fire Standards Council uses NFPA 1041 as criteria and meets acceptance as meeting NHTSA guidelines as an example of MOI criteria to support fire-based EMS and baseline instructor

		education@serems.org		standards for EMS providers who want to become instructors. This is considered a permissive guideline that benefits the EMS system and lessens the impact on low volume services.
37	Guide for EMS Instructors & COsp. 12	ACEMS Training Committee Anjela Johnston education@serems.org	The chart covers EMT-1, but what about EMT-2/-3 and Alaska EMT-A? <i>"In bullet point, "Start date, end date, psychomotor (State Exam) test date, cognitive examination process or date," remove (State Exam) , and process."</i>	Suggestion accepted to remove: <i>"as an -EMT- 1"</i>
38	Guide for EMS Instructors & COsp. 13	ACEMS Training Committee Anjela Johnston education@serems.org	Pre-Course Duties - Fourth bullet point – What is, "the instructor must submit the? (as outlined on page 13 left side)?" There is nothing on the page.	The colon in the sentence refers to the <i>"Previously approved or commercial EMT course objectives. Apply 30 days before the first day of the course"</i> column (left side of page 13). Formatting will be reviewed.
39	Guide for EMS Instructors & COs p. 13	ACEMS Training Committee Anjela Johnston education@serems.org	During the Course and Pre-Certification Examination Duties - First bullet point—how does it reference 7 AAC 26.050(b)?	It provides Instructors details for the course. Specific in approved EMS courses .050(b)(8) states: <i>"agree to advise students of regulations requiring a background check that may bar an individual from EMS certification;"</i>
40	Guide for EMS Instructors & COs p. 13	ACEMS Training Committee Anjela Johnston education@serems.org	Post Course - Where in regulation is the 14 days after the last enrolled student completes the requirements listed (include citation here)? What happens when a student doesn't complete the requirements? Does it hold up the other students from their certifications?	As allowed in current practice, it is established in the course application under 7 AAC 26.050 when the instructor submits it for course approval. Criterion is a component of obtaining department approval. This is a timing issue with the licensing management trigger. No, this does not hold up other students, as this would be an exception, not a regular event. There is flexibility with this guideline for students to submit documents within the one-year timeline allowed.
41	Guide for EMS Instructors & COs p. 14	ACEMS Training Committee Anjela Johnston education@serems.org	Who Can Teach Who? Chart - Referenced on Page 10, EMTs can instruct up to the level they are certified at.	Yes, EMT Instructors and EMS Instructor Coordinators can instruct up to the provider level they are certified. Except for EMT-2 and EMT-3 which must be instructed by a paramedic.
42	Guide for EMS Instructors & COs p. 20	ACEMS Training Committee & others Anjela Johnston	Certification Officer/Exam Coordinator – why can't they proctor a candidate under extreme circumstances like the proctor stepping up to be	This could be an allowable exception under an 'extreme circumstance'. Also, <i>"Certifying Officers are empowered to use their good judgment. Expect the decisions made"</i>

		education@serems.org	Certifying Officer in extreme circumstances (pg. 21)?	<i>to be supported from above when they attempt to follow a reasonable end and when executed in the best interest of the State of Alaska."</i>
43	Scope of Practice document	ACEMS Training Committee & others Anjela Johnston education@serems.org	Supraglottic airway devices - limit to 2 types. What is the rationale for limiting this? Agree that an individual service/Medical Director would want to limit options for simplicity's sake, but why would the State limit all agencies to two types? Please clarify.	The purpose was not to expect an instructor to have to teach every type. An EMT course held at or for an EMS service can teach the type they use. It does allow an instructor to teach more than two types of supraglottic airways. When tested on supraglottic airways, they are tested on the type they learned and/or use at their service.
44	Scope of Practice document	ACEMS Training Committee & others Anjela Johnston education@serems.org	Additional department-approved training. Is this required to move to the next level? Does an instructor planning an EMT-2 class need to include supraglottic airways as a new skill, or as a review? It seems likely that if additional Department-approved training is not required to move to the next level, an instructor planning an EMT-2 class would have students with the National Standards EMT-1 scope and the EMT-1 Additional scope - a huge gap to cover. How should instructors prepare for this eventuality? Thoreau said it best: <i>"Simplify, simplify."</i>	Scope of Practice content is still under review as is the educational requirements for each level of certification. The entire Scope of Practice requires supplemental training at each level. If the question is understood, two thoughts: 7 AAC 26.050(g): <ul style="list-style-type: none"> • <i>"The department may require an EMS provider or instructor to complete a department-approved update if a department-approved curriculum for that EMS level changes substantially."</i> • Education should follow a quality update methodology that meets this new information needed for the provider. Competency should include a practical skills methodology that incorporates critical thinking. A Task Force can develop the details. <i>Thank you, Training Committee for your committed and detailed work to improve this regulations package.</i> State Office of EMS
45	7 AAC 26.030(d)(5)	Wilma Vinton 2503 18 th Ave Fairbanks, AK 99709	Regarding 7AAC26.030(d)(5)- How, given the discrepancies in these two certifications, can someone be allowed to receive certification at the Alaska EMT-A level by completing a NR- AEMT course?	AEMT courses should be the same. Any special (Alaska specific) skills will require additional education.
46	7 AAC 26.040	Wilma Vinton 2503 18 th Ave Fairbanks, AK 99709	26.040. Scope of certified activities. A state-certified or licensed provider with preexisting duty as set out in AS 09.65.090, may	Department of Law in this regulatory process will evaluate this rule and referenced in this section to provide

			perform... AS 09.65.090. Civil Liability for Emergency Aid speaks to liability, not pre-existing duty. Is it possible that the wrong Statute is being referenced?	the best protection to Alaska EMS providers.
47	7 AAC 26.050 (b)(2)	Wilma Vinton 2503 18 th Ave Fairbanks, AK 99709	The NEMSES guidelines specifically addresses National Registry EMR, EMT, AEMT and Paramedic only. Neither EMT-2 nor EMT-3 or the newly proposed EMT-Advanced are addressed in this curriculum. What standards will be used for these programs?	Stated in the NHTSA National EMS Education Standards and even the most recent NHTSA National EMS Scope of Practice Model, 2018 allow Alaska EMT-2 & EMT-3 objectives from the 2009 Nat'l EMS Education Standards and should include any evidence-based best practices since 2009, i.e., 2017 NHTSA update. As an example, refer to another State's approach to amending the NHTSA AEMT course with Cardiac content taken from within the Nat'l EMS Education Standards: https://secure.in.gov/dhs/files/Final_EKG_and_12-lead_Guidelines_and_Instructions_9-18-13.pdf
48	7 AAC 26.050 (f)	Wilma Vinton, ACEMS Training Committee & others and others	This is the only section that requires that the instructor needs to be in attendance throughout the entire training course. What is the intent for the rest of the courses?	It is intention to expect an Instructors who request approval for a refresher course be in attendance versus submitting the course request and turning it over to another person to teach it. The instructor can use a subject matter expert(s) and is allowed to leave the course during that time.
49	7 AAC 26.050(d)	Wilma Vinton 2503 18 th Ave Fairbanks, AK 99709	Another area of confusion are the sections that refer to EMT Instructor Coordinator. Is it the intent of the regulations to equate EMT Instructor Coordinator with the previously defined EMT Instructor Trainer?	Yes, the EMT Instructor Coordinator may provide a 'train the trainer' level certification course, but it is not required. Train-the-Trainer courses are developed by the EMS Instructor Coordinators.
50	7 AAC 26.050 and 7 AAC 26.040	Dave Rockney davidrockney@gmail.com	Does the state plan on offering different certifications for each individual? (referencing EMS provider levels and the Scope of Practice)	No, there will be only 4 EMS provider levels (not counting paramedic) based upon national education content guidelines. The new Scope of Practice (SoP) requires ACEMS to create a Task Force to determine how this will be met. Those seeking Reciprocity will be required to meet the additionally, SoP criteria for licensure.
51	7 AAC 26.050 (c)(2)	Dave Rockney davidrockney@gmail.com	Where are these objectives found?	Objectives for this type of (all-other type) courses are determined by the instructor seeking course approval. An example could be similar to Medevac, Continuing Education or

				Refresher, or a Tactical EMS course might follow this process.
52	Guide for EMS Instructors and Certifying Officers	Dave Rockney davidrockney@gmail.com	What is the instructor's resource manual?	The Instructor Resource Handbook is a resource for EMS instructors. Think of it as a place to find information about how to use ImageTrend Licensure, or steps to request course approval and support content such as syllabuses, list of current research article.
53	Guide for EMS Instructors and Certifying Officers Page 19	Dave Rockney davidrockney@gmail.com	What does the second paragraph mean. Are we only using NR testing? <i>"To date, the State of Alaska allows dual pathways for cognitive certification testing, that being the State of Alaska examination or National Registry of EMTs examination to meet licensure by the State of Alaska Office of EMS. For purposes of standardization and limits of liability the State of Alaska shall utilize current National Registry of EMT policies and procedures for official examination processes."</i>	ACEMS, in the Fall of 2016, voted for the State Office of EMS to accept both National Registry and the State certification process for the cognitive assessment. The State Training Committee supported the use of EMT and Advanced psychomotor Examination Guidebooks verses writing Alaska's own (CO Manual) version. Aligning to NREMT examination policies, where applicable, keeps from having duplicity of administrative rules. Also, this reduces the liability that may come by two different policies. ["State approved cognitive and psychomotor testing processes shall follow the NREMT examination guidelines and is coordinated, scheduled and arranged through the respective Regional EMS Council office or another designee unless the department grants a waiver of the requirement showing a reasonable justification that the department determines does not threaten public health; 7 AAC 26.060)." Guide for EMS Instructors and Certifying Officers - page 6 C.1]
54	26.050(f)(3)	Rob Janik P.O. Box 272 Sitka, AK 99835	<i>... "requires an instructor applying for a refresher course to ensure that the "content meets or exceeds the objectives..." in the NEMSES. Again, there are no objectives in the NEMSES and the guidelines are directed to primary training and do not address recurrent or refresher programs. How is this regulation to be used?"</i>	The content of the refresher must meet or exceed the basics as stated in NEMSES:– "The National EMS Education Standards outline the minimal terminal objectives for entry-level EMS personnel to achieve within the parameters outlined in the National EMS Scope of Practice Model." NHTSA National EMS Education Standards, 2009, page 1 – paragraph two. Additionally, as referenced in the National Continued Competency Program , and is an example of this point, criteria that could be included for instructors to develop EMT refresher learning objectives.

55	7 AAC 26.070(b)	Rob Janik P.O. Box 272 Sitka, AK 99835	... "26.070 (b) seems to allow the department to approve the NREMT tests. The language is disjointed and confusing. What is the intent of this regulation?"	Grammar repair will be considered. Thank you. This specifically allows the department to accept the NREMT psychomotor and cognitive certification examinations for EMR, EMT, AEMT, NRP. Helpful in cases where an EMS certification candidate uses Pearson Vue for their cognitive examination and/or where an Alaska EMT student completes their examination for certification outside the state. <i>"The certification examination for EMR, EMT, Advanced EMT and Paramedic by the National Registry of EMTs is approved by the department that tests the applicant on the cognitive and psychomotor objectives outlined by the United States Department of Transportation, National Highway Traffic Safety Administration's National EMS Education Standards, adopted by reference in 7 AAC 26.050(b)(2), and meet the National Registry of EMTs requirements for certification."</i>
56	7 AAC 26.670	Rob Janik P.O. Box 272 Sitka, AK 99835	<i>"With the adoption of the Scope of Practice document, this section is not needed any longer. Isn't the intent to eliminate the great variance with 670 authorizations and to rein in the scopes of practice? I propose repeal or addition of language specifying when this provision is to be used in light of the Scope of Practice document."</i>	The intent of the Scope of Practice document is to place common EMS procedures and medications within a Scope of Practice, lessening the need for expanded scope. However, the medical director under specific criteria may still request expanded scope. This should, with the advent of the Medical Directors committee, improve over time.
57	7 AAC 26.980`	Rob Janik P.O. Box 272 Sitka, AK 99835	This section allows for the department to approve training programs for epinephrine (autoinjector or ampule) and naloxone intranasal. It also allows a first responder to use an autoinjector and naloxone. May a first responder use ampule form? When may an EMT use these medications?	The intent of both 7 AAC 26.980 and AS 17.22.010 is to provide the ability for a trained person to administer lifesaving naloxone and epinephrine, and specifically under AS 17.22.020(c) to use <i>"an ampule, if the individual (first responder) has successfully completed a training program approved by the department."</i> Yes, and EMT may use these medications and is outlined in 7 AAC 26.040 Scope of Practice when approved and signed by the State Medical Director and the DHSS Office of EMS. Until such time, EMTs may operate under 7 AAC 26.670 as part of their service or under Project Hope (as allowed for

				civilians) when not under direct or indirect medical supervision.
58	7 AAC 26.030(d)	JR Gardner JGardner@sremsc.org	<p>Questions the intent for clarity: <i>"...are (4) and (5) redundant?"</i> <i>"(d) A person applying for certification as an EMT-Advanced must</i> <i>(1) have a valid certification as an EMT-I, EMT-II, or EMT-III; or,</i> <i>(2) have a valid certification as an EMT by the National Registry of EMTs (NREMT);</i> <i>(3) have successfully completed a department-approved Advanced Emergency Medical Technician training course; or</i> <i>(4) have successfully completed a recognized Advanced Emergency Medical Technician (AEMT) training course that meets certification by the National Registry of EMTs (NREMT);</i> <i>(5) pass, within one year after completing with the training course, the cognitive and psychomotor examination for AEMT administered by the department or the National Registry of Emergency Medical Technicians (NREMT);"</i></p>	<p>If the question is understood about 7 AAC 26.030(d): (d)(4) allows a person who attended an AEMT course somewhere else, but not approved by the department, the course must have met standards accepted by NREMT, such as an approved AEMT Program or an approved AEMT Program Director (instructor), e.g. taken outside the state. (d)(5) all students have one year to complete cognitive and psychomotor exams after completion of the course.</p> <p>These guidelines intend that AEMT courses may occur within or outside the state and can be certified by the department.</p>