

November 2, 2023

National Highway Traffic Safety Administration  
Office of Emergency Medical Services  
1200 New Jersey Avenue S.E.  
Washington, D.C. 20590

Attention: NEMSAC Subcommittee on Adaptability and Innovation  
Re: Designation of Graduate-Prepared Paramedics as Federally Recognized Practitioners

The EMERGILITY™ Emergency Medical Services (EMS) Agency supports the establishment and recognition of a Graduate-Prepared Paramedic Practitioner role that will create additional educational, training, advanced-practice, career, and business opportunities for EMS professionals, providers, and agencies throughout the United States.

To-date, the EMERGILITY™ EMS Agency provides full-scope, multidisciplinary, and advanced practice Mobile Integrated Healthcare – Community Paramedicine (MIH-CP) to patients throughout Northern Virginia.

As a progressive EMS agency that integrates the Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced EMT, Paramedic (NRP), Advanced Practice Provider (APP)<sup>1</sup>, and EMS Physician, we experience considerable administrative burdens with cross certification, licensure, and practice authorization, yet we choose to embrace the patient and provider benefits associated with advanced practice in EMS/MIH-CP.

Our patients and providers recognize the value of physician extension delivered by advanced practice EMS personnel and APPs, each uniquely important and mutually exclusive of the other. Notwithstanding a departure from EMS to that of an APP or physician, the pre-hospital EMS clinical career path stops at the level of Paramedic. Whereas APP paths are plausible advanced educational and alternative career options for some to consider, the same could be said about medical school, dental school, or even law school. Each is a departure from EMS.

Providing full-scope advanced practice EMS/MIH-CP is not common as it only seemingly thrives in finite situations and environments. This is in-part a consequence of reimbursement, state licensure, and local practice authorization where APPs do not seamlessly integrate, or when EMS scope of practice is limited. The role of the Paramedic Practitioner has potential to ameliorate these administrative burdens, financial barriers, and practice limitations.

Additionally, in aging communities, patients may have limited-to-no options when accessing preventive, urgent, and emergency care. Accounting for roughly a third of EMS calls, aging patients often find themselves being forced to a hospital emergency department for assessment and treatment of injuries and illnesses that could otherwise be managed by a progressive EMS/MIH-CP capability and Paramedic Practitioner. To-date, very few EMS agencies include APPs and an MIH-CP capability to address these issues and opportunities in pre-hospital care.

Lastly, while medicine and EMS continue to evolve to meet the needs of our communities and patients, we must not ignore the needs of our profession. To maintain career paths with limited progression is crippling to EMS. And while support of this proposal does not serve to solve every issue in pre-hospital medicine or EMS, it is a positive step forward in supporting the academic, educational, career progression of EMS, to which we all benefit.

For the love of our patients, providers, and profession we support the Graduate-Prepared Paramedic Practitioner role.

Respectfully,



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<sup>1</sup> The Advanced Practice Provider (APP) refers to the Nurse Practitioner and Physician Assistant roles

