

IDAHO EMSPC MEETING MINUTES

February 11, 2011

A meeting of the Idaho Emergency Medical Services Physician Commission was held on this date at Oxford Suites, 1426 S. Entertainment Ave., Boise, Idaho, 83709.

Members Present:

Adam Deutchman, M.D.
Curtis Sandy, M.D.
David Kim, M.D.
James Alter
Keith Sivertson, M.D.
Lois Bauer
Maurice Masar, M.D.
Murry Sturkie, D.O.
Sarah Curtin, M.D.

Member's Position:

American College of Surgeons Committee on Trauma
State Board of Medicine via teleconference
Idaho Medical Association
Citizen Representative
Idaho Hospital Association via teleconference
Citizen Representative
Idaho Association of Counties
American College of Emergency Physicians, Idaho Chapter
Idaho EMS Bureau

Members Absent:

Kenny Bramwell, M.D.
Debra McKinnon, D.O.

Member's Position:

American Academy of Pediatrics, Idaho Chapter
Idaho Fire Chiefs Association

Vacant Seats:

N/A

Others Present:

Barb Pyle
Ben Southern
Bill Aresenalt
Dave Reynolds
David Jackson
Denise Gill
Dia Gainor
Diana Hone
Janna Nicholson
Jill Hiller
Jolene Parini-Shipley
Karl Malott
Les Eaves
Marc Essary
Marty Zimmerman
Melonie Skiftun
Mindi Anderson
Rachael Alter

Other's Position:

Donnelly EMS
Minidoka Memorial Hospital
Wildland Fire Rescue
Moscow Fire Department
Nampa Fire Department
Gooding County EMS
Idaho EMS Bureau Chief
Idaho EMS Bureau Administrative Assistant
Payette County Paramedics
Cascade Rural Fire/EMS
New Plymouth QRU
Nampa Fire Department
Clearwater County Ambulance
Idaho EMS Bureau Licensing Supervisor
Minidoka Memorial Hospital
Donnelly EMS
Idaho EMS Bureau Compliance Specialist
Idaho EMS Bureau EMS for Children Program Specialist

Randy Howell
Rod Tegethoff
Season Woods
Tony Balukoff
Tracy Stull
Troy Hagen
Wayne Denny

Boise Fire Department
New Plymouth QRU
Idaho EMS Bureau Education & Exams Specialist
Life Flight Network
US Forest Service – Intermountain Region
Ada County Paramedics
Idaho EMS Bureau Standards and Compliance Manager

Chairman Sturkie called the meeting to order at 8:40 a.m.

Commissioner Curtin, Idaho EMS Bureau, moved to add a report from Troy Hagen regarding recent developments on EMS legislation work by the EMS Code Task Force and Senator Lodge to the agenda after lunch. Commissioner Deutchman, American College of Surgeons Committee on Trauma, seconded.

Motion passed unanimously.

Approval of Minutes from 11-12-10

Commissioner Kim, Idaho Medical Association, moved and Commissioner Curtin, Idaho EMS Bureau, seconded the motion to accept the draft minutes as submitted.

Motion passed unanimously.

Medical Supervision Plan Subcommittee Report

Commissioner Deutchman presented a draft questionnaire to be used in SurveyMonkey to help medical directors develop their medical supervision plans (MSP). Commissioners were concerned that the open ended questions would lead to answers that the Commission would not have the manpower to review and evaluate. Commissioner Kim feels this creates liability for the EMSPC, as well as the agencies, because agencies may feel that if they have submitted a MSP and do not hear back from either the Bureau or the Commission that means it is okay. When in reality, it was not reviewed.

The subcommittee will work on eliminating open-ended questions. Specific who, what, and when answers would generate data that could be more readily analyzed. Some questions could be converted to multiple-choice. In addition, the EMSPC could ask for and evaluate specific areas of the MSPs periodically to help agencies progress, just like they have determined to do regarding protocols.

Commissioner Masar felt medical directors should be prodded annually to review their MSP and that the questionnaire would be a good way for medical directors to see where they stand.

Commissioner Kim suggested changing page 8 of the EMSPC Standards Manual that requires annual submission of MSPs. He feels the Commission should not request information to be submitted that is not going to be reviewed. Medical directors should review their own MSP and make changes as needed, but he does not want them to submit even the changes, if neither the

Commission nor the Bureau is going to review them. Further discussion may be needed for this topic.

Audience member, Karl Mallott, suggested using leading questions in the survey for specific best practices the Commission wants to see incorporated in the hopes they may stimulate change. Example: Does your medical director have a component for QA to review on at least a quarterly basis, or 80% of the charts, or something similar.

Chairman Sturkie asked that the tool kit used at the regional medical director workshops be posted on the website again.

Statewide Protocols Subcommittee Report

Commissioner Kim reported that the subcommittee has scheduled a three day work meeting, April 25-27, to work through the protocols. They hope to have them ready for the May meeting.

Photo ID License Update

EMS Bureau standards and compliance section manager, Wayne Denny, reported that because the Department of Motor Vehicles will not be printing driver's licenses in the near future, an agreement would have to be worked out with the sheriff offices around the state to take photos and print EMS photo-IDs. An individual could go to the sheriff's office, have their photo taken, and with a certificate from the bureau for an EMS license they could have a photo-ID license printed. They are \$5.00 each. The sheriff offices are already set up for doing this for concealed weapons permits and other special cards. Mr. Denny will continue to explore other options.

Medical Director Education

Commissioner Alter reported that Critical Illness Trauma (CIT) Foundation is not willing to release the medical director on-line course material to the commission so it could be moved to the Idaho State University (ISU) Learning Management System (LMS) as discussed at previous meetings. The current contract ends October 3, 2011. Commissioners feel it is an important course and should be available but the \$5,000 per year fee for blanket access is not cost effective with the low utilization rate. Perhaps the commission can pay per individual, which is about \$300 each, rather than the blanket contract fee per year. The subcommittee will investigate further.

The subcommittee will work on pulling Idaho specifics together to post on the LMS.

Extrication Awareness

The original intent of requiring extrication awareness was to ensure that every EMS provider in the state received training regarding extrication for safety purposes. Prior to the instructional guidelines being published, it was not clear how much extrication awareness was contained in the National Education Standards (NES). Now that the instructional guidelines are available, it is clear that they do contain quite a bit of extrication.

The Bureau has been working with Emergency Service Training (EST) to develop an extrication awareness course by narrowing down EST's extrication operations course. The EMS Bureau's education and examinations compliance specialist, Season Woods, distributed a grid displaying

the extrication items listed in the NES instructional guidelines alongside the EST elements. The Bureau received a grant to make this course available on-line and in a distance learning format.

The NES guidelines are identical for all four levels of licensure. Therefore, in the future every student will receive extrication awareness as part of their core class. However, there is still a need for a transition course for those who did not and will not receive it as part of their initial training. Issues with reciprocity will have to be worked out as well.

The Commission determined that the transition course content should match NES.

EST was concerned that the “use of simple hand tools” cannot be taught on-line. They felt those elements need to be taught as hands-on objectives. The Commission determined that because this course is for safety purposes, i.e. “awareness” not “operations,” those elements could and should be included by video demonstration.

Commissioners felt the EST course would be a resource that initial course instructors could use but it would not be the required delivery method. Therefore, leave as X on SoP grid; do not change to 2X.

Season will continue to work towards getting the content developed and posted on the ISU LMS.

In response to a question from Bill Arsenault, Season clarified that because this is an awareness level course, not an operations level course, EMS instructors can teach it. They do not have to be EST certified instructors.

Add Pediatric to the Co-Ox Protocol

Commissioner Curtin, Idaho EMS Bureau, moved to add “Pediatric” to the Carbon Monoxide Oximetry Protocol. Commissioner Masar, Idaho Association of Counties, seconded.

Motion passed unanimously.

Cardiac Level I Toolkit Approval

There is a requirement in the EMSPC Standards Manual that the medical supervision plan address identification, treatment and transport of ST Elevated Myocardial Infarction (STEMI) patients to optimize their re-perfusion (page 9). To help agencies and medical directors get that done, a tool kit was created by the EMS subcommittee of the Cardiac Level I Program. The subcommittee is a fairly inclusive group that is representative of the entire state. They are trying to create the infrastructure to optimize the identification and treatment of STEMI patients. The Cardiac Level I Program wanted everything to be the same statewide, but they found regional preferences that were not amenable to a statewide consensus. Commissioner Kim presented a handout of the tool kit elements. After review, Commissioner Kim asked that the EMSPC endorse, distribute, and incorporate the tool kit into their education efforts.

Commissioner Alter, Citizen Representative, moved to endorse and distribute the Cardiac Level I STEMI Toolkit to all EMS medical directors on the list serve and EMSPC website. Commissioner Masar, Idaho Association of Counties, seconded. Motion passed unanimously.

Airway Management Data Collection

Commissioners expressed appreciation to Rachael Alter from the EMS Bureau for working with Commissioner Kim to compile data from the Airway Management Data Collection Survey and develop the year-long statewide report (as well as the 47 agency reports for those who submitted records). Rachael stated that it took 80 hours to put together this first year's report, even with her previous familiarity and experience with the data. Agencies will receive the full 2010 statewide report along with their individual agency report. Agencies may use the data to evaluate their own success and training needs.

There is concern about future compilation and distribution of this report because Rachael will be leaving the bureau in a few months. Will the Bureau have the ability to compile and distribute this data in the future? The Commission feels this is important information to keep an eye on because Idaho is deviating from the AEMT national scope of practice model. The report was reviewed.

The Commission requested the statewide report and agency-specific reports be e-mailed to all ILS and ALS agency medical directors, training officers, and agency administrators in a format where they can see the explanatory notes in the document. Verbiage should be added to the letter to explain that if an agency-specific report was not included, it was because no data was submitted by their agency. Ask them to verify whether they: "do not intubate" or "did not report."

Troy Hagen – EMS Legislative update with Senator Lodge

Chairman Sturkie introduced Troy Hagen, who has been working with Senator Lodge, chair of the Senate Health & Welfare Subcommittee, on EMS legislation. Mr. Hagen reported that he was present at the behest of Senator Lodge. He is not representing any political or lobbying entity. He has strictly been helping at Senator Lodge's request.

He reminded the group that after five (5) years of work, the EMS Code Task Force presented legislation last year in an effort to help solve issues facing EMS in the state, such as governance, medical directorate, scope of practice, medical care, etc. There was a rift and much debate before the Senate Health & Welfare Committee. Consequently, the Committee did not feel comfortable going forward with the legislation submitted at that time until they received more information. The Office of Performance Evaluation (OPE), which is an auditing arm of the legislature, was tasked to do an independent evaluation of EMS in the state of Idaho. They were also asked to look at other states and what they are doing to address EMS issues. OPE was to report which issues actually exist in Idaho and what should be done about them. The OPE report was delivered to the legislature on November 30, 2010. Mr. Hagen felt the report verified the disparities and issues the Code Task Force had been working on over the last five (5) years.

Senator Lodge asked the Code Task Force to take the legislation they submitted last year and make it match the findings in the OPE report as much as possible. A draft is now being submitted and commissioners were given a copy. The current draft is 14 pages long compared to the 26 page document from last year. Mr. Hagen reviewed the key points of the legislation and the changes from last year's version. There is also another draft being submitted by Bill Gigray. Senator Lodge will review that as well before submitting something for actual printing and submission to the legislature.

On behalf of the EMSPC, Chairman Sturkie expressed appreciation to Senators Vic and Lodge for taking the time to address this issue. He felt that it shows how important they feel EMS governance is to the state.

2012 Standards Manual changes Idaho Education Transition Timelines

EMS Bureau education and examinations compliance specialist, Season Woods, presented a bit of background explaining why the Idaho EMS scope of practice and therefore education is changing. Her PowerPoint presentation is attached to these minutes for reference. She referenced national publications such as: 1996 "EMS Agenda for the Future," 2000 "EMS Education Agenda for the Future: A Systems Approach," 2007 "National EMS Scope of Practice," and 2009 "National EMS Education Standards" (NES).

Idaho uses the National Registry of EMTs (NREMT) for EMS exams. NREMT will be testing to the new NES soon and stop testing to the current National Standard Curriculum. Season explained when the NREMT exam at each level "sets" (ends) and "rises" (starts). The Bureau's timelines for transition to NES based courses and licensing are linked to NREMT exam dates. See the Bureau Transition Timelines for each level of licensure at the end of Season's PowerPoint. When the old exam is gone and the new exam rises, that is when Idaho will start licensing people at the new level. Therefore, Idaho will start licensing EMRs and EMTs under the new NES on January 1, 2012. AEMT and Paramedic licensing under the new NES will start on January 1, 2013. However, their scope of practice does not change unless and/or until the EMSPC makes changes to the scope of practice grid to align with the NES and publishes a new standards manual. It was decided that the 2012-1 EMSPC Standards Manual will include the existing and new scopes of practice and will become effective sine die of the 2012 legislature.

Transition Course Process/Development

The Bureau will use National Association of State EMS Officials (NASEMSO) educational gap analysis documents to build transition courses for the content gap between the National Standard Curricula and the National Education Standards. The Bureau's goal is to have the transition courses developed and ready to be approved by July 1, 2011, for the EMR and EMT levels.

Review National SoP Grid Comparison

To prepare for licensing under the NES it is important to walk through the EMSPC proposed "Future" scope of practice (SoP), which was developed from what the Commission originally thought would be in the National Scope of Practice Model, to make sure it is correct and ready to be used as the 2012-1 SoP for EMRs and EMTs. Commissioners worked through the proposed

EMR and EMT grids, looking at questionable items in the instructional guidelines for clarification, discussing ramifications, and made the following changes:

Commissioner Masar, Idaho Association of Counties, moved to remove Hemorrhage Control – Pressure Point and Hemorrhage Control – Tourniquet from the EMR2011 in the 2012 scope of practice. Commissioner Curtin, Idaho EMS Bureau, seconded. Motion passed unanimously.

Commissioner Kim, Idaho Medical Association, moved to make Pulse Oximetry an optional module (2,OM) for EMTB95s in the 2012 scope of practice. Commissioner Deutchman, American College of Surgeons Committee on Trauma, seconded. Motion passed unanimously.
Pulse Oximetry will be an X for EMT2011s in the 2012 SoP.

Commissioner Kim, Idaho Medical Association, moved to remove Hemorrhage Control – Pressure Point from EMT2011 in the 2012 scope of practice. Commissioner Curtin, Idaho EMS Bureau, seconded. Motion passed unanimously.

Change Critical Care OM# to 3?

The EMSPC SoP grid shows Paramedic critical care (CC) skills as 2,OM which means they require completion of training that meets or exceeds specific statewide training content established by the EMS Bureau. The current Idaho CC curriculum was developed 15 years ago. It is out of date and not designed for a modular approach where someone can pick out particular skills for instruction rather than doing the entire course as a unit. Unless the Bureau is planning to revisit that CC guide it is impractical to continue as a “2.” Identifying another standard is a dilemma. Incorporating an existing program by reference in rule would translate to an expense for local EMS agencies because the preeminent program is proprietary, therefore access to course curriculum and lesson plans are not publicly available and would have a cost associated with them. The Commission and EMS Bureau would have to evaluate what that means for all of the services that provide CC interfacility transfers.

The questions for continuing discussion are:

- Does the Commission want to continue individual CC skill choices as OMs rather than requiring completion of an entire CC transfer course?
- Who has the expertise to develop program materials to meet Idaho’s need and continue to update them on a regular basis?
 - What other standards could be explored?
 - Would the proprietary courses be willing to share portions of their courses?
- Should CC skills, curriculum, and instruction simply be left to the local EMS agency medical director’s discretion as are other OMs?

Double check all OM#s

Commissioners reviewed the OMs on the SoP grid to make sure they all had appropriate numbers associated to them. No changes needed.

Randy Howell from Boise Fire asked the commissioners to reconsider requiring data reporting through PERCS to qualify for OM use. He feels there is no connection between the ability to perform an OM skill and submitting data to the state. It seems like just one more barrier to prevent implementation of a treatment in the field. He asked if other options for submitting data could be found while agencies continue to work with their data submission vendors to become PERCS compatible.

Chairman Sturkie reviewed the fact that the Commission voted to require data submission for OM participants because the OM skills are outside the national standard. The EMSPC needs to be able to monitor the use of the optional modules to see that they are being used effectively and appropriately.

The possibility of requiring submission of only those responses that used the OM into PERCS while the agency continues to work towards complete data reporting compatibility will be discussed again at the next meeting.

Section VIII – Description of Professions – Revise?

Commissioners determined that this section is valuable because these narratives provide context to the SoP grid to tell how those skills are to be used. Commissioners were asked to read through this section and prepare recommendations for any updates needed at the next meeting.

Temp Rule Time Line

There must be strong justification concerning the impact on lives in order to use the temporary rule process to change the standards manual edition in 2012 and make it effective January 1, 2012, rather than using the proposed rule method with the effective date of sine die at the end of the legislative session. The January effective date was desired so the new SoP would coincide with the date for licensing EMRs and EMTs at the new licensure levels. Commissioners decided there was not enough change in the EMR and EMT SoP to warrant the temporary rule method. Therefore, personnel may receive the new level of EMR and EMT licensure starting January 1, 2012, but they will have to wait until sine die of the 2012 legislature to use the new scope.

To avoid the need for a temporary rule the next year for the AEMT SoP, which has more significant changes, commissioners want to have the new AEMT SoP ready for the 2012-1 EMSPC Standards Manual. AEMTs will not be licensed or able to use this new scope until January 1, 2013.

Define “Practice of EMS”

Chairman Sturkie reported there was no specific language to review for defining the “practice of EMS” at this time.

Ski Patrol Senate Bill 1021

Concerns of EMS Physician Commissioners regarding SB 1021 which would specifically exempt “individuals trained in and holding the outdoor emergency care (OEC) credential, as issued by the national ski patrol system, inc., while rendering aid in accordance with the

standards of training of such credential, where no fee for the service is contemplated, charged or received” from the need to hold a license to practice medicine in the state:

Commissioner Sandy – I have heard directly from the Forest Service that they are very interested in this legislation because if it does pass they will drop all of their EMT efforts and go with the OEC program for their jumpers and personnel.

Commissioner Deutchman – Why would quick response units (QRUs) even be in existence? They could just take the OEC program and then act without oversight by the state. I think this opens the door to deregulation of care for sick and injured people in our state. I do not think it serves our state well. I would like to say from a trauma systems standpoint this is a giant step backwards and I am personally and professionally outraged.

The Department of Health and Welfare and the Governor’s Office have given EMS Bureau and the EMS Physician Commission the authority to testify in opposition.”

Commissioner Deutchman – This seems like the most appropriate body to make comment. The very reasons leading up to the convening of our commission have directly to do with emergency services rendered to patients in the state of Idaho and this body seems to be the most well versed and experiential in that realm.

Chairman Sturkie – As physicians on this commission we are charged to monitor and direct the scope of practice for the EMT. The EMT and Outdoor Emergency Care (OEC) technician have an almost equivalent scope of practice. Therefore, why should we have medical control and medical direction over one and not the other?

Chairman Sturkie asked each commissioner to state their position regarding this legislation:

Commissioner Alter – “I agree 100% with Commissioner Deutchman that it is just opening the gates. I don’t think we should do anything but speak against it.”

Commissioner Masar – “We have rules governing emergency medical treatment. That is for the whole state of Idaho. They want to bring in the ski patrol without any rules whatsoever, so I am against it.”

Commissioner Bauer – “I oppose it, but I would like to know who else will be standing with us. Who else to make us stronger?”

Chairman Sturkie answered – Already the Idaho Chapter of the American College of Emergency Physicians have sent a letter to the Senate Health & Welfare Committee opposing it. The EMS Committee for the Idaho Medical Association is silent at this point because of prior commitments, so they will not be saying one way or the other. The Board of Medicine are looking to see how it affects their own statute. Commissioner Deutchman added that he is in communication with the leadership of the Idaho Committee on Trauma of the American College of Surgeons and feels they will oppose this as well.

Commissioner Sandy – “I have sent e-mails to every committee member on the Senate Health & Welfare Subcommittee and the Honorable Senator Bart Davis opposing this legislation... Yes, I wholeheartedly oppose it and, if for some reason it even makes it out of committee, then we need to go after the House committee and then the governor’s office. This sort of legislation does not fit into the big picture. What are they going to do about EMS governance and EMS in general now that they have the OPE study before them?”

Commissioner Kim – “Since I am representing the Idaho Medical Association I will make no comment. I will go along with my sponsoring organization’s position.”

Chairman Sturkie asked how he felt about it as an individual physician.

Dr. Kim – Speaking as a physician individually, I agree with the other commissioners. I think it is nuts, crazy, an outrage.

Commissioner Curtin – “I completely agree as a commissioner, as a physician and as a skier. I would oppose this. I think it is a huge step backwards for safety in our state.”

Commissioner Masar, Idaho Association of Counties, moved that the EMS Physician Commission officially oppose the ski patrol exemption legislation. Commissioner Bauer, Citizen Representative, seconded.

Commissioner Alter noted that historically this is not a new issue. Ski patrol training versus EMT training has been a challenge since 1975.

Chairman Sturkie commented that since 1975 they have expanded their training even further. Therefore, it becomes an even bigger issue. If they are providing first aid, then more power to them. But I do not agree with the ski patrol premise that they are providing first aid. I think it has gone beyond that and that is where it enters into the practice of EMS or the practice of medicine. I think they need to be regulated as a medical practitioner and list it as such.

EMS Bureau Chief Dia Gainor – “From a regulatory standpoint, the other concern is the letter of the law in this proposed legislation offers no boundaries: on the ski hill, during winter, it is wide open. Have card shall travel.” Chairman Sturkie – “anywhere, anytime, anyplace”

Motion passed with Commissioners Sturkie, Alter, Masar, Bauer, Curtin, Deutchman and Sandy in favor.

Commissioner Kim abstained as representative of the Idaho Medical Association.

Budget

\$8,000 for Statewide protocol development and distribution. Subcommittee chairman Kim would like to have the protocols put in really nice electronic version with various properties such as: Smartphone / iPhone usable, searchable, user friendly, printable, downloadable. It was determined to contact CLM ahead of time and to see if this is something they could develop and get them working on this. CLM could then attend the retreat for an hour to get further direction.

\$2,000 ISN – need assurance from ISN that they are communicating with EMS medical directors before committing this money to them again. Commissioners will talk about this expenditure again in May.

Any remaining balance will be used for NREMT testing vouchers, as done in the past, to help volunteer agencies.

**Commissioner Curtin, Idaho EMS Bureau, moved to carry the loose budget forward as planned. Commissioner Alter, Citizen Representative, seconded.
Motion passed unanimously.**

Strategic Plan

Items for future commission work and discussion:

- Medical director workshop topics
- Clinical – patient destination, stroke and trauma
- Frequent flyers – How to deal with high use, high maintenance clients?
- Statewide protocols
- Medical supervision plan guideline
- Revisit air medical utilization rules – Are they working? Is your protocol working for you?
- Advanced practice paramedic – How do you get medics and EMTs to transmit EKGs? How do you utilize personnel in various ways?
- Subpoena authority for investigations. This would be a statute change.
- Look at EMSPC’s administrative support – Commission relies on the kindness of the EMS Bureau. There are many things the Commission could use more help with. This would involve looking at the revenue stream.

**Commissioner Bauer, Citizen Representative, moved to adjourn. Commissioner Curtin, Idaho EMS Bureau, seconded.
Motion passed unanimously.**

Adjournment 4:13 pm

Murry Sturkie, Chairman
Idaho Emergency Medical Services Physician Commission

Idaho EMS Bureau



Transition to the National EMS Education Standards

Season Woods – Education and
Exams Specialist

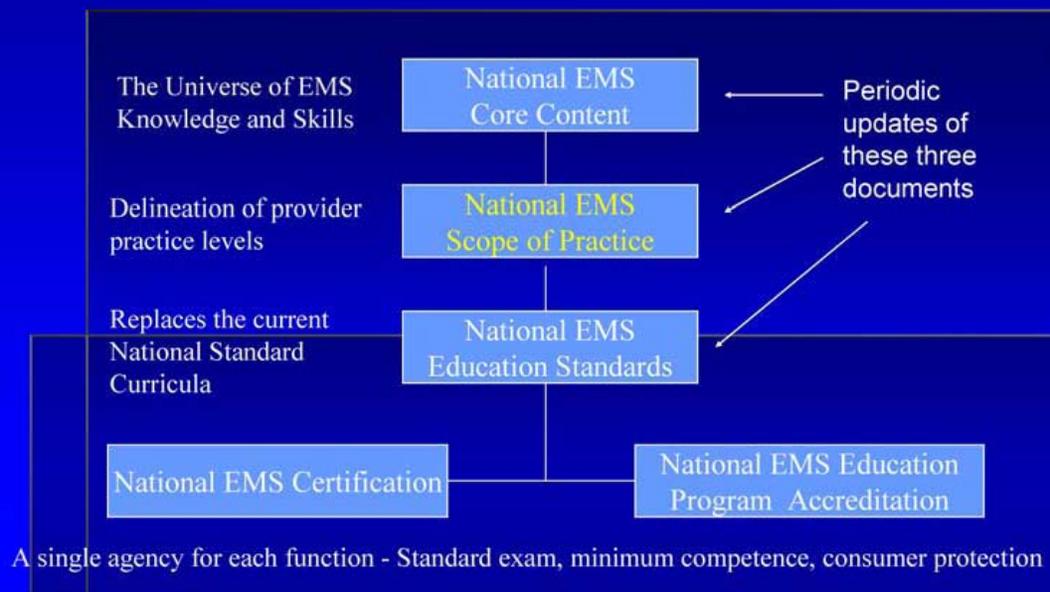
National Background



- 1996 – The “EMS Agenda for the Future” is published
- 2000 – The “EMS Education Agenda for the Future: A Systems Approach” is published, listing five elements of the education system



The EMS Education Agenda for the Future: A Systems Approach





- 2005 – National EMS Core Content published by NHTSA and HRSA
- 2006 – “EMS at the Crossroads”, Institute of Medicine Report



- 2007 – National EMS Scope of Practice published
- 2009 – NHTSA published the National Emergency Medical Services Education Standards

Idaho Background



- 2006 – House Bill 858 is signed into law creating the Idaho EMSPC to regulate the Scope of Practice in Idaho

NREMT Timeline



- First Responder exam “sets” on December 31, 2011
- Emergency Medical Responder exam “rises” on January 1, 2012

NREMT Timeline



- EMT – Basic exam “sets” on December 31, 2011
- EMT exam “rises” on January 1, 2012

NREMT Timeline



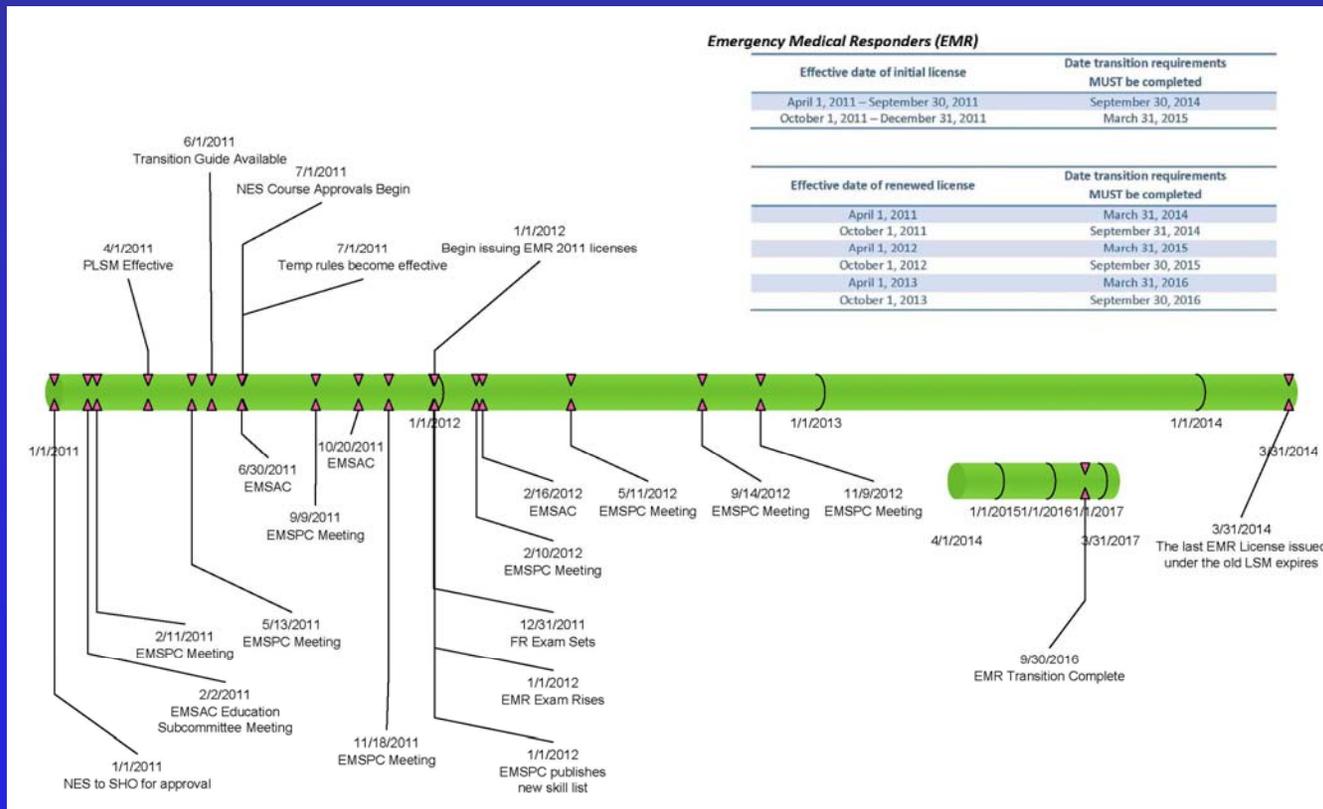
- Advanced EMT exam “rises” on June 1, 2011
- I-85 exam “sets” on March 31, 2013

NREMT Timeline

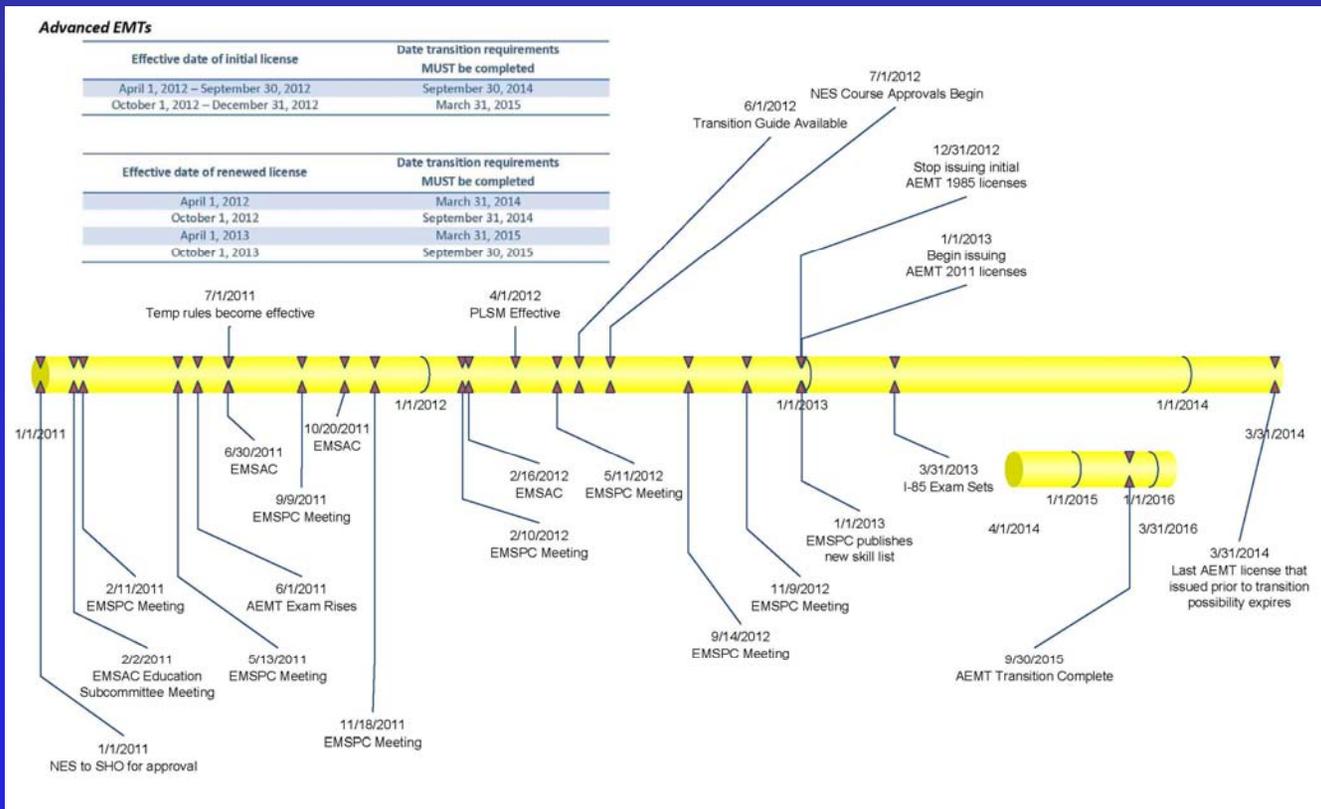


- EMT – Paramedic exam “sets” on December 31, 2012
- Paramedic exam “rises” on January 1, 2013

Idaho's Timeline for Transition - EMR



Idaho's Timeline for Transition - AEMT



Idaho's Timeline for Transition - Paramedic

