



## **NAEMT Position Statement Civilian EMS Certification for Military Medics**

### **Position Statement:**

NAEMT calls on the U.S. Department of Defense (DoD) to implement a department-wide program to ensure that all military medics, Corpsmen, Special Operations medical providers and military EMS/Fire service providers maintain a certification through the National Registry of EMTs (NREMT). Requiring civilian certifications for all U.S. military prehospital providers would establish a minimum standard of care across all the branches of the U.S. Armed Services for the care of injured military personnel.

Having U.S military prehospital providers maintain civilian EMS certifications, similar to current requirements for physicians and nurses within the DoD, would strengthen our nation's capacity to respond to all types of disasters. It would provide a more flexible, interoperable and resilient workforce that could be called upon to support disaster response and recovery efforts. Civilian certifications would create a framework through which highly trained military medical personnel could be fully utilized to increase our nation's resilience and surge capacity.

### **Background:**

Civilian EMS certifications are required for all prehospital providers in the United States. These certifications are the accepted designation through which EMS practitioners in the United States are licensed or approved to practice in their respective state(s). Civilian certifications include Emergency Medical Technician (EMT), Advanced EMT, and Paramedic. Military medics who do not possess one of these civilian EMS certifications are unable to secure employment within the civilian EMS sector upon transition or fully participate at their specified military training level in federally declared disasters or public health crises.

“Military medic” is the generic nomenclature used for all prehospital trained military medical personnel. Military medics are trained to provide medical care in an operational or combat environment. They provide frontline trauma and medical care to deployed personnel. Sometimes they care for those suffering from disease too. Military medics are also trained in health concerns related to specific conditions, like diving or flight operations. Each branch of the U.S. military has a different Military Occupational Specialty (MOS) title for their military medics. Each branch trains their military medics to meet the operational or combat needs of their mission.

For many years, the US military has used the National Registry of EMTs to verify cognitive and psychomotor skill competencies. In 1986, the U.S. Department of Defense developed and disseminated *Directive No. 6000.10 on Emergency Medical Services* which states, "All EMS

health care personnel working in an emergency care area shall have current certification in Basic Life Support. Technicians or hospital corpsmen working in EMS and/or assigned to ambulance duty shall have a minimum of EMT-A certification from the National Registry of EMTs.” The US Army has the 68W (Combat Medic) designation and the US Air Force has the 4N0X1 (Aerospace Medical Service Specialist) designation for personnel who achieve NREMT certification at the EMT level as a condition of graduation from their occupational specialties. They must maintain this certification while serving. US Air Force and Navy Fire and Emergency Services personnel also are required to maintain NREMT certification, generally at the EMR or EMT level. The US Army Special Forces Medical Sergeant (18D) are currently graduating as an NREMT Paramedic. Many other special operations medical personnel such as Independent Duty Corpsmen, Special Operations Combat Medics, and Air Force Combat Rescue Medics are required to maintain NREMT Paramedic certification. The U.S. Navy allows Corpsmen to challenge the NREMT certification exam at the EMT level and in some cases at the Advanced EMT level.

Unlike military medics, all branches across the Department of Defense require hospital-based healthcare professionals such as physicians and nurses to hold unrestricted state or territorial licenses in order to practice within the military. The US Army Medical Command in DA PAM 600-4 for the Nurse Corps states the following licensing requirements:

“These officers ... hold a current state, District of Columbia, Commonwealth, or Territorial license as a registered nurse and/or an advance practice registered nurse as required by the state issuing the license. These officers must be licensed to practice professional nursing in accordance with National Council of State Boards of Nursing, National Council Licensure Examination – Registered Nurse...”.

Similarly, under DA PAM 600-4 for the Medical Corps, it states the following licensing requirements for physicians:

3(4)(B) “MC officers beyond PGY-1 must possess a current unrestricted state license”.

Section 1094 of title 10, United States Code, requires independently practicing healthcare professionals in the Military Health System (MHS) to be licensed, unless the requirement is waived due to unusual circumstances. Consistent with this, Department of Defense (DoD) Directive 6025.13 “Clinical Quality Management Program in the Military Health Service System,” dated 4 May 2004, paragraph 5.2.2.2. “Healthcare practitioners shall have and maintain a current, valid, and unrestricted license or other authorizing document, in accordance with the issuing authority, before practicing within the defined scope of practice for like specialties.”

Neither physicians nor nurses can practice within their respective profession without a state license Yet military medics, first responders and fire/EMS providers responsible for prehospital treatment do not have the same requirement which impedes standardization of baseline training and interoperability of medical care across the branches, and limits their use in the civilian sector in times of federally declared disasters and public crises.

Over the last five years, the various Surgeon Generals of the U.S. military have testified before Congress on the importance of military medical readiness, including the training, interoperability and advancement of military medics. In their statements to Congress they have shared the following remarks:

“As a former commander/commanding officer of a medical center, hospital and deployed commander in theater of an expeditionary medical facility, I know the importance and operational effectiveness of having a fully trained and ready medical force capable of sustaining unprecedented battlefield survival. In my previous testimonies, I have articulated the important role that our MTFs have in ensuring that our personnel have the vital skills and clinical competencies to save lives on the battlefield. These military commands are our training and surge platforms where we prepare and then rapidly surge medical forces when needed. They provide peacetime health care as one of several ways to preserve clinical skills, but that is not their primary purpose. They are readiness and force projection platforms. Combined and integrated within Navy Medicine’s readiness commands and structure, our personnel gain both clinical competencies and develop required military skills in these commands.” -RADM Forrest Faison III, MC, Surgeon General of the Navy

“From the foxhole to the fixed facility—Army Medicine will be ready, reformed, reorganized, responsive, and relevant. My vision will ensure that we sustain mutual trusted relationships within the Army, the Joint Force, and the Nation. When a Soldier calls for a medic, Army Medicine will be ready and responsive with expertly trained Soldiers capable of healing injuries to the body. Medical units should be adequately manned and equipped with the best equipment and technology. It is not about fighting the last war. We must have the People, cutting-edge tools, medical concepts, doctrine, capabilities, and the training for the next conflict.” - Lieutenant General R. Scott Dingle, The Surgeon General, United States Army

“Even as we realign our medical support to the Air Force of the future, the Air Force Medical Service must recommit to training, nurturing and supporting our own medical personnel. One of the primary objectives in the new Air Force Medical Service strategy map is strengthening our Joint Warrior Medical Teams. The move towards an integrated Military Health System mirrors the Joint nature of most line deployments. It is increasingly more common for Airmen to serve side-by-side with Soldiers, Sailors, Marines, Coast Guardsmen, National Guard and Reserve members outside deployments. We need to do a better job of preparing medical Airmen for these Joint environments. We also need to create career and professional opportunities that reflect that new normal and contribute to the recruiting and retention of qualified, valuable military medical personnel.” – Lieutenant General Dorothy A. Hogg, Surgeon General, U.S. Air Force

The Defense Health Agency has recently launched a five-year campaign plan on improving the medical readiness of U.S. military personnel. The global workforce of the Defense Health Agency is committed to medical excellence, health care improvement and ensuring military personnel are ready to perform combat operations and humanitarian missions at home and abroad. Air Force Brig. Gen. Anita Fligge, DHA’s director of Operations, Strategy and Education, reported that the campaign plan improves the system of care and force readiness.

“As we transition from 20 years of deployments, we must sustain our critical wartime skills through strategic partnerships within the federal government in addition to civilian universities and hospitals,” said Fligge. “The work being done is crucial and is not limited to providers, but encompasses nurses, medics, and corpsmen.”

Civilian certifications for military medics not only benefit civilian interoperability within federally declared civilian disasters and public health crises, but also supports the US military in retaining accomplished military medics by providing a career progression within prehospital military medicine and standardizes baseline training across all branches. In addition, honorably separating military medics would gain the benefit of immediate transition into the civilian workforce when the U.S. military accepts and adopts civilian EMS certification in its entirety.

*Adopted February 11, 2022*

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