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Senate Bill 249 (as enacted)  
Sponsor: Senator Kevin Hertel  
Senate Committee: Health Policy  
House Committee: Government Operations

**PUBLIC ACT 48 of 2024**

Date Completed: 10-22-24

**RATIONALE**

According to testimony before the Senate Committee on Health Policy, roughly 1,000 paramedic jobs in the State remain unfilled. Reportedly, this is because paramedics have problems accessing affordable training programs and examinations provided by the National Registry of Emergency Medical Technicians (see **BACKGROUND**), which prevents people from entering the profession. It was suggested that the Department of Health and Human Services (DHHS) establish an accreditation examination to ensure accreditation accountability while reducing the barrier of national accreditation costs and alleviating Michigan's statewide shortage of paramedics.

**CONTENT**

**The bill amends the Public Health Code to do the following:**

- **Modify provisions governing the licensing of paramedics.**
- **Modify the definition of "examination".**
- **Require an education program sponsor that is not accredited to inform an individual that the education program sponsor is not accredited before offering an education program to the individual seeking to become licensed as a paramedic.**

The bill will take effect 91 days after the Legislature adjourns sine die.

Paramedic Licensure, Examination

The Code requires the DHHS to issue a medical first responder, emergency medical technician (EMT), EMT specialist, paramedic, or EMT instructor-coordinator license only to an individual who meets certain requirements, including attaining a passing score on an appropriate DHHS-prescribed examination.

Currently, "examination" means a written and practical evaluation approved or developed by the National Registry of Emergency Medical Technicians or other organization with equivalent national recognition and expertise in emergency medical services personnel testing and approved by the DHHS. An examination is required to be taken by an individual seeking to become licensed as a medical first responder, emergency medical technician, emergency medical technician specialist, or paramedic. The bill deletes "written and practical" from the definition of examination.

In addition, under the bill, a paramedic must pass either of the following:

- A written and practical examination developed or prescribed by the DHHS other than the examination currently defined in the Code.

- The written examination proctored by the DHHS or its designee and a practical examination proctored by the DHHS or its designee; an individual who took the examination must pay the fee for the examination directly to the National Registry of Emergency Medical Technicians or another organization approved by the DHHS.

Within two years after the bill's effective date, the DHHS must develop or prescribe the written and practical examinations described above.

The bill allows the DHHS to charge a fee for an applicant taking the examination developed or prescribed by it in an amount that does not exceed the fee for an applicant taking the examination approved or developed by the National Registry of Emergency Medical Technicians.

#### Education Program Sponsors, Accreditation

The Code prescribes certain duties that the DHHS must perform regarding educational programs and services, including reviewing and approving education program sponsors, ongoing education program sponsors, and curricula for emergency medical services personnel. "Education program sponsor" means a person, other than an individual, that meets the standards of the DHHS to conduct training at the following levels:

- Medical first responder.
- Emergency medical technician.
- Emergency medical technician specialist.
- Paramedic.
- Emergency medical services instructor-coordinator.

An education program sponsor that conducts education programs for paramedics and that receives accreditation from the joint review committee on educational programs for the EMT-paramedic or other organization approved by the DHHS as having equivalent expertise and competency in the accreditation of paramedic education programs is considered approved by the Department if the education program sponsor submits an application to the DHHS that includes verification of accreditation and maintains that accreditation.

Under the bill, before offering an education program to an individual seeking to become licensed as a paramedic, an education program sponsor that is not accredited must inform the individual that the education program sponsor is not accredited.

MCL 333.20904 et al.

#### **BACKGROUND**

In Michigan, to obtain a provider's license as a paramedic an individual must pass the paramedic-level examinations through the National Registry of Emergency Medical Technicians (National Registry).<sup>1</sup> After an individual paramedic obtains a provider's license, renewal of that individual paramedic's National Registry status is optional for paramedic work in Michigan. The National Registry is a non-profit organization which evolved from a Task Force appointed by the American Medical Association's Commission on Emergency Medical Services (EMS) in 1969. The Task Force was established to study the feasibility of a national registry for EMTs after it had been made apparent that tens of thousands of individuals may have been permanently disabled due to

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<sup>1</sup> Michigan DHHS, Bureau of EMS, Trauma, and Preparedness, Division of EMS & Trauma Policies & Procedures, *Advanced EMT and Paramedic NREMT Exams*, October 2, 2019.

mishandling by poorly trained ambulance personnel.<sup>2</sup> Starting on January 1, 2013, the National Registry exclusively used accreditation from the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Committee on Accreditation for the EMS Professions (CoAEMSP).<sup>3</sup>

The CAAHEP and the CoAEMSP are accreditation agencies that specialize in accrediting programs for the EMS profession. They validate the teachings of specific EMS programs that prepare EMS professionals. While CAAHEP is the organization that officially accredits the National Registry and other paramedic program providers, CoAEMSP assists CAAHEP in the course of its duties. For example, for a paramedic program to seek new accreditation from CAAHEP, that paramedic program must go through a review process with CoAEMSP before CAAHEP will consider accrediting that paramedic program.<sup>4</sup> In addition, the candidate paramedic program must receive a recommendation from the Board of CoAEMSP to be considered for accreditation by CAAHEP.<sup>5</sup>

### **PREVIOUS LEGISLATION**

*(This section does not provide a comprehensive account of previous legislative efforts on this subject matter.)*

Senate Bill 249 is a reintroduction of House Bill 6086 from the 2021-2022 Legislative Session. House Bill 6086 passed the House and was referred to the Senate Committee of the Whole but received no further action.

### **ARGUMENTS**

*(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)*

#### **Supporting Argument**

Reportedly, there is no data to support the notion that medics who are trained through a CoAEMSP-accredited program perform better in their positions than medics who are not trained by a CoAEMSP-accredited program. According to testimony before the Senate Committee on Health Policy, in 2017, most paramedics came from programs that were not CoAEMSP-accredited and succeeded in their positions. This supports the notion that similar standards are met in accredited and non-accredited programs. Accordingly, 74% of individuals who take the National Registry's examination drop their certification afterward because they believe that the certification does not demonstrate a paramedic's abilities.<sup>6</sup>

Dropping the National Registry's examination and allowing a State accreditation examination will help train paramedics in the State. Additionally, a State specific accreditation will help keep paramedics in the State because the accreditation for paramedic work will not be transferrable to other states. A State accreditation will not diminish standards for paramedics and would be helpful for paramedic retention.

**Response:** While the State's recruitment and retention of paramedics would benefit from a State accreditation exam, the State should not incentivize individuals to stay in the State by creating an exclusionary, State-based examination. This will discourage individuals who took the State-based examination from leaving and do them a disservice.

#### **Supporting Argument**

Programs offered by the National Registry are costly and inaccessible. According to testimony before the Senate Committee on Health Policy, municipalities that want to send employees to

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<sup>2</sup> National Registry of Emergency Medical Technicians, *The History of the National Registry and EMS in the United States*, 2023.

<sup>3</sup> National Registry of Emergency Medical Technicians, *Paramedic Program Accreditation Policy*, 2023.

<sup>4</sup> Committee on Accreditation for the EMS Professions, *CoAEMSP Letter of Review Process*, 2023.

<sup>5</sup> *Id.*

<sup>6</sup> National Registry of Emergency Medical Technicians, *Paramedic Program Accreditation Policy*, 2023.

accredited programs run by the National Registry must pay between \$10,000 to \$126,000 per employee. The high cost is reportedly due to the requirement that applicants seeking the National Registry's EMS Certification must complete a paramedic education program accredited by CoAEMSP (see **BACKGROUND**).<sup>7</sup> The National Registry began to enforce this education program requirement in 2013, and the requirement inflates the costs of certification.<sup>8</sup>

Prospective paramedics also have difficulty taking a week off work to get trained at a program offered by the National Registry because programs are offered at specific locations. According to testimony before the House Committee on Government Operations, there are only 12 locations that offer program training in the northern half of the State, contributing to long drives and the need to take time off work. Similarly, some Michigan residents have issues accessing adequate internet speeds in areas like the Thumb and the Upper Peninsula, which can prevent access to programs available online. The lack of accredited programs in rural areas makes National Registry programs less reliable during times of emergency. If the accreditation requirement may be satisfied by a State accreditation exam, the cost of the paramedic programs will be cheaper and the examination more accessible.

### **Opposing Argument**

Some believe that the best strategies the State could adopt to improve paramedic recruitment and retention would be to increase paramedics' wages, to decrease paramedics' call loads, and to improve paramedics' training. National accreditation brings uniform standards and accountability to paramedic training programs. According to testimony before the Senate Committee on Health Policy, without national accreditation, some people have had problems in the past with guaranteeing accountability from the institutions providing paramedic education. Having separate standards for paramedic training may create a poorer foundation for paramedics and result in less effective paramedics in Michigan.

Legislative Analyst: Alex Krabill

### **FISCAL IMPACT**

The bill will have a negative fiscal impact on the DHHS resulting from the requirement that the Department develop or prescribe a paramedic certification examination other than that examination developed by the National Registry of Emergency Medical Technicians. The bill will have no fiscal impact on local units of government.

The DHHS indicates that the cost to establish an examination program will be \$2.0 million, while annual costs will be \$1.6 million and an additional 15 full-time equivalents. The cost to develop, implement, and maintain a paramedic certification examination will be offset by a fee charged to take the examination. The bill will limit the DHHS from charging a fee greater than the one charged by the National Registry of Emergency Medical Technicians, which currently is set at \$160.

Fiscal Analyst: Ellyn Ackerman

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<sup>7</sup> Id.

<sup>8</sup> Id.