AR EMS ADVISORY COMMITTEE – PROPOSAL FOR ADVISORY

Proposed Title: Review of Minimum Prerequisites to Become a Flight Paramedic or Flight Nurse in Arkansas

Subcommittee: Air Ambulance Subcommittee

1. Describe the PROBLEM that the advisory is attempting to address

- Flight paramedics and flight nurses represent the highest tier of prehospital and interfacility clinical practice in Arkansas's EMS system. They independently manage the most unstable, highest-acuity patients, frequently under expanded scope-of-practice protocols, without a physician present, and within the added operational risk of rotor-wing or fixed-wing flight. The margin for clinical error in this setting is narrow, and placing an inadequately prepared clinician into that role carries risk both to the patient and to the flight crew.
    i. Section V.E.c.1.i – Flight Nurse, rotor-wing minimum experience:
        1. "Minimum of three (3) years of current registered nursing experience in critical care, emergency nursing, or both (for example, ICU, CVICU, ER, or CCU)," or, alternatively, two (2) years of critical care/emergency nursing experience combined with three (3) years of EMS experience at the paramedic level.
    ii. Section V.E.c.2.i – Flight Paramedic, rotor-wing minimum experience:
        1. "Minimum of three (3) years current paramedic experience with a paramedic ambulance service."
    iii. Fixed-wing crew standards:
        1. The minimum experience floor is reduced to two (2) years of current RN, EMT, or paramedic experience for fixed-wing flight nurses and flight paramedics.
    iv. Beyond this years-of-experience floor, the Rules do not currently require:
        1. Attainment of a nationally recognized critical care or flight transport certification (e.g., FP-C or CCP-C for paramedics; CFRN or CCRN for nurses) at hire or within a defined period after entering flight practice.
        2. A standardized, documented orientation and competency validation process (didactic testing, clinical preceptorship, simulation, or check-ride sign-off) before a new flight clinician is released to independent duty.
        3. A defined mechanism for the service or the Section of EMS to verify that the clinical experience claimed by an applicant is accurate; the Rules are silent on documentation or verification of experience.
        4. A statewide floor for specialty programs (neonatal, high-risk obstetrics, pediatric). Sections V.E.c.1 and V.G.b.3.i instead defer specialty qualifications entirely to "program policy," allowing requirements for these highest-risk patient populations to vary significantly from one air medical service to another.
        5. Any reference to nationally recognized third-party program accreditation, such as the Commission on Accreditation of Medical Transport Systems (CAMTS), as a benchmark or pathway for satisfying crew qualification standards.
- As Arkansas's air medical footprint has expanded to include multiple rotor-wing bases, differing ownership and staffing models, and specialty transport programs, a rule structure that sets only a

generic years-of-experience floor — without requiring verified competency or nationally validated certification — creates the risk that a clinician could enter independent flight practice after meeting the letter of the Rule without ever demonstrating flight- and critical-care-specific knowledge and skill. This is both a patient-safety issue and a clinician-safety issue.

2. What is the end goal of the advisory and its associated recommendation(s)?

- The end goal of this advisory is for the AR EMS Advisory Committee, through the ADH Section of EMS, to conduct a formal review of the minimum prerequisites for flight paramedic and flight nurse practice currently codified in Section V.E of the Arkansas EMS Rules, and to bring forward recommended rule revisions that would:
    i. Reaffirm or, where clinically indicated, strengthen the existing minimum clinical experience floor (currently three (3) years for rotor-wing and two (2) years for fixed-wing) for both flight paramedics and flight nurses.
    ii. Require attainment of a nationally recognized critical care or flight transport certification appropriate to the clinician's discipline (for example, FP-C or CCP-C for flight paramedics; CFRN or CCRN for flight nurses) within a defined period, such as twelve (12) to twenty-four (24) months, of entering flight practice.
    iii. Require each air medical service to maintain a documented, standardized orientation and competency validation program — combining didactic instruction, clinical preceptorship, and simulation or check-ride evaluation — with medical director sign-off, before a new flight clinician is released to independent duty.
    iv. Require the air medical service medical director to verify and document the clinical experience and credentials claimed by each flight clinician as part of the clinician's permanent credentialing file.
    v. Establish a statewide minimum floor for specialty program qualifications (neonatal, high-risk obstetrics, pediatric) rather than leaving those standards entirely to individual “program policy.”
    vi. Add a formal definition of “Air Medical Crew Member” to the Rules' definitions section to ensure consistent interpretation and enforcement.
    vii. Evaluate whether nationally recognized program accreditation (such as CAMTS) should be referenced in the Rules as a recognized pathway for demonstrating compliance with crew qualification and program standards.
- These recommendations are intended to raise the statewide floor for entry into flight practice while preserving the ability of individual medical directors and services to exceed the minimum standard based on local program need.

3. What action will you be asking the target audience (i.e. State Legislature, Secretary of Health, Board of Health, Section of EMS, etc) take and is it in their statutory authority to take action?

- This advisory will ask the Arkansas Department of Health, Section of EMS, in collaboration with the AR EMS Advisory Committee Education Subcommittee (and the Clinical Practice Subcommittee, as appropriate), to:
- Conduct a formal review of the minimum prerequisite requirements for flight paramedic and flight nurse practice under Section V.E of the Arkansas EMS Rules.

- Survey currently licensed Arkansas air medical services to determine existing practice regarding certification requirements, orientation programs, and specialty-team standards.
- Draft proposed rule amendments establishing a certification timeline requirement, a standardized orientation/competency validation requirement, an experience-verification requirement, and a statewide specialty-program floor, as outlined in Section 2 above.
- Present proposed rule language to the full EMS Advisory Committee and the Arkansas State Board of Health for consideration through the standard rulemaking process.
- The ADH Section of EMS has the statutory and regulatory authority to develop, propose, and, following Board of Health approval and any required public comment and legislative review, promulgate rules governing the licensure and practice standards of EMS personnel and air ambulance services operating in Arkansas.

4. Is the action within the target audience's regulatory authority (Yes or No)? If no, what is the proposed solution to achieve the targeted recommendations?

- Yes. The Arkansas Department of Health, Section of EMS, has regulatory authority to develop, publish, and maintain licensure standards and clinical practice standards for EMS personnel and licensed air ambulance services — demonstrated by the fact that the current flight paramedic and flight nurse prerequisites already exist within Section V.E of the Arkansas EMS Rules. Amending those existing prerequisites falls within the same rulemaking authority, subject to the Department's standard rulemaking process, including Board of Health approval and any required public comment period.

5. Does federal or state guidance already exist for this topic? If so, is there a gap in the guidance provided for EMS? Will this advisory assist in closing that gap?

- National organizations — including the International Association of Flight and Critical Care Paramedics (IAFCCP), the Air & Surface Transport Nurses Association (ASTNA), and the National Association of EMS Physicians (NAEMSP) — have published position statements and standards supporting formal critical care/flight-specific certification and structured competency validation for flight clinicians, recognizing that ground EMS and hospital critical-care experience alone do not fully prepare a clinician for the unique demands of transport medicine, flight physiology, and prolonged autonomous patient management.
- The Commission on Accreditation of Medical Transport Systems (CAMTS) is the recognized national accrediting body for air medical services, and its accreditation standards address crew configuration, qualification, and ongoing competency. However, CAMTS accreditation is voluntary, and not every Arkansas air medical service currently holds or is pursuing that accreditation, so relying solely on a voluntary, program-by-program accreditation decision leaves the statewide floor inconsistent.
- Arkansas's current Rule (Section V.E) sets a generic years-of-experience floor but does not incorporate the certification, verification, or standardized competency-validation elements reflected in national guidance and in many CAMTS-accredited program standards. This represents an identifiable gap between current state minimums and nationally recognized best practice. This advisory would assist in closing that gap by directing a formal review and proposed rule update that brings Arkansas's minimum flight clinician prerequisites into closer alignment with national standards, while preserving the state's ability to set the specific thresholds and timelines appropriate to Arkansas's EMS system.

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Current Rule, Identified Gap, and Recommended Review Focus – Section V.E

Requirement Area	Current AR EMS Rule (Section V.E)	Identified Gap	Recommended Review Focus
Minimum clinical experience (rotor-wing)	Flight Nurse: 3 yrs current critical care/ER RN experience, or 2 yrs + 3 yrs paramedic EMS experience (§V.E.c.1.i). Flight Paramedic: 3 yrs current paramedic experience (§V.E.c.2.i).	No requirement that experience be documented or verified as part of a credentialing file.	Confirm/strengthen experience floor; require documented employer verification.
Nationally recognized certification	Not required. Only ACLS, PALS/PEPP, NRP, PHTLS/ITLS/TNCC, and FEMA ICS 100/200/700/800 are specified.	No requirement for FP-C, CCP-C, CFRN, CCRN, or CTRN certification.	Require attainment within a defined window (e.g., 12–24 months) of entering flight practice.
Orientation / competency validation	Annual/initial didactic hours specified for select topics (altitude physiology, disaster/triage, thermal/chemical/electrical trauma, etc.).	No required structured onboarding (didactic + clinical + simulation/check-ride) before independent duty.	Require a documented, medical-director-approved orientation and competency validation program.
Specialty program standards (neonatal, high-risk OB, pediatric)	Deferred to "program policy" (§V.E.c.1, §V.G.b.3.i).	No statewide minimum floor; qualifications vary by service.	Establish a statewide minimum specialty-team qualification floor.
Program accreditation	No reference to CAMTS or other national accrediting body.	Voluntary accreditation status is not addressed in the Rules.	Evaluate referencing CAMTS (or equivalent) as a recognized compliance pathway.
Definitions	"Air Medical Personnel" is defined (§I.C.8).	No specific definition of "Air Medical Crew Member" exists.	Add a formal "Air Medical Crew Member" definition for consistent enforcement.

Note: The clinical experience figures, certification names, and section citations above (Section V.E, Section V.G.b.3.i, Section I.C.8) reflect the Arkansas Department of Health EMS Rules as currently published. This proposal asks the Section of EMS to confirm current text against the version in effect at the time of Committee review, since rule sections may be renumbered between revisions.