

AR EMS ADVISORY COMMITTEE – PROPOSAL FOR ADVISORY

Proposed Title: Discussion of Adding a Psychomotor Exam to Arkansas EMS Training Requirements

Subcommittee: Preparedness & Education Subcommittee

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

- Historically, the National Registry of Emergency Medical Technicians (NREMT) administered a standardized, proctored psychomotor (hands-on skills) examination as a required component of certification at the EMT, AEMT, and Paramedic levels. Beginning June 2024, NREMT sunset the ALS-level psychomotor exam and replaced it nationally with a program-administered Psychomotor Competency Portfolio / Student Minimum Competencies (SMC) model, in which the training program itself verifies skill competency over the course of the program rather than through a single independently proctored test event.
- Because Arkansas's EMS Rules tie AEMT and Paramedic licensure directly to “successful completion of the NREMT certification process” without an independent, Arkansas-specific skills-verification requirement, the practical effect of NREMT's decision is that Arkansas no longer has any standardized, independently verified psychomotor testing requirement at the AEMT or Paramedic level:
 - i. AEMT licensure: “Successful completion of the NREMT certification process” (20 CAR § 81-109(a)(10)(B)).
 - ii. Paramedic licensure: “Successful completion of the NREMT certification process” (20 CAR § 81-109(a)(11)(B)).
- By comparison, the current EMT-level requirement already reflects Arkansas's independent interest in skills verification: “Successful completion of both the Arkansas practical skills examination, or documented verification of skills proficiency, and the NREMT certification process” (20 CAR § 81-109(a)(9)(B)). However, even this EMT-level standard leaves “documented verification of skills proficiency” undefined, with no minimum skill list, format, or evaluator qualification specified.
- Since psychomotor competency at the AEMT and Paramedic levels is now verified solely and internally by each individual accredited education program, and documentation practices and rigor are not standardized across Arkansas's training programs, EMS medical directors and service leaders across the state have reported a noticeable increase in newly licensed clinicians entering the field with gaps in foundational procedural and assessment skills, ranging from basic patient assessment to advanced airway management. There is currently no independent, state-level mechanism to confirm that a given program's internal competency sign-off reliably reflects a clinician's readiness for independent practice.

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

- The end goal of this advisory is not to direct the State to design and administer its own new, live psychomotor testing program. A state-run practical exam would raise the same cost, logistics, staffing, and consistency concerns that NREMT itself cited as reasons for discontinuing its own psychomotor exam, and would likely be costly and time-intensive to stand up and maintain across the state.
- Instead, the goal is for the Preparedness & Education Subcommittee to hold a focused discussion — with input from Arkansas's CoAEMSP/CAAHEP-accredited paramedic programs, EMT/AEMT program directors, and EMS medical directors — to evaluate options for establishing a defined,

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minimum statewide floor for psychomotor competency verification as a condition of Arkansas EMSP licensure. That discussion should consider:

- i. Defining, in rule, what “documented verification of skills proficiency” must include at minimum (for example: a specific required skill list, standardized skill sheets, a minimum number of successfully graded repetitions, and defined evaluator qualifications), rather than leaving the term undefined as it is today at the EMT level.
 - ii. Extending an equivalent, clearly defined skills-verification requirement to the AEMT and Paramedic levels, where no independent Arkansas-specific requirement currently exists.
 - iii. Requiring accredited programs to submit a standardized, state-approved competency verification record (built on or adapted from the national Student Minimum Competency model) as part of the state licensure application, rather than relying solely on an internal, program-held attestation.
 - iv. Reviewing lower-cost, lower-burden verification models used by other states or organizations — such as compliance audits, standardized checklist submission tied to program accreditation renewal, or periodic third-party program review — that preserve independent verification without requiring the state itself to build and staff live testing stations.
 - v. Considering whether focused additional skills verification is warranted specifically for high-risk, lower-frequency procedures such as advanced airway management, either at initial licensure or at a defined interval after graduation.
 - vi. Clarifying the respective oversight roles of the ADH Section of EMS (rule-setting and audit authority), program medical directors (competency attestation authority), and accrediting bodies such as CoAEMSP (program approval authority).
- The intended outcome of this discussion is a specific recommendation to the full EMS Advisory Committee on whether, and how, to strengthen Section VIII (Education, Testing, and Licensure) of the Arkansas EMS Rules to reestablish a meaningful, independently verifiable psychomotor competency standard — without necessarily creating a new state-administered testing program.

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 Preparedness & Education Subcommittee, to:
- Convene a workgroup including representatives from Arkansas's accredited EMT, AEMT, and Paramedic education programs and EMS medical directors to review the current gap created by NREMT's discontinuation of its psychomotor exam.
- Evaluate the range of options described in Section 2 above, including cost, administrative burden, and feasibility of each.
- Bring forward a specific recommendation — including proposed rule language, if a rule change is recommended — to the full EMS Advisory Committee within a defined timeframe.
- The ADH Section of EMS has the statutory and regulatory authority to establish and amend the education, testing, and licensure requirements for EMS personnel in Arkansas, as demonstrated by the fact that the current licensure testing requirements already exist within the Arkansas EMS

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Rules. Adding, defining, or standardizing a psychomotor/skills-verification requirement would fall within that same existing rulemaking authority.

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 establish and revise licensure, education, and testing standards for EMS personnel, consistent with its existing authority over Section VIII of the Arkansas EMS Rules (Education, Testing and Licensure). Any resulting rule change would proceed through 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?

- NREMT is a national certifying body, not a state regulator; it sets its own certification methodology, which states may adopt, modify, or supplement. States retain independent authority to require additional licensure standards beyond NREMT certification, and several states maintain their own psychomotor verification pathways separate from the national process (for example, Massachusetts and Minnesota each publish their own state-specific psychomotor skills verification procedures).
- The National EMS Education Standards and the National EMS Scope of Practice Model describe the skills and competencies expected of EMS clinicians at each licensure level, but neither mandates a specific testing or verification methodology — that decision is left to each state.
- Arkansas has not yet established its own independent psychomotor verification requirement to fill the void left by NREMT's discontinuation of its exam, beyond the undefined “documented verification of skills proficiency” language that currently exists only at the EMT level. This represents a clear, current gap between what Arkansas clinicians must demonstrate to obtain a license and what many EMS leaders believe is necessary to confirm readiness for independent practice, particularly at the AEMT and Paramedic levels. This advisory would help close that gap by directing a deliberate, structured discussion — informed by other states' approaches — on whether and how Arkansas should establish its own minimum psychomotor verification standard.

Psychomotor Verification, Then and Now – By License Level

License Level	Historical NREMT Requirement (Pre-Sunset)	Current Arkansas Rule & Requirement	Identified Gap
EMT	NREMT-administered psychomotor skills exam, retired in 2021 and replaced nationally with a program-based Psychomotor Competency Portfolio.	“Successful completion of both the Arkansas practical skills examination, or documented verification of skills proficiency, and the NREMT certification process” (20 CAR § 81-109(a)(9)(B)).	Arkansas retains an independent skills-verification requirement, but “documented verification of skills proficiency” is undefined — no minimum skill list, format, or evaluator standard is specified.
AEMT	NREMT-administered psychomotor skills exam, retired in 2021 and replaced nationally with program-	“Successful completion of the NREMT certification process” (20 CAR § 81-	No Arkansas-specific psychomotor or skills verification requirement

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License Level	Historical NREMT Requirement (Pre-Sunset)	Current Arkansas Rule & Requirement	Identified Gap
	based Student Minimum Competencies (SMC).	109(a)(10)(B)) — no separate Arkansas skills-verification clause.	exists; the state relies entirely on the program's internal SMC sign-off.
Paramedic	NREMT ALS psychomotor exam, last administered June 30, 2024, then discontinued and replaced nationally with a program-based Paramedic Psychomotor Competency Portfolio.	“Successful completion of the NREMT certification process” (20 CAR § 81-109(a)(11)(B)) — no separate Arkansas skills-verification clause.	The state's highest-acuity licensure level (advanced airway management, invasive procedures) has no independent, standardized skills verification requirement beyond the individual program's own internal attestation.

Note: Rule citations above reference 20 CAR § 81-109 (Education, testing, and licensure of EMS providers) as published in the Code of Arkansas Rules, corresponding to Section VIII of the Arkansas Department of Health EMS Rules. This proposal asks the Subcommittee to confirm current rule text against the version in effect at the time of Committee review, since rule sections may be renumbered between revisions.